



Healthy Baby Community Program Data Collection Guide



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Healthy Child Manitoba Policy Development, Research & Evaluation

Under *The Healthy Child Manitoba Act*, the statutory responsibilities of the Healthy Child Manitoba Office (HCMO) include policy development, research, and evaluation (PDRE) regarding the Healthy Child Manitoba Strategy, and helping the Healthy Child Committee of Cabinet to ensure "that partner departments work collaboratively on an evidence-based, cross-departmental approach to research, policy development, program development, resource allocation, implementation and evaluation of government-funded programs and services that directly impact children and their families." (HCM Act, section 5(2)(d)).

The HCMO Provincial Evaluation Strategy helps us learn how provincial programs are working, evaluate promising new practices, provide important data to communities, create new knowledge about the Manitoba population, and assist communities in developing and applying knowledge at a local level. Provincial Program Evaluations provide information on program implementation, effectiveness, key program components, and program efficiency. These evaluations take place across a large number of sites with a large number of individuals. Privacy and confidentiality of the data is maintained in accordance with FIPPA, PHIA and HCM Acts.

The **Value** in Data Collection

Good program data collection does five things: It validates; it assures; it helps us to learn, understand and educate.

Validate experiences

To validate, means to show the importance of something. Program data collection validates experiences. These include the experiences of families, workers, and researchers. Program data collection validates:

- the strengths of families and shows how they are central to the success of all services for children;
- the experiences of people who work with families;
- the work of researchers and shows that the programs are making a difference to improve outcomes for families and children.

Assure quality

We all want what is best for our children. We want the best programs and the best people working in those programs. Most of all, we want the best possible outcomes for our children. The programs that lead or are associated with the best results are known as “best practice”. Program data collection strives to assure quality through program monitoring, analysis of data collection tools, and where possible, measuring outcomes to see if programs lead to the best possible results. This also helps us make the best use of funds, to support the best available programs.

Learn what works

Program data collection is the best way to learn about what works. It helps us learn which programs are associated with positive outcomes. For example, we have learned that the Manitoba Prenatal Benefit, is associated with increased breastfeeding, lower preterm birth and fewer low birth weight births.

Understand what is needed

Although we have learned a lot about how to help children become healthy and happy adults, there’s still more to learn. Program data collection helps us understand what is needed, including how to improve programs so that they lead to more positive outcomes for families. This also includes learning about what kinds of new programs are needed for children.

Educate stakeholders

All the people who are interested in a program are known as “stakeholders.” These include the families served by a program, the people involved in providing the program, and the public who have paid for a program through taxes and want the best programs for their investment. Stakeholders can be found everywhere: in families and communities; in schools and agencies; in government and in businesses; and in other places. Program data collection educates stakeholders by sharing program information, program demographics and trends and effective practices.

Healthy Baby Evaluation and Data Collection

The Healthy Baby program has been evaluated from 2004 to present. Over this period, a large amount of data has been collected, analyzed and reported to community stakeholders and partners.

Process and outcome evaluation reports have included information on the socioeconomic characteristics of participants, participant risk factors, participant program satisfaction, and statistical information that tells us who attends Healthy Baby programs, in what numbers, where they attend, how often they attend, and their reasons for attending. In 2010, the Manitoba Centre for Health Policy (MCHP) completed an evaluation of the Healthy Baby program showing the program's positive outcomes. The key findings showed that the Manitoba Prenatal Benefit is associated with decreased low birth weight, decreased preterm births and increased breastfeeding and that the Healthy Baby Community Support Programs are associated with increased prenatal care and increased breastfeeding. These results were reconfirmed in 2013.

Given the positive evaluation results found to date, and the need to shift limited resources to other evaluation priorities, it's appropriate at this time to shift data collection time and resources from more formal evaluation where we collect a large set of key indicators to routine data collection and monitoring where we collect a smaller set of key indicators for ongoing program coordination. Program monitoring is as important as program evaluation as it helps us assess what difference the program is making and contributes to the evidence base about program effectiveness.

Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring allows us to check our progress against our plans. The data acquired through monitoring is important for many reasons and can be used later for evaluation purposes. It helps us determine if we are on track to meet our goals; learn from our experiences to improve our program practices and activities; ensure the most effective and efficient use of program resources; and inform our decision-making about program design, operations and service delivery, now and into the future.

Healthy Baby Data Collection attempts to answer three primary questions:

- Does Healthy Baby meet its program goals and objectives?
- Does Healthy Baby make a difference?
- How efficient is Healthy Baby in making a difference?

In other words, the data collection will provide answers regarding program effectiveness or impact in achieving program goals and objectives; the effective program components that are associated with positive outcomes; and the cost-effectiveness of the program.

What are some advantages of the Healthy Baby Data Collection?

Healthy Baby Programs operate throughout Manitoba, serving large numbers of moms and moms-to-be (along with their supports). Since the inception of data collection, a large sample size has provided a high level of statistical power. This means that the data collection is capable of detecting smaller, but still important program effects. Healthy Baby data is securely sent to the Manitoba Centre for Health Policy (MCHP) through Manitoba Health. MCHP receives an anonymized PHIN which is necessary for the evaluations that MCHP has conducted related to Healthy Baby (2010/2013).

Healthy Baby data collection takes a resilience-based approach. In addition to identifying risk factors and vulnerability, we are also identifying protective factors and resilience. Understanding the strengths of families, in addition to their challenges and limitations, is crucial in evaluating the effects of social interventions.

How long will data be collected?

Healthy Baby data collection is ongoing and a necessary process throughout the delivery of a program. Participation in this aspect of programming is a required part of the funding agreement.

Who analyzes the data and reports the findings?

HCMO is responsible for data analysis and reporting. Healthy Baby Community team members will fax data collection forms directly to the HCMO computer system. Our office uses Teleform Elite software, which permits automated collection of data collection forms, eliminating the need for additional data entry by staff at the program level. After being faxed, data collection forms are electronically read and verified by Teleform Elite, then sent to the HCMO database for statistical analysis by HCMO PDRE staff.



Collection of Information

Purpose

The purpose of Healthy Baby data collection is to ensure that high quality programs and services are available for Manitoba babies, children and their families. Data collection can address questions such as:

- which groups of people attend Healthy Baby Programs;
- how program participants and their babies are affected by attending Healthy Baby Programs;
- how well children's programs are working;
- how we could improve children's programs; and
- what other children's programs are needed.

Healthy Child Manitoba's Healthy Baby program, authorized by The Healthy Child Manitoba Act, collects data and information about prenatal/postnatal supports and maternal/infant health and experiences from program participants.

Data collection of the Healthy Baby program is dependent upon the accumulation of comprehensive, accurate and timely data collection. Data collection is the mechanism that allows HCMO to address program activities, program planning decisions, program improvement and program sustainability.

It should be noted that the accuracy of the data collection information is in part determined by the number of participants (i.e., sample size) that are included in a given data analysis. This means that it is very important that Healthy Baby team members do as much as possible to collect the information required on our forms.

Protection

Legislative standards govern data collection for all HCMO programs, including Healthy Baby. When program participants provide personal information to us about themselves or their children, the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA) protect their privacy.

Participation

Participation in Healthy Baby data collection requires that all program participants are: notified of the purpose of data collection, know that their participation is voluntary and are informed as to how their personal information is protected. Participants must indicate verbal agreement to participate prior to the completion of any data collection forms. (Healthy Child Manitoba does not require written “consent” to collect information from program participants.)

If you or Healthy Baby program participants have more questions about how we protect privacy, contact HCMO.

