

A Day in the Life of Healthy Start for Mom & Me...
running prenatal and postnatal drop-ins



Aspects of offering drop-in programs	Underlying values	What we do / have learned	Challenges	Practical requirements
Preparation				
recipe selection	<ul style="list-style-type: none"> - low-cost - nutritious - 3-4 food groups - tasty - easy to repeat for mom 	<ul style="list-style-type: none"> - recipes use basic words are simple to follow - recipe use basic ingredients - package “meal bags”, ready-to-cook ingredients for simple recipes – used for site food preparation and for participants to buy for \$1, promoting healthy simple cooking 	<ul style="list-style-type: none"> - spicy foods can be a challenge as some participants find them too hot or too mild - different dietary needs (vegetarians; diabetics; Halal meat for Muslims) 	<ul style="list-style-type: none"> - all recipes use <u>same format</u> - <u>test</u> recipes before preparing for the group - <u>plan</u> recipes in advance
getting groceries	<ul style="list-style-type: none"> - coordination /ease of task - consciousness of cost - choice of healthy nutritious foods - use local stores 	<ul style="list-style-type: none"> - each week menus are the same at all sites; in past they were different & this increased staff time on shopping, planning, etc. - we order food for all sites in week at one time - delivery of food at least 1 day prior to drop-in to ensure all ingredients are present 	<ul style="list-style-type: none"> - fruit is not ripe (bananas) - space issues for food storage 	<ul style="list-style-type: none"> - strong relationship w. grocery store enables us to order foods & return food that can't be used (ie)unripe bananas - grocery list for packing-up to take to site
reminder phone calls	<ul style="list-style-type: none"> - opportunity to speak to women individually - relationship-building - woman can disclose needs in private - welcoming, inclusive 	<ul style="list-style-type: none"> - best done regularly by site outreach worker - chance to deal with woman's issues individually - women appreciate reminder calls - some women like to know the day's agenda - participants can offer feedback/opinions - attendance is lower when calls not made - call only after 10:30 a.m. - some women may view calls as 'pestering' 	<ul style="list-style-type: none"> - women with no phones - women moving therefore cannot contact by mail - keeping phone calls short when there is a long list left to call - language barriers 	<ul style="list-style-type: none"> -time scheduled in day for this important activity - letters sent to participants without phones
packing up & getting to site early	<ul style="list-style-type: none"> - to be ready to start - team is more relaxed - create inviting atmosphere - time to prepare food 	<ul style="list-style-type: none"> - heavy job for backs - leaves time to pick up anything missing - some moms come early - courier use reduces physical strain on staff 	<ul style="list-style-type: none"> - avoiding physical injuries - hauling it all to site - women wanting one-on-one attention during set-up time 	<ul style="list-style-type: none"> - on-site storage - courier is benefit - cart/suitcase for other items - time in a.m. to pack - often can't take full lunchtime

CONTINUED: Aspects of offering drop-in programs	Underlying values	What we do / have learned	Challenges	Practical requirements
setting up	<ul style="list-style-type: none"> - make space inviting, comfortable, and safe for babies - display info resources, so women can browse, help selves - respect hunger -have a small snack ready when women arrive - help from site team encourages a team environment – working together 	<ul style="list-style-type: none"> - in order to complete set-up outreach and dietitian usually arrive 1 hour prior to start - helpful when shared by team members - some women need food when they arrive - pay attention to the way the room is structured to maximize participation - set up a table close to entrance with program resources needed during d.i. (e.g. nursery rhymes, name tags, nutrition info) - have someone greet women as they enter - music helps to set calm tone in room 	<ul style="list-style-type: none"> - difficult task for one or two people - time constraints for other team members - community spaces unable to accommodate changing group needs - women coming too early and wanting/need attention - hard for outreach worker to pick up new woman <i>and</i> set up <i>and</i> start d.i. on time; helps if another team mbr takes initiative to start 	<ul style="list-style-type: none"> - community space that works - couches help - music (children’s songs etc.) - posters - food out (snack) - name tags - mats, toys; cleaning supplies - question / draw can - resource box, activities - nursery rhymes - tempa paint for doing baby footprints - scales (adult and baby) - diaper-changing area & supplies
getting session started	<ul style="list-style-type: none"> - start w. introductions & sharing of non-threatening personal information - women want to know a bit about others & build connections - respect for shy women - set tone of whole d.i. by being welcoming and inclusive -- gives all women a voice - speaking during introductions can be first time woman has spoken in any group 	<ul style="list-style-type: none"> - let team mbrs know if there are changes - start on time - use an icebreaker. It can be part of the ‘content’ (e.g. noting on flip chart “Please share a tip about...”), or, just fun to share a bit of information about self and/or baby - state at start that women could say “pass” if they wish - have a team member start the introductory activity with her own short appropriate contribution (demonstrates & breaks ice) -when group is very large, skip icebreaker and just ask for name & due date) or baby’s name and age - watch for & recognize body language of women who may be in crisis - place staff strategically around room - have whole team there for introductions - be flexible and ready for anything - state d.i.’s agenda /content in general terms - experience with drop-in enables participants to interact comfortably in a group – often a new experience - alert women to socializing time at end 	<ul style="list-style-type: none"> - large numbers, or, - small group, w. larger team - late-comers - starting on time! - participants’ cell phones - very chatty or very quiet groups - getting food ready with no food prep. help - large # of new women at one time - different languages, leading to interpreters talking simultaneously or women who don’t understand what’s going on 	<ul style="list-style-type: none"> - flip chart - name tags, markers - greeter - learning to say “Everybody! Please come so we can get started” in Chinese, Kurdish! <i>haha</i>