What Healthy Baby Teams Need to Know About Data Collection

Before you begin to talk to participants about data collection and the paperwork involved, ensure that participants are clear about the reasons for data collection and that you are open to answer any questions or concerns. Most participants willingly participate in data collection when they feel their input is valued and know their information is kept confidential. Healthy Baby team members play an integral role in supporting participants to complete data collection paperwork. How data collection is introduced and how questions are asked, often determines the level of participant involvement.

How to Ask Questions?

Through your experiences with the Healthy Baby Program, you have already become familiar with the basics of interviewing (talking to your participants to find out more about them), so only a few points will be noted. When gathering information for data collection, you must provide the 3 R's of interviewing: **relationship, respect, and rationale.**

Relationship

First and foremost, you must establish trust and rapport with your participants. Your positive relationship with the participant provides a secure base for them to be open, honest, and direct with you when answering data collection questions.

Respect

Healthy Baby participants should always feel that their experiences—especially the privacy of those experiences—are fundamentally respected. You must respect their right to refuse answering particular questions. You must respect their decision to withdraw their participation from Healthy Baby data collection at any time, without any consequences.

Rationale

Before any questions are asked, you must provide purpose and meaning for answering those questions. You must share with the participant the basic reasons for data collection:

- to ensure that programs are meeting the goals and objectives for Manitoba's families, babies and children;
- to improve and sustain programs and services for families, babies, children
- and youth in Manitoba; and
- to plan better programs and services.

How to Keep the Information Safe?

Healthy Baby program participants provide information to HCMO by filling out a variety of data collection forms. Healthy Baby team members play an active role in ensuring that each form is completed in a timely manner and sent, via fax, to our office. This information is transmitted electronically, directly into the data centre at HCMO. This means that only the HCMO staff that work in the data centre see this personal information. All of the information is coded in numbers (no names or addresses), to provide another level of security for privacy. At every step of the way, we keep everyone's information and their privacy safe and secure.

After faxing copies, you must protect the original paper forms in a secure locked location. Notice that where names and addresses are collected on forms, it is for PROGRAM USE ONLY. To protect everyone's privacy, instead of using names and addresses we use special code numbers to identify information. In addition, the computer program is set up in such a way that if you forget to black out the name and address and phone number (on the attendance and infant feeding forms), it will NEVER be recorded by the computer program.

What we Don't do with Information?

We do NOT report information about individuals, only information about groups when analyzing program data. Also, we do NOT report information to external parties.

What we Do with Information?

This information is used for many important statistical purposes:

- **HCMO looks at groups of parents/caregivers and babies who attend Healthy Baby and see how they are doing.** One of Healthy Baby's goals is to promote healthy pregnancies, healthy babies and foster positive infant development. The information participants provide, helps us find out how to best to support families.
- **Ensuring that programs are making a positive difference in the lives of the people they serve.** The information that participants provide helps us see whether children and families in our programs are doing better. Our goal is to continually provide the best programs for the best outcomes/impacts.
- **Improving Healthy Baby Community Support Programs.** The information participants provide, helps us to better match our programs to the unique qualities of different moms, dads, babies, children, families, and communities. For example, we might find that the longer a person attends a Healthy Baby Program, the more likely it is that the participant is able to achieve healthy lifestyle goals (such as smoking cessation) or we might find that one program works better when it connects families with resources in their communities. We can then take steps in the program to better promote these connections.
- **Planning better programs and services for babies, toddlers and children.** The information people provide helps us plan programs and services for the future. Together, we can help our children to better meet challenges and make use of opportunities.

What Healthy Baby Team Members Need to Say to Program Participants

About the Collection of Information:

Please use the following script with participants before they fill out any data collection forms. You **ONLY** need to get verbal consent once from the individual to participate in data collection (fill in the verbal consent circle on the “We’re Glad You Are Here” Prenatal or Postnatal Participant Information Sheet). Feel free to use your own words in your discussions with participants.

We gather information from all program participants and would like you to fill in these form(s) for us today.

Some of the **reasons** we collect information from participants are:

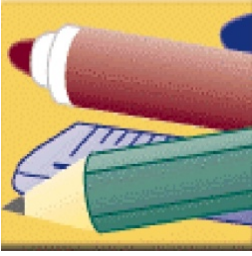
- to help us understand who is coming to our programs and their needs
- to help you to access other services that might help you
- to see how children and their families in Manitoba are doing over time
- to continue to improve programs and services

We keep your personal information **protected**:

- all information collected is confidential and kept in a secure locked location
- all information collected from families is used for statistical purposes about groups of people, and not about individuals
- all of your information is protected under the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA)

Your **participation** in data collection is essential to see if programs are working; however, it is your choice.

- if there are questions you do not want to answer you do not have to and if there are any concerns about this form, please let me know
- if you choose not to participate in filling out the forms, you can still attend the program



How to Support Participants to Answer Questions

Answer Questions Honestly

Tell participants that we value their experiences and what they really think or feel!

All Answers Have Value

Keep in mind that all answers are important and there is no right or wrong answer for any of the program data collection questions. Everyone has different experiences, thoughts, and feelings. Our approach is simple: We respect your answers.

Ask for Help

Sometimes questions don't make sense to a participant or they cannot remember when something happened in their life. Please ensure the participants know that you will help them answer all or some of the questions and encourage them to ask for help.

If there are questions that come up when a participant is filling out the paperwork that you do not know the answer to or you are not sure how to help the participant, tell the participant that you are not sure and you will have to find out. Team members can ask for help from a Healthy Baby Program Consultant.

If you have questions about the Healthy Baby data collection, how to use the data collection tools or about the collection/use of personal information or personal health information, please contact:

- Shannon Dennehy, Program & Policy Consultant, Healthy Baby Program (948-4522) shannon.dennehy@gov.mb.ca
- Tamara Hes, Program & Policy Consultant, Healthy Baby Program (945-3610) tamara.hes@gov.mb.ca
- Outside of Winnipeg 1-888-848-0140

The Data Collection Tools

The next step is to explain to the participant about the forms they will be asked to fill out, starting with the “We’re Glad You Are Here” intake form (filled out near the start of attending a program). Also let the participant know that Healthy Baby team members will be tracking their attendance and infant feeding practices over time.

Data collection tools consist of:

1. For Prenatal Participants (PR):

Each Participant requires a file which will have the following forms:

- “We’re Glad You Are Here” Prenatal Participant Information Sheet
- Prenatal Attendance Form

2. For Postnatal Participants (PO):

Each Participant requires a file which will have each of the following forms:

- “We’re Glad You Are Here” Postnatal Participant Information Sheet
- Postnatal Attendance & Infant Feeding Chart

Situations requiring new forms and/or multiple forms for participants:

- a. Prenatal participant becomes postnatal participant:** If your participant joins the program when pregnant and continues with the program after having the baby, the participant must also fill out the “We’re Glad You Are Here” Postnatal form (PO) and the Postnatal Attendance & Infant Feeding Chart including the Postnatal Identification Number.
- b. Postnatal Participant becomes pregnant:** If your postnatal participant becomes pregnant, the participant will also need to fill out the “We’re Glad You Are Here” Prenatal form (PR) and a new Prenatal Attendance sheet that includes the Prenatal Identification Number. This is needed so that we can accurately track the amount of time and number of visits in the program while pregnant. As the participant is both prenatal and postnatal while in the program, the participant must continue to fill out the Postnatal Attendance & Infant Feeding Chart until the baby turns one year old.

3. Session Tracking Sheets (STS)

All programs are required to fill out this form for each program session. Fax in the sheet within two weeks of the session.

“We’re Glad You Are Here” Prenatal (PR) and Postnatal (PO) Instructions

In most instances, it will be the pregnant participant or the participant that has given birth to the baby completing the “We’re Glad You Are Here” Prenatal and/or Postnatal Participant Information Sheets, although there are some exceptions. For detailed information on completing the forms, see Question by Question instructions (pg. 22) for the prenatal form and (pg. 28) for the postnatal form.

- 1. The primary program participant** fills out the “We’re Glad You are Here” Participant Information Sheet. Partners/Support do not fill out a form.

Note: It is up to each program to determine whether participants can fill out the forms on their own or need assistance from Healthy Baby team members.

- 2. All NEW program participants are required to fill out either a PR or PO “We’re Glad You Are Here” Participant Information Sheet (revised July 2016).**

Note: Forms are to be filled out on the first (preferable) or the second visit for all program participants.

- 3. Verbal Consent:** Team member to fill in one of the circles on the front page, right hand top corner, to indicate that the participant:

- a. provided verbal consent to participate in data collection
- b. declined to participate in data collection (see bullet #7)

- 4. Important information when filling out these forms:**

- a. The form is double sided – participant completes both sides
- b. Front page – questions that the participant answers
- c. Back page – participant’s personal information
- d. Team members complete the PR or PO number, program code, and date completed

Note: Only the front page is faxed to the HCMO data centre. The participant's personal information on the back page is for identification purposes only.

5. Important tips for filling out the forms:

- a. Dark blue or black pen must be used
- b. Circles must be filled in completely - do not use an 'x' or a 'v'
- c. Numbers must be printed clearly and be inside the squares

6. Fax completed forms to 204-948-3768.

7. What if a participant DECLINES to fill in the "We're Glad You Are Here" Prenatal or Postnatal Form?

- a. As these forms are being used by HCMO for data collection, new participant tracking, ongoing program planning and attendance, we require ONE form for each prenatal and postnatal participant so that we can have an accurate count of participants each year.
- b. Fill in the Date and the Program Code and fax in this form as you normally would the other forms.

Important: You are still required to submit a Prenatal Attendance form and/or a Postnatal Attendance & Infant Feeding Chart for participants who "decline", so ensure that the Identification Numbers are entered on those forms.

“We’re Glad You Are Here” Prenatal Participant Information Sheet Instructions

Healthy Baby program participants and Healthy Baby team members both have a role in completing the data collection forms. Participants will be asked to answer questions and provide their personal information. Team members are responsible to ensure that the form is completed and that all required boxes are filled in before it is faxed to HCMO.

PERSONAL INFORMATION (on the back of the form):

- Participant’s name
- Address
- Phone number
- Email (optional)

The personal information is kept for program use only - this means that the participant identifying information is to be kept for your files only and is not shared with any third parties. Only the front page of the Prenatal “We’re Glad You Are Here” form will need to be faxed into HCMO data centre.

IDENTIFICATION NUMBER – PRE-PRINTED (bottom left side of form)

For all **PRENATAL** forms, this number will start with “**PR**”.

It is very important that you remember to write the PR Identification Number on the participant’s Prenatal Attendance as well so we know who the information belongs to.

Note: It may be helpful to start a participant file (for all forms) and write the Identification Number on each.

PROGRAM CODE (bottom middle side of form)

Healthy Baby team members must fill in the Program Code – see APPENDIX A for Program Codes. If you have a new program and/or your program is not included in the Appendix, please contact HCMO Healthy Baby consultants for a code. Do not fax in forms without a Program Code as we will not know which program the form belongs to.

DATE COMPLETED (bottom right side of form)

Fill in the date when the participant completed the form. Format by: Day, Month, Year (use four digits for year).

QUESTION BY QUESTION INSTRUCTIONS

The purpose of the questions on the “We’re Glad You Are Here” Prenatal Participant Information Sheet is to gather information about the participant that is pregnant and their experiences during the current pregnancy. These are questions that can be answered accurately by that pregnant participant.

If an individual attends the program “instead of/on behalf of” the pregnant individual (who cannot attend) they are welcome to participate in the program. Questions 1-4 can be answered by all participants; but ONLY the person who is pregnant will continue to complete the rest of the form.

Important: Healthy Baby team members will need to determine if the participant is able to complete the forms on their own or with assistance. Often it is difficult to determine who will and won’t need support in completing the forms when we first meet them, so asking the participant if they need help or offer to complete the form with the participant. This is a good way to ensure completion of the forms and provides and opportunity to:

- build a relationship
- explain the questions and why they are being asked
- provide support/assistance if a question triggers an emotional reaction

Participant Information:

Important: All participants complete questions 1-4.

Question 1

Enter the **Postal Code** where participant is currently living.

Question 2

Enter the **Participant’s Manitoba Health PHIN**. This is the nine-digit number (not the 6 digit number).

If the participant does not have a PHIN at the first visit when filling out the form, ask the participant to remember to bring it to the next visit so that you can complete the form. Participants may refuse to provide the PHIN, but Healthy Baby team members need to make a reasonable attempt to obtain this information from the participant.

Important: If a participant is a member of the military, RCMP or visiting Manitoba temporarily, they will not have a PHIN; enter 999999999 in the PHIN box.

Question 3

Enter if the participant is the **Birth Parent or Other**. Fill in only one circle. If Other, ask the participant to specify the nature of relationship to the pregnant participant.

Question 4

Enter the **Participant's Birthdate** (Day, Month, Year).

Pregnant Participant Information:

Important: Only a participant who is pregnant will complete questions 5-25.

Question 5

Enter the **Baby's Due Date** (Day, Month, Year).

Question 6

Enter the number of weeks when the **Pregnancy was Confirmed** through a health professional or other reliable method (home pregnancy test). If the number is less than 10, please use "01", "02" ..."09" format.

Question 7

Is this the participant's **First Pregnancy?** Fill in the circle Yes or No.

Question 8

Regular Health Care Provider includes a doctor, midwife, nurse practitioner or public health nurse that the participant sees on a regular basis, not a walk in or casual visit. Fill in one circle: Yes, No or Don't Know.

Important: If the participant does not have a health care provider, let the participant know about the benefits of having a regular health care provider and encourage and support the participant to connect with health care providers/health centres that are taking new patients.

Question 9

Prenatal Care is provided by a doctor, midwife, nurse practitioner, public health nurse or other provider who provides support to the participant during the pregnancy. Fill in one circle: Yes, No.

Important: If the participant is not receiving prenatal care, let the participant know about the benefits of prenatal care for self and baby and support them to connect with health care providers/health centres that can provide care.

Question 10

Is the participant taking **Prenatal Vitamins** during this pregnancy? Fill in one circle: Yes or No.

Question 11

Asking about a **Participant's Knowledge of Breastfeeding**, regardless of how the participant answers, provides the opportunity to have a discussion about breastfeeding. Fill in one circle: Yes or No.

Important: Do not ask a participant how they plan to feed the baby as it forces a decision prior to actually considering the options and what is best for self and the baby. As we know, a participant is more likely to breastfeed if they are well informed of the health benefits of breastfeeding the baby. Many participants when properly informed and adequately supported will try breastfeeding and be successful.

Question 12

Is participant currently **Smoking**? Fill in one circle: Yes or No.

Question 13

Has the participant experienced any **Concerns During this Pregnancy**? These concerns may have been identified by a health professional or the participant may indicate experiencing them. Fill in all the circles that apply. If none apply, then fill in the circle: None of the above.

Question 14

Has the participant experienced **Concerns in a Previous Pregnancy?** The answers to these questions can assist Healthy Baby team members to support and refer participants with a history of pregnancy complications for appropriate assessment. Fill in all the circles that apply. If none apply, then fill in the circle: None of the above.

Question 15

Participant's current **Marital Status**. Fill in one circle only.