Interactive content of drop-in				
CONTINUED: Aspects of offering drop-in programs	Underlying values	What we do / have learned	Challenges	Practical requirements
nutrition topic	<ul style="list-style-type: none"> - relevant, participant - focused, informal, friendly, non-judgmental - presented as woman-to-women rather than professional-to-client - in keeping with adult learning model - awareness that everyone has different learning styles 	<ul style="list-style-type: none"> - use visual activities with simple messages that promote interaction - don't overwhelm with information - keep it short - recognize when you've 'lost it' and then go with the flow – it might lead to something wonderful OR if it is going well, keep going - bring your sense of humour - team members: ask questions that women usually ask or that will bring out content that presenter may have overlooked - team members shouldn't hold conversations w. individuals while presentation is going on - homemade activities work just as well as expensive glossy activities - activities (eg. Bingo, Truths or Myth?, adapted games) work very well as discussion starters 	<ul style="list-style-type: none"> - making up activities and updating as needed - keeping group focused - babies, toddlers, mayhem! - in small, quiet groups it can be very difficult to foster discussions - large noisy groups too! - women giving incorrect or questionable information - planning for needs of certain individuals who don't show up that particular day - keeping the information current with group needs 	<ul style="list-style-type: none"> - creativity - time to develop activities - activities that are easy to setup and usable by other team members without a lengthy explanation - plain language always!
prenatal health topic	<p><i>As above +</i></p> <ul style="list-style-type: none"> - avoid a lecture - just provide information - awareness of participants' existing knowledge - establish ways for sharing experiences between participants and team 	<p><i>As above, in 'nutrition' +</i></p> <ul style="list-style-type: none"> - videos only work for some groups & grp sizes - importance of a nurse being present when discussing labour, delivery, and prenatal care, as medical questions may be asked - provide different activities to suit different learning styles - flexible to group concerns or needs regardless of issues planned 	<p><i>-As above, in 'interactive content'</i></p> <ul style="list-style-type: none"> -not all women have accepted their pregnancy -pregnancy may be a scary issue and they may not be ready for information about their pregnancy - dispelling misinformation given by participants in gentle, respectful way -absent team members -respecting / not judging participant choices 	<ul style="list-style-type: none"> - trust knowledge and ability to be spontaneous - health professionals on team - using simple language to discuss complex procedures