Question 16

Participant's Living Situation indicates how much support a participant may have in the home, but also about responsibility in the home. Fill in all the circles that apply.

Examples: If a participant lives alone or with children only, fill in only one circle. If a participant has a spouse or a partner and children living there also, both circles would be filled in. If the participant lives with children, other family members and also with a friend, fill in three circles as they all apply.

Question 17

Is the participant currently receiving **EIA? (Employment and Income Assistance)** Fill in one circle: Yes, No or Unsure.

Important: If a participant indicates receiving income assistance but NOT the Manitoba Prenatal Benefit (question 23), help the participant to apply as they would qualify for the full amount.

Question 18

Did the participant **Graduate from High School?** Fill in one circle: Yes, No or Still in School. NOTE: GED is an equivalent to high school graduation, there may be other equivalencies.

Question 19

Was the participant **Born in Canada?** Fill in one circle: Yes or No. If Yes, go to question 21. If No, answer question 20.

Question 20

How old was the participant when they **Moved to Canada**? Fill in the age; and if less than 10, please use "01", "02" ..."09" format.

On what **Continent Were you Born**? Fill in one circle only.

Question 21

What **Ethnicity** does the participant identify with? Fill in all the circles that apply. A participant may identify with more than one group.

Question 22

How did the participant find out about the **Healthy Baby program**? Fill in all the circles that apply.

Question 23

Has the participant applied for the **Manitoba Prenatal Benefit**? Fill in one circle: Yes or No.

Important: If the participant does not know about this program, provide information about how to apply or if available provide an application form to the participant if needed. Please contact HCMO at 204-945-1301 or 1-888-848-0140 if you need Manitoba Prenatal Benefit Application forms.

Question 24

Does the participant receive the **Manitoba Prenatal Benefit**? Fill in one circle: Yes or No. The participant may have applied for the Manitoba Prenatal Benefit, however for a variety of reasons has not received it. This allows HB team members to follow up with the participant to ensure they receive the benefit.

Question 25

Reasons for **Participant Attendance** at this program? Fill in all circles that apply.

NOTE: Samples of each form are in APPENDIX B.

“We’re Glad You are Here” Postnatal Participant Information Form Instructions

Healthy Baby program participants and Healthy Baby team members both have a role in completing the data collection forms. Participants will be asked to answer questions and provide their personal information. Team members are responsible to ensure that the form is completed and that all required boxes are filled in before it is faxed into HCMO.

PERSONAL INFORMATION (on the back of the form):

- Participant name
- Last name
- Address
- Phone number
- Baby name (optional)

The personal information is kept for program use only - this means that the participant identifying information is to be kept for your files only and is not shared with any third parties. Only the front page of the Postnatal “We’re Glad You Are Here” form will need to be faxed to the HCMO data centre.

IDENTIFICATION NUMBER – PRE-PRINTED (bottom left side of form)

For all **POSTNATAL** forms, this number will start with “**PO**”.

It is very important that you remember to write the PO Identification Number on the participant’s Postnatal Attendance & Infant feeding Chart as well so we know who the information belongs to.

Note: It may be helpful to start a participant file (for all forms) and write the Identification Number on each.

PROGRAM CODE (bottom middle side of form)

Healthy Baby team members must fill in the Program Code – see APPENDIX A for Program Codes. If you have a new program and/or your program is not included in the Appendix, please contact HCMO for a code. Do not fax in forms without a Program Code as we will not know which program the form belongs to.

DATE COMPLETED (bottom right side of form)

Fill in the date that matches when the participant completed the form. Format by: Day, Month, Year (use four digits for year).

QUESTION BY QUESTION INSTRUCTIONS

The purpose of the questions on the “We’re Glad You Are Here” Postnatal Participant Information Sheet is twofold:

- **Primarily, to collect information about participant who has given birth to the baby (babies) and their experiences.**
- **Secondly, to collect information about the participant who has not given birth to the baby (babies), however is the “caregiver” for the baby. This includes adoptive/foster parent(s), grandparent/relative or others. While not being able to answer all questions on the form, collecting information about their experiences with the baby and the baby’s environment is also important.**

Important: Healthy Baby team members will need to determine if the participant is able to complete the forms on their own or with assistance. Often it is difficult to determine who will and won’t need support in completing the forms when we first meet them, so asking the participant if they need help or offering to complete the form with the participant is a good way to ensure completion of the forms and provides and opportunity to:

- build a relationship
- explain the questions and why they are being asked
- provide support/assistance if a question triggers an emotional reaction

Participant Information:

Important: All participants complete questions 1-8.

Question 1

Enter the **Postal Code** where participant is currently living.

Question 2

Enter the **Participant's Manitoba Health PHIN**. This is the nine-digit number (not the 6 digit number).

If the participant does not have a PHIN at the first visit when filling out the form, ask the participant to remember to bring it to the next visit so that you can complete the form. Participants may refuse to provide the PHIN, but Healthy Baby team members need to make a reasonable attempt to obtain this information from the participant.

Important: If a participant is a member of the military, RCMP or visiting Manitoba temporarily, they will not have a PHIN; enter 999999999 in the PHIN box.

Question 3

Enter how the participant would identify their relationship to the baby; as **Birth Parent, Adoptive/Foster Parent, Grandparent/Relative or Other**. Fill in all circles that apply. If other, ask the participant to specify the nature of the relationship to the baby.

Question 4

Enter the **Participant's Birthdate** (Day, Month, Year).

Baby's Information

Question 5

- a. Enter the **Baby's Manitoba Health PHIN**. This is the nine-digit number (not the 6 digit number). As it can take some time for the baby's PHIN to arrive, please have the participant fill out the form and if the participant does not have baby's PHIN, HOLD the form until this information is provided (please do not fax it to us if you do not have baby's PHIN).

Important: If, after a reasonable period of time, such as 4 months from starting the program, baby's PHIN has not been provided (and you have followed up with mom), please fax in the form.

- b. Enter the **Baby's Birthdate?** (Day, Month, Year).
- c. Enter the **Baby's Birth Weight** – enter the weight in either grams or pounds and ounces. For pounds or ounces less than 10, please use “01”, “02” ...”09” format.

Question 6

- a. Is this the participant's **First Baby?** Fill in the circle Yes or No.
- b. Is this baby a **Twin or Triplet or Not**, Fill in only one circle. Complete the baby's information (questions 5a, 5b, 5c) for each baby on a separate “We're Glad You Are Here” PO form and include the Participant's PHIN on each.

Important: With a multiple birth, the participant will have two or more “We're Glad PO forms. The Identification number will be different but the forms will be linked by the baby's information that is provided and the participant's PHIN. It is not required to complete the rest of the form due to duplication.

Question 7

How did the participant **Feed their Baby** in the first month? Fill in all the circles that apply.

Question 8

Currently, what is the participant **Feeding/Giving the Baby?** Fill in all the circles that apply.

Important: The participant's answers provides an opportunity to have a discussion and educate about feeding guidelines and vitamin supplementation including introduction to solids and best practices for baby's growth and development.

Postnatal Participant Information:

Important: Only a participant who has given birth to the baby will complete questions 9-14.

Question 9

Identify when the participant **First Received Prenatal Care**. Prenatal Care includes a doctor, midwife, nurse practitioner, public health nurse or other provider who provides support to the participant during the pregnancy. Fill in one circle.

Question 10

Enter the number of times that the participant **Visited a Health Care Provider** during this pregnancy? If the number is less than 10, please use "01", "02" ..."09" format.

Question 11

Did the participant **Receive the Manitoba Prenatal Benefit** when pregnant with this baby? Fill in one circle: Yes or No. If Yes, go to question 13. If No, answer question 12.

Question 12

Did the participant know about the **Manitoba Prenatal Benefit**? Fill in one circle: Yes or No.

Important: If the participant does not know about this program, provide information about eligibility requirements and how to apply should they become pregnant again or to let other family members/friends know of the available supports. Contact HCMO at 204-945-1301 or 1-888-848-0140 for more program information.

Question 13

Has the participant experienced any **Concerns During this Pregnancy**? These concerns may have been identified by a health professional or the participant may indicate experiencing them. Fill in all the circles that apply. If none apply, then fill in the circle beside: None of the above.

Question 14

Did the participant **Smoke** during this pregnancy? Fill in one circle: Yes or No.

Participant Information

Important: All participants will complete questions 15-25.

Question 15

Is participant currently **Smoking**? Fill in one circle: Yes or No.

Important: Remember, we are not asking these questions to lay blame or judge a participant's practices; we simply are looking to collect information about the baby's prenatal/postnatal environment.

Question 16

Since the birth of the baby, has the participant experienced any **Postpartum Concerns**? Fill in all the circles that apply. If none apply, then fill in the circle; None of the above.

Important: In this question, we are asking for the participant's perceptions of things that are going on in their life.

Question 17

Participant's current **Marital Status**. Fill in one circle only.

Question 18

Participant's Living Situation indicates how much support a participant may have in the home, but also about responsibility in the home. Fill in all the circles that apply.

Examples: If a participant lives alone or with children only, fill in only one circle. If a participant has a spouse or a partner and children living there also, both circles would be filled in. If the participant lives with children, other family members and also with a friend, fill in three circles as they all apply.

Question 19

Is the participant currently receiving **EIA? (Employment and Income Assistance)** Fill in one circle: Yes, No or Unsure.

Question 20

Did the participant **Graduate from High School?** Fill in one circle: Yes, No or Still in School. NOTE: GED is an equivalent to high school graduation, there may be other equivalencies.

Question 21

Was the participant **Born in Canada?** Fill in one circle: Yes or No. If Yes, go to question 23. If No, answer question 22.

Question 22

- a. How old was the participant when they **Moved to Canada?** Fill in age; if less than 10, please use "01", "02"... "09" format.
- b. On what **Continent Were You Born?** Fill in one circle only.

Question 23

What **Ethnicity** does the participant identify with? Fill in all the circles that apply. A participant may identify with more than one group.

Question 24

How did the participant find out about the **Healthy Baby program?** Fill in all the circles that apply.

Question 25

Reasons for **Participant Attendance** at this program? Fill in all circles that apply.

NOTE: Samples of each form are in APPENDIX B.

Prenatal Attendance Form Instructions

Who fills this form out? **ALL PRENATAL PARTICIPANTS**

The Prenatal Attendance Form is filled in for each meaningful program contact with the pregnant participant.

Important: If an individual attends a session “instead of/on behalf of” a pregnant participant (who cannot attend the group), they will complete the PR attendance form.

When filling out the forms:

- Use dark blue or black pen
- Circles must be filled in completely - do not use an ‘x’ or a ‘v’
- Numbers must be printed clearly and inside the squares

1. **Before you start using each Prenatal Attendance form, ensure that you have filled in the “We’re Glad You Are Here” Identification Number (ID) and your site Program Code (bottom of the page).**

The ID Number must be the same number that is on the original “We’re Glad You Are Here” Prenatal Participant form that the participant filled out. The ID Number will start with “PR” for Prenatal.

Important: If/when you start a second Prenatal Attendance form (3rd, 4th etc), transfer over the correct/same PR Identification Number onto each Prenatal Attendance Form.

2. **Participant Name** is required on each form for identification purposes; however this is kept for program use only. Important: Please black this out or cover this before you fax it to HCMO.
3. The **Date** is to be filled in for each program contact. Fill in the circle for the YEAR, the MONTH and the DAY of the contact.
4. **Type of Contact:** Fill in the circle for only one type of contact: Group, home visit or telephone.

Note: Most contact will be through attendance at a Healthy Baby program group. Only track home visits and “meaningful telephone calls” (not phone messages or quick calls).

- 5. Faxing Forms:** Once the form is completed, participant has the baby or at program exit, fax the form to the HCMO data centre at 204-948-3768.

Note: For tracking and follow up, have a team member initial or sign the completed by: _____ space at the bottom right hand corner of the page when ready to fax in.

NOTE: Samples of each form are in APPENDIX B.

Postnatal Attendance & Infant Feeding Chart Instructions

Who fills this form out? **ALL POSTNATAL PARTICIPANTS**

The Postnatal Attendance & Infant Feeding Chart will be filled out each time the postnatal participant (birth parent/caregiver) who attends a Healthy Baby Program session. Do not fill out the feeding section more than once per week. If you have a meaningful contact (home visit/phone call) with a participant, record the contact type and date in that section only.

Note: If a partner/support attends a session with the baby instead of the primary participant (birth parent/caregiver), they can indicate how the baby is currently being fed. This would be added to the chart that is already in use.

When filling out the forms:

- Use dark blue or black pen
- Circles must be filled in completely - do not use an 'x' or a 'v'
- Numbers must be printed clearly and inside the squares

1. Before you start using each Postnatal Attendance & Infant Feeding Chart, ensure that you have filled in the “We’re Glad You Are Here” Identification Number (ID) and your site Program Code (bottom of the page).

The ID Number must be the same number that is on the original “We’re Glad You Are Here” Postnatal Participant form that the participant filled out. The ID Number will start with “PO” for Postnatal.

Important: If/when you start a second Postnatal Attendance form (3rd, 4th etc); transfer the correct/same PO Identification Number to each Postnatal Attendance & Infant Feeding Chart.

2. Participant Name and Baby Name is required on each PO Attendance & Infant Feeding Chart form for identification purposes; however this is kept for program use only. Important: Please black this out or cover this before you fax it to HCMO.

3. **Baby's Birth Date** has been added to the Postnatal Attendance & Infant Feeding Chart. Please ensure that you fill this in. With this information and the session data, we can automatically calculate the baby's age.
4. **Contact Type and Date of Contact** section is to be filled in each time the participant attends the program or has a meaningful contact. Fill in only one circle for the Contact Type: Group, home visit or telephone. For the Date, fill in the circle for the YEAR, the MONTH and the DAY of the contact.
5. **Infant Feeding** section asks what the baby is currently eating/given. Fill in all the circles that apply. For example, if a baby is being fed solids, breastmilk and formula, fill in all three. Under Other, please print clearly.

Important: Healthy Baby team members will educate and encourage parents/caregivers to follow best practice guidelines for the use of liquids, introduction of solids, vitamins, etc. by looking at the baby's birth date and the date of the session, Healthy Baby team members can calculate baby's age for the purposes of a 1:1 discussion regarding appropriate feeding practices and vitamin supplementation.

6. **Faxing Forms:** Once the form is completed or at program exit, fax the form to the HCMO data centre at 204-948-3768.

Note: For tracking and follow up, have a team member initial or sign the completed by: _____ space at the bottom right hand corner of the page when ready to fax in.

NOTE: Samples of each form are in APPENDIX B.

Healthy Baby Program Session Tracking Sheet (STS) Instructions

Who fills this form out? **HEALTHY BABY TEAM MEMBERS**

One Session Tracking Sheet (STS) is to be **completed after each Healthy Baby Program group session.**

Important: The best time to fill out the STS form is at the end of the session during the DEBRIEF with all team members present. This provides an opportunity for team members to discuss session activities, participant needs, session planning and share information about resources, best practice and professional development opportunities.

When filling out the forms:

- Use dark blue or black pen
- Circles must be filled in completely - do not use an 'x' or a 'v'
- Numbers must be printed clearly and inside the squares

Note: For numbers under 10, please use "01", "02", "09" format when entering information into each box.