<p>postnatal /baby health topic</p>	<p><i>As above +</i></p> <ul style="list-style-type: none"> - women know a lot about their babies - honour what they know and augment it with new information or new interpretation - provide information to off-set parenting myths/ misinformation - based on good positive parenting information 	<p><i>As in 2 boxes above, +</i></p> <ul style="list-style-type: none"> - participant discussion, hands-on activities, sharing tips etc. work well - women are bombarded with misinformation and feel a lot of pressure because of it - have written info. available for moms who want it, but don't hand it out to everyone – waste of paper; lots of women don't get info. from print - clarify team values on touchy subjects (eg. when & how to establish bedtime routines) - knowing + addressing trouble spots for moms (eg. when to introduce solids; “spoiling”) in a variety of ways, frequently, including a simple statement at an opportune moment 	<p><i>-As above,+</i></p> <ul style="list-style-type: none"> - dispelling misinformation given by participants in gentle, respectful way - making info. relevant to different baby ages in same presentation - absent team members - being flexible and improvising - being mindful that even with excellent information, parents still make their own choices (within acceptable limits) 	<ul style="list-style-type: none"> - as stated elsewhere, plain language, strength-based, non-threatening activities - having health professionals on team
<p>“baby time” (postnatal program)</p>	<ul style="list-style-type: none"> - demonstrate activities and ways to stimulate babies birth-to-one year - practise skills - have fun - see baby's response - discuss and observe child development - ‘watch,wait, wonder’ approach 	<ul style="list-style-type: none"> - women love the singing. They take home and learn the rhymes. They are often very shy at first but warm to it with experience - women are interested in baby's brain development & why these activities are important - women love to watch their own babies interacting with other babies. Lots of incidental learning happens with babies & moms together in same room - babies make wonderful on-the-spot role models when discussing their development - what a fascination babies are and how much women love to talk about their own babies 	<ul style="list-style-type: none"> - helping some women gain level of comfort - noisy, busy, active drop-ins - getting women to join staff on mats. Once this gets to be an established routine and as baby gets older and more active, women relax and enjoy joining others on floor with their babies - some team staff lacking confidence in handling baby-related topics 	<ul style="list-style-type: none"> - working knowledge of songs, baby activities - provide inexpensive book (small photo album) to collect nursery rhymes for home use - toys (women appreciate exposure to the toys) - team members available to respond to women's questions - confidence and comfort with being on mats w babies & moms - accepting there will be lots of disruption, noise, spontaneous moments
<p>snack /socialization / one-on-one time (it's more than meets the eye!)</p>	<ul style="list-style-type: none"> - sample new, inexpensive, nutritious easy-to- prepare food - food is an icebreaker - trust-building time (w. other moms and staff) - \$1 meal bags: offer food solution when money is short & offer cooking skill-building - breaks isolation; offers chance for women to socialize with others w. 	<ul style="list-style-type: none"> - some participants need to be invited to get food - how important it is to have this time set aside at each d.i. - moms make lots of new connections w. ea other - team members have chance to get to know women in an informal, friendly atmosphere, thus enhancing trust relationships - with permission take baby when mom needs a bit of a break- few minutes while she eats - essential to have food prep. help - informal time offers chance to deal with specific issues with individual women - time to weigh babies, do nutrit'l assessments, give 	<ul style="list-style-type: none"> - remembering not to ask a woman a question when she has a mouth full of food! - keeping food prep. volunteers - being sensitive to and dealing with food allergies, cultural or personal food aversions, differing tastes in spices and herbs, cultural and religious practices around food - prioritizing requests from participants 	<ul style="list-style-type: none"> - good, appropriate, nutritious food - variety of simple recipes available for women to take home to try with their families -serve meal about 1 hour after group starts - many participants have diabetes – helpful to dilute orange juice

	similar interests	out milk coupons, bus tickets etc. etc. etc. - a lot happens during this time that may not be immediately apparent		
CONTINUED: Aspects of offering community drop-in programs	Underlying values	What we do / have learned	Challenges	Practical requirements
nutrition assessment (done during snack & socialization time)	<ul style="list-style-type: none"> - quick, easy non-threatening evaluation of eating habits, cooking abilities, and financial situation - may generate relationship w.dietitian 	<ul style="list-style-type: none"> - avoid lecturing about eating less desirable foods – <i>focus on positive changes to diet</i> - in one-on-one situations offer handouts to reinforce issues dealt with - pregnant women respond more positively to what will help <i>the baby</i> - assessment is fast, questions are simple, but info helps determine who may need follow-up - information given to participants boosts confidence to defend their choices to family, friends or doctors (eg. waiting til baby is 6 mos to start solids) - 	<ul style="list-style-type: none"> - handling misinformation - how to best support mothers who are breastfeeding - women who do not view nutrition as a priority at this point in life - participants who say they don't cook - women limited in their English skills 	<ul style="list-style-type: none"> - materials for participants to take home – written in simple and clear language; AVOID JARGON - nutrition assessment form - dietitian for therapeutic counselling - prenatal vitamins, D-Vi-Sol for breastfeeding babies, introductory box of infant cereal at 4-6 months
milk coupons, bus tickets, \$1 meal bags, draws, any giveaway items... (part of the ending of the drop-in)	<ul style="list-style-type: none"> - overcome barriers to attendance - valuable “hook” to reluctant participant - gentle way to provide nutrition options - meet practical needs 	<ul style="list-style-type: none"> - need to keep these items under control - they are for encouraging drop-in attendance - women love the little draws and will wait until end of d. i. for them - providing practical small draw prizes works well (toothbrush, serving spoon, can of soup, measuring cup, etc.) - distribute coupons and tickets after program - ensuring participants who receive bus tickets are those that take the bus to and from drop-in – asking the correct questions - put woman's name, baby's birth date in coupon binder for quick reference - give away any leftover food - have alternative, emergency food resources to refer women to... - every drop-in introduce meal bag (content & cost) 	<ul style="list-style-type: none"> - being alert to woman who thinks that once she no longer receives coupons (after 3 mos. postnatal) that she can no longer attend d.i. - pressures from women for coupons to rescue them from difficult situations - good-heartedness that makes us all want to 'bend' the rules - all staff and each site being consistent about the rules - having enough containers for giveaway food - not all women consume milk - women who use milk coupons for their children & not selves 	<ul style="list-style-type: none"> - bus tickets (for those who take bus) - meal bags (ready-to-cook) - milk coupons - draw prizes - Clear consistent rules/program policies about distribution of above items; costs can soar - containers for leftover food - plastic bags