Before you start using each STS ensure that you have filled in the **SESSION DATE** and **PROGRAM CODE** at the bottom of the page. The program code is how we can connect the information to your program and specific site.

1. Session Frequency: Fill in one circle only: Weekly, 2 times per month, monthly and "other". Use "2 times per month" even if you run sessions every 2 weeks (it may technically work out to more overall in the year) as this gives us an approximation of how often you are providing programming.

Note: "Other" would be used if sessions occur only a few times a year or there are exceptional circumstances to alter program frequency (approved through HCMO).

2. Participants: Fill in the number of adult participants at the session. If a participant has twins, count the participant only once, not twice.

a. Fill in the number of **prenatal participants**

- b. Fill in the number of **postnatal participants**
 - with infants **aged 0 - up to 6 months**
 - with infants **aged 6 - 12 months**

c. Fill in how many **partners/support attended**

Important: Count each person once. The TOTAL number of participants (top box in section) should be the sum of the answers to questions 2a, 2b, and 2c.

3. Fill in the number of children (over 1) in **Childminding** during the session.

4. Milk Coupons and Bus Tickets: This section assists HCMO and agencies to track and monitor milk coupon and bus ticket use at the community level.

Fill in the number of **Safeway and Generic (purple) Milk Coupons** given out at the Healthy Baby session for each category:

- a. prenatal participants (given to pregnant participants only)
- b. postnatal participants with infants aged up to 6 months of age (at 6 months of age the milk coupons stop)

5. Fill in the number of **Bus Tickets** given out at the Healthy Baby session.

Important: If you are a joint funded CPNP/HB program and do not receive milk coupons from Healthy Child Manitoba or use Healthy Baby program funds for bus tickets, you are not required to fill out this section.

6. Breastfeeding/Nutrition Nuggets and Parent-Infant Activities: These three components are expected to occur as part of every session. Fill in one circle, Yes or No for each category.

7. Mandatory Topic Areas: This section contains a list of topic areas that coincide with the recommended mandatory topics in the Healthy Baby Community Program Guide. At least one topic should be covered in depth at each session. In most cases, it is expected that only one mandatory topic area would be covered in depth at each session (but could occur at more than one session). If more than one topic area is covered in depth, please indicate this, but do not include more than three topic areas for any one session.

8. Faxing Forms: Once the form is completed, fax the form to the HCMO data centre at 204-948-3768. Submit the form within 2 weeks of the session.

NOTE: Samples of each form are in APPENDIX B.

Sending in Your Data!

1. Check over the forms

It is good practice to do a quick check of the forms before you fax them: Are they filled out properly and as completely as possible? This quick check saves time and work in the long run.

2. Fax the forms

The following forms can be faxed to us:

- a. We're Glad You are Here (Prenatal and Postnatal)
- b. Prenatal Attendance Form
- c. Postnatal Attendance & Infant Feeding Chart
- d. Healthy Baby Session Tracking Sheet (STS)

Important: Please ensure that you only send in a specific form once for each participant. For example, the Prenatal Attendance sheet would be faxed in only after the participant has the baby, the sheet is completely filled out, or the participant leaves the program.

The Teleforms are specially designed for faxing directly into our computer system for data analysis. Fax these Teleforms as you normally would fax any other document: Ensure the forms are facing the correct way on the fax machine and send them to our fax number at:

204-948-3768

3. File the forms

After faxing, ensure the protection of the original paper forms by filing them properly and securely.

You're done! The Teleform software takes over and automatically processes the data on the fax you have sent, verifies its accuracy, and transfers it into our computer database for compilation and statistical analysis.

Congratulations!

Frequently Asked Questions

1. Do we need a Consent form signed in order to collect data?

No you do not need a written consent form; however you need to ask for verbal consent from the participant prior to filling out any data collection forms and fill in the “Verbal Consent” circle on the front page of the We’re Glad Prenatal and Postnatal Participant Information Sheet.

“As authorized by The Healthy Child Manitoba Act, Healthy Baby programs collect information from program participants. Legislative standards require that you provide information about why we are collecting information, under what authority, and who participants can contact if they have questions”.

Note: Please use the script from page 13 as a reference for discussion with participants before they fill out forms.

2. Do all participants have to fill in a “We’re Glad You Are Here” form?

The forms are used to count the number of new participants who attend your program. If the participant does not fill in a We’re Glad form, we lose valuable information about the participant and the baby and the true number of participants at the program will be underrepresented.

3. What if a participant refuses to fill in the “We’re Glad You Are Here” form?

You cannot force or deny services, so if a participant absolutely does not wish to complete the intake form, fill in the “Decline” circle and also the date and program code. Keep track of the PR or PO number on the form as you will still be required to fill in and submit a Prenatal Attendance form and Postnatal Attendance & Infant Feeding Chart for this participant.

4. Why is the PHIN (9 Digit MB Health Number) so important?

PHIN is important for several reasons. Firstly, the only way we can count UNIQUE individuals as opposed to total participants (who may have attended the Healthy Baby program more than once), is by using the PHIN. PHIN is also used to securely link Healthy Baby to other administrative data. This is typically done by Manitoba Health and no identifying information is

ever disclosed. By using the PHIN for example, we can find out more about the participant's health status, birth experience and whether breastfeeding was initiated in hospital, and many risk factors. The Healthy Baby data is also securely sent to the Manitoba Centre for Health Policy (MCHP) through Manitoba Health, in which MCHP receives an anonymized PHIN. The anonymized PHIN is necessary for data collection that MCHP conducts.

5. What to do if a participant does not have a PHIN?

a. Newcomer to Canada

It may take three months or more for a newcomer (especially refugee claimants) to receive a PHIN. You can fax in the form and then when you receive the PHIN, update the form and fax it to us. We will always keep the most recent and most complete version of the forms you submit and delete the duplicate.

b. Out of Province

For participants who have moved to Manitoba permanently, you can wait to send in the form with the PHIN completed, or you can fax in the form and then when you receive the PHIN, update the form and fax it to us. We will always keep the most recent and most complete version of the forms you submit and delete the duplicate. Do not enter the out of province health care number as this cannot be used by us in any way.

c. Visitor to Manitoba

When a participant moves to Manitoba, they should have a PHIN within three months. However, if the participant is just on a short term visit from out of province, the participant will not receive a PHIN. For these participants, enter 999999999 in the spaces where the PHIN belongs so we know not to expect a PHIN.

d. Military or RCMP

These participants will never have a PHIN, so enter "999999999" in the space where PHIN belongs. This will tell us not to expect a PHIN from the participant.

6. When do I send in the forms?

- **We're Glad You Are Here Forms** (Prenatal and Postnatal). Send in the "We're Glad You Are Here" form within a couple of sessions from the participant's start date (no longer than 4 months if waiting for PHIN).

- **The Prenatal Attendance Form** is kept until the participant has the baby, leaves the program or the form is completely filled out and another form is required to track prenatal attendance.
- **The Postnatal Attendance & Infant Feeding Chart** is kept until the participant leaves the program or the form is completely filled out and another form is required to track postnatal attendance and baby's feeding.

Note: If you have sent in one of these forms and the participant returns, use the same Healthy Baby Identification Number from the “We’re Glad You Are Here” form on a new Prenatal Attendance Form or Postnatal Attendance & Infant Feeding Chart, and we will merge the files together.

7. What if I cannot remember if I have faxed in a form or if I find forms that are old but were never sent in?

Fax each form only once. If you do locate a form you have not sent before, it is fine to fax it in at that time. We will always keep the most recent and completed form and always report data by program date.

8. What do we do if we discover or a participant tells us they are attending other Healthy Baby programs?

If a participant attends multiple Healthy Baby sites (different organizations), the participant will have to complete all the data collection forms at each program. If the participant tells you that they attend another Healthy Baby program and don't need to fill out more paperwork, clarify if it is a different organization. If that is the case, then let the participant know that each organization is required to complete the forms.

9. What if a participant is attending our program at more than one site?

Have the participant fill in only one “We’re Glad You Are Here” form for the first site that the participant attends. Use the one Identification number and transfer that to the Prenatal Attendance Form or the Postnatal Attendance & Infant Feeding Chart used at each site. We do not want the participant filling out more than one We’re Glad forms when not needed. Make sure that you input the site code and use a separate Prenatal Attendance and Postnatal Attendance & Infant Feeding Chart at each site (so we can count all the contacts the participant has had with a Healthy Baby program).

10. What if the participant attending with the baby is not the birth parent?

This does happen and participants are welcome to attend and are required to fill out the data collection tools. The **We're Glad Postnatal Participant Information Sheet** has been adapted to be inclusive of the variety of families and asks information from both the birth parent and other "caregivers". It helps us to understand the birth parent or caregivers experience with the baby and the baby's environment. Instructions on the form provide clarification as to what questions all participants can fill out and which questions can only be answered by the participant who has given birth.

11. What if a participant is attending the program on behalf of a pregnant individual who cannot attend?

Almost all participants that join and attend the program during the prenatal period are pregnant. On the rare occasion, where an individual attends the program instead of the pregnant individual (to learn about pregnancy, prenatal care, provide information and support) they are welcome to attend; however there are limitations to data collection. The purpose of the questions on the **We're Glad Prenatal Participant Information Sheet** is to gather information about the participant that is pregnant and are only questions that can be answered accurately by that pregnant participant. All participants that attend will provide their Postal Code, PHIN, Birthdate and identify who they are: Birth Parent or Other (and asked to specify relationship to pregnant individual). **ONLY** the person who is pregnant will continue to complete the rest of the intake form.

12. What do we do if a participant has a miscarriage?

Submit the "We're Glad You Are Here" form and the Prenatal Attendance Form as far as it is filled in.

13. When does a participant need new forms or multiple forms?

- **Prenatal participant becomes postnatal participant:** If a participant joins the program when pregnant and continues with the program after having the baby, the participant must also fill out the "We're Glad You Are Here Postnatal" form (PO) and the Postnatal Attendance and Infant Feeding Chart that has the Postnatal Identification Number.

- **Postnatal participant becomes pregnant:** If your participant joins the program as a postnatal participant and then becomes pregnant, the participant will also need to fill out the “We’re Glad You Are Here” Prenatal form (PR) and a new Prenatal Attendance sheet with the Prenatal Identification Number. This is important so that we can accurately track the amount of time and number of visits the participant has with the program while pregnant.

Important: As the participant is both prenatal and postnatal while in the program, the participant must continue to fill out the Postnatal Attendance & Infant Feeding Chart until the baby turns one year old.

14. If the participant has twins (or multiples) what forms are needed?

- a. **Postnatal “We’re Glad You Are Here” form:** You will need to use more than one form. Fill out and complete all information on one PO intake form.
- b. On the second **Postnatal “We’re Glad You Are Here”** form (or if required 3rd form etc.), fill in the following **ONLY**:
 - **Participant’s PHIN.** The PHIN is the only way we can link the two (or more) forms and the two (or more) babies to the same participant.
 - **Baby’s information.** (5a, 5b, 5c)
- c. **Postnatal Attendance and Infant Feeding Chart:** Fill out a Postnatal Attendance & Infant Feeding Chart for each baby.

APPENDIX A - PROGRAM CODE LIST

**HEALTHY CHILD MANITOBA
HEALTHY BABY COMMUNITY SUPPORT PROGRAMS
PROGRAM SITE CODES FOR DATA COLLECTION**

REVISED: July 2018

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
WINNIPEG		
1. ADOLESCENT PARENT CENTRE		
Adolescent Parent Centre	136 Cecil Street	AP01
2. COALITION FRANCOPHONE DE LA PETITE ENFANCE – Bebes, parents et gazouillements		
Ecole Precieux-Sang	209 rue Kenny	FR02
3. FOUR FEATHERS – Baby Feathers		
Community Food Centre / Nor-West Co-op	61 Tyndall Avenue	AO10
4. HEALTHY START FOR MOM & ME		
Freight House Community Centre	200 Isabel Street	A001
Magnus Eliason Recreation Centre	430 Langside Street	A002
Wolseley Family Place	691 Wolseley Avenue	A003
Pembina/Trinity United Church	933 Summerside Avenue	A004
Hope Centre	240 Powers Street	A006
Turtle Island Community Centre	510 King Street	A007
Knox United Church (Newcomers)	406 Edmonton Street	A030
Adolescent Parent Centre	136 Cecil Street (CPNP only)	A031
Maples Community Centre	434 Adsum Drive	A035

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
St. John's Leisure Centre	601 Aikins Street	AO38
5. HERITAGE PARK CHILDREN'S PROGRAMS – Great Expectations		
Westgrove School	50 Westgrove Way	AO11
Heritage Victoria Community Centre	950 Sturgeon Road	AO12
Sturgeon Heights Community Centre	210 Rita Street	AO33
6. MANITOBA METIS FEDERATION – Little Moccasins		
Windsor Park United Church	1062 Autumnwood Drive	MM01
St. Boniface Access Centre	170 Goulet Avenue	MM03
7. RIVER EAST TRANSCONA SCHOOL DIVISION – Young Parents Connecting		
Salisbury Morse Place School	794 Prince Rupert Ave	RE02
8. SALVATION ARMY – Family Foundations		
Barbara Mitchell Family Resource Centre	51 Morrow Avenue	AO16
9. VALOUR COMMUNITY CENTRE – West End Baby Circle		
Valour Community Centre	715 Telfer Street North	AO17
West Central Women's Centre	631 Ellice Avenue	AO37
10. VILLA ROSA – Breastfeeding and Parent/Infant Support Program		
Breastfeeding, Parent/Infant Support	784 Wolseley Avenue	AO27
11. WEST BROADWAY COMMUNITY SERVICES INC. – Building Healthy Families		
Crossways-In-Common	Lower Level – 222 Furby Street	AO20

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
12. WOMEN'S HEALTH CLINIC – Families Connecting		
Lord Roberts Community Centre	725 Kylemore Avenue	A009
Braeside Mennonite Church	1011 Munroe Avenue	A018
Transcona Memorial United Church	209 Yale Avenue West	A021
River East Access Centre	975 Henderson Highway	A022
Gwen Sector Creativity Living Centre	1588 Main Street	A023
Mayfair Recreation Centre	40 Mayfair Place	A029
13. YOUVILLE CENTRE – Baby and Me / Young Expectations		
Baby & Me – The United Church in Meadowood	1111 Dakota Street	A025
Young Expectations - Youville Centre	6 – 845 Dakota Street	A026
14. WINNIPEG REGIONAL HEALTH AUTHORITY		N/A
RURAL AND NORTHERN		
15. COALITION FRANCOPHONE DE LA PETITE ENFANCE – Bebes, parents et gazouillements		
St. Pierre	Ecole Real Berard 377 Sabourin St	FR03
La Broquerie	Ecole St Joachim 29 Normandeu Bay	FR05
Lorette	Ecole Lagimodiere rue 361 Senez	FR07
Sainte-Agathe	Ecole Sainte-Agathe 310 chemin Pembina Trail	FR09
St Laurent	Ecole communautaire Auriele Lemoine 81 chemin des anciens combattants	FR11