Finishing

CONTINUED: Aspects of offering drop-in programs	Underlying values	What we do / have learned	Challenges	Practical requirements
cleaning up	<ul style="list-style-type: none"> - necessary to keep good relationship with community facility that is allowing us to use their space 	<ul style="list-style-type: none"> - quickest when done by whole team - fosters team-building - do it before de-brief - signals the end of d.i. 	<ul style="list-style-type: none"> - remembering <i>all</i> areas used by d.i. need cleaning (check kitchen) - time constraints of team members - when 'professionals' reluctant to clean up it diminishes team spirit - exhausting if left to 1 or 2 tired people 	<ul style="list-style-type: none"> - feeling of equality amongst team members - supplies present for cleanup (cloths, towels, garbage bags)
de-brief with the team	<ul style="list-style-type: none"> - ongoing evaluation - ensures thoughtfulness re: future sessions, roles, needs of women - team building**** - immediate communication mechanism - problem-solving approach - info. sharing re: women who need/want follow up, referrals etc.; indiv. observations of team members about d.i. - de-brief form ordered so team always leaves on a positive note 	<ul style="list-style-type: none"> - this is an invaluable tool and needs to be treated as an essential part of d.i. for whole team - provides an on-going record & eval'n of each d.i. - chance to assess value of each activity, what worked, what didn't work – a great learning tool - by effectively using debrief form, can provide specific, descriptive examples of d.i. content and participant reaction - de-brief helps in planning. Many adjustments in program have been made because of debrief - team is able to give immediate feedback before memory lapses occur - needs presence of whole team to be effective - Healthy Start for Mom & Me staff sign a confidentiality agreement, therefore sensitive & personal issues can be shared between nurses & staff to ensure participant needs being met - capture women's comments & provide a record - opportunity to share what we know about a woman that might complete a picture, explain certain behaviour, inform team about what action has already been taken, or is needed - opportunity to discuss who will do what in relation to a woman, baby or situation that arose at d.i. that day. Team can then express concerns and/or agreement with action - can debrief what happened at d.i. that day - the good, the difficult, the worrisome! - chance to connect with each other, make suggestions, learn from each other 	<ul style="list-style-type: none"> - new team members undervaluing this process, not staying for debrief, although this happens rarely once they understand its value - everybody is tired by end of d.i. and that can make it difficult to capture that descriptive language that makes the evaluation valuable - we are inventing as we go. We don't know everything and we are still on a big learning curve - sometimes team is just not in sync, or there are missing team members, or in spite of everything, d.i. can just flop, from the team's perspective. It helps to have time to acknowledge this, learn from it and move on!! - finding a private space for debrief to allow for discussions about participants - ensuring all participants have been accounted for including latecomers 	<ul style="list-style-type: none"> - debrief forms that capture the essence of d.i. (a work in progress) - everybody contributing openly and honestly - time built into d.i. for this - a private room where doors can be closed

<p>planning and flexibility</p>	<ul style="list-style-type: none"> - invisible organization - provides underlying structure/ choreography that assists team work - keep focus on content - time to see bigger picture; what topics were covered, what needs to be addressed - what resources are needed for each d.i. - each team member knows what she is doing at d.i. 	<ul style="list-style-type: none"> - let go of things that don't work - some things work in one group and not another - plan several short topics. It gives a lot of flexibility and variety. D.i. then has something of interest for most participants. Also, sharing who presents these various topics reduces the load on each team member - it's surprising how closely each d.i. session adheres to the plan. Because of the variety of topics covered, there is opportunity for fine-tuning to adjust within each segment for the inevitable surprises and challenges - so rewarding when everything works well - ensures overview of topics handled, modified, or needed 	<ul style="list-style-type: none"> - the ones for whom we are addressing certain important messages don't turn out on that day - group dynamics can change quickly, though we are getting better at coping with this 	<ul style="list-style-type: none"> - time to plan well. It takes about 2 hours every 3 months - full team being available - planning form
--	--	---	--	--

Behind the scenes

- *home visits - another critical component of outreach support
- reception role, referral and information - the participant's usual first contact is phone
- data collection; record-keeping
- quarterly all-sites meetings for professional development & team communications
- creating hands-on activities
- referrals and liaisons with other agencies
- insurance, criminal and abuse registry checks, petty cash management....
- and more...