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
St Anne	Ecole Pointe-des Chenes 90 Chemin Arena	FR12
16. CRANBERRY PORTAGE\CHILD AND FAMILY RESOURCE CENTRE - Best Beginnings: Baby and Me		
The Pas	108 3 rd Street West	GO53
Cranberry	Frontier Collegiate Hwy 10 North	GO54
Flin Flon	St Anne's Catholic Church 163 Centre Street	GO55
17. DAUPHIN FRIENDSHIP CENTRE – Baby's R' Us		
Duck Bay	Duck Bay Health Office	FO01
Camperville	Camperville Health Office	FO02
Dauphin	Dauphin Friendship Centre 210 1st Avenue NE	FO03
Dauphin – evening program	Parkland Crossing 220 Whitmore Avenue W	FO10
18. GROWING HEALTHY TOGETHER INC. (Selkirk) – Baby N' Me		
Selkirk	Growing Years FRC 216 Manitoba Avenue	CO01
19. IERHA (formerly Interlake) – Step 'N Out with Mom		
Ericksdale	United Church, 7 Main Street	CO03
Winnipeg Beach	Winnipeg Beach Legion 20 Hamilton Street	CO05
Arborg	Lutheran Church 301 River Road	CO07
Fisher Branch	Knights of Columbus Hall	CO08
Teulon	Lutheran Church 47 PTH #7	CO11

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
Arborg – ESL program	Lutheran Church 301 River Road	CO14
IERHA (formerly North Eastman) – Our Time		
Lac Du Bonnet	Mrs. Lucci’s Resource Centre 76 – Third Street	BO01
Beausejour	Network for Change Resource Centre, 92 – Third Street	BO02
Oakbank	Oakbank Baptist Church 26033 Springfield Road	BO05
20. NORTHERN RHA (formerly Burntwood) – Healthy Baby, Healthy Mom		
Lynn Lake	Lynn Lake Friendship Centre	HO01
Leaf Rapids	Leaf Rapids Education Centre & Health Centre	HO02
Thicket Portage	Thicket Portage School	HO03
Wabowden	Wabowden Health Centre	HO05
Gillam	Gillam Health Centre	HO06
21. PRAIRIE MOUNTAIN HEALTH (formerly Assiniboine)		
Carberry	Carberry Plains Health Centre 340 Toronto St	DE01
Virden	Oxford Assembly Church	DE02
Melita	Elim Chapel 65 Byers St	DE04
Killarney	New Life Assembly Church	DE05
Glenboro	United Church	DE06
Russell	United Church 200 Memorial Ave	DE07
Neepawa	Neepawa Library 208 Davidson Street	DE08

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
Rivers	Zion Church 580 2 nd Avenue	DE09
Birtle	Birtle Community Development Centre 684 Main Street	DE10
Boissevain	Mennonite Brethren Church 700 Aikman Street	DE11
Minnedosa	St. Mark's Anglican Church 108 2 Avenue SW	DE14
Hamiota	Pentecostal Church 81 Birch Ave	DE15
Shoal Lake	Westminster United Church	DE18
Treherne	Treherne Recreation Centre	DE19
Neepawa (Newcomers)	Neepawa and Area Immigrant Settlement Services, 2nd flr 342 Mountain Avenue	DE24
PRAIRIE MOUNTAIN HEALTH (formerly Brandon)		
Brandon - Morning session	Central United Church 327-8 th Street	AE50
Brandon - Afternoon Prenatal	Brandon RHA Public Health Services Unit A5, 800 Rosser Ave	AE54
Brandon - Afternoon	Central United Church 327 8 th Street	AE55
PRAIRIE MOUNTAIN HEALTH (formerly Parkland)		
Swan River	Swan River Temple Baptist Church, 913, 1 st Street South	FO04
St. Rose du Lac	Ste Rose Primary Health Care Centre	FO05

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
Roblin	Roblin United Church 227 Main Street NE	FO09
Grandview	Grandview School 117 Rose Ave	FO11
Winnipegosis	Nordheim Mennonite Church 225 George St	FO12
22. SOUTHERN HEALTH/SANTE SUD (formerly Central)		
Altona	Altona and Area Family Resource Centre 238, 5 th Avenue N.E.	DO03
Carman	Carman Mennonite Church 20 1 st Avenue S.W.	DO07
Gladstone	Gladstone United Church 33 Morris Street	DO11
Morden	Morden Alliance Church 181- 15 th Street	DO12
Winkler	Central Station 545 Industrial Drive	DO13
Portage La Prairie	Tupper Street Family Resource Centre, 234 Princess Street	DO14
Portage La Prairie	Portage - North Memorial School, 410 6th Ave NE	DO29
Austin	Austin Mennonite Church	DO30
St Jean	Ecole Régionale Saint Jean Baptiste, 113 2nd Ave	DO31
SOUTHERN HEALTH/SANTE SUD (formerly South Eastman)		
St. Anne	Dayspring Fellowship 20 Finnegan Road	BE01
Niverville	Niverville Community Church 85 2 nd Street South	BE03
Sprague	Sprague - East Borderline PHCC - Hwy#12 & 308	BE04

AGENCY AND PROGRAM SITE ADDRESS		PROGRAM SITE CODES
St. Pierre	St Pierre Bible Fellowship 488 Lavoie Ave	BE05
Grunthal	EMB Church 84 Oak Ave	BE07
Lorette	Seine River Church 1464 Dawson Road	BE08
Ile Des Chenes	Ecole Ile Des Chenes 455 D'Auteuil Street	BE09
La Broquerie	La Broquerie Gospel Chapel 183 Principale Street	BE11
Landmark	Heartland Community Church 333 Main Street	BE19
Blumenort	Blumenort EMC Church 59 Center Ave	BE20
Ste. Agathe	Ste. Agathe Hall, 304-183 Chemin Pembina Trail	BE24
23. WINNIPEG REGIONAL HEALTH AUTHORITY - CHURCHILL – Healthy Baby		
Churchill	Families R' Us Centre 59 James Street	IO01

APPENDIX B
SAMPLES OF ALL FORMS
English and French
July 2016

Healthy Baby

We're Glad You Are Here! Prenatal Participant Information Sheet

Please print numbers neatly within squares without touching the lines and fill in circles completely. Use dark blue or black pen.

Once complete, please fax this side to HCMO Data Centre at 204-948-3768. Write names and addresses on the other side of this form (for program use only).

Verbal Consent:
Declined:

<p>1. Your Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. Your Manitoba Health PHIN (9 digit number) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3. Are you a ... <input type="radio"/> Birth Parent <input type="radio"/> Other (specify: _____)</p> <p>4. What is your birthdate? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y</p>	<p>12. Do you smoke? <input type="radio"/> Yes <input type="radio"/> No</p> <p>13. During <u>this pregnancy</u>, did you experience: Select all that apply. <input type="radio"/> Low blood iron/anemia <input type="radio"/> Financial concerns <input type="radio"/> Gestational Diabetes <input type="radio"/> Housing concerns <input type="radio"/> High risk pregnancy <input type="radio"/> Relationship difficulties <input type="radio"/> High blood pressure <input type="radio"/> Exhaustion <input type="radio"/> Urinary tract infection <input type="radio"/> Concern with alcohol use <input type="radio"/> Anxiety/Depression <input type="radio"/> Concern with street drug use <input type="radio"/> Isolation/Loneliness <input type="radio"/> Concern with gambling <input type="radio"/> Other (specify: _____) <input type="radio"/> None of the above</p>	<p>19. Were you born in Canada? <input type="radio"/> Yes → Go to 21 <input type="radio"/> No → Answer 20</p> <p>20. a. How old were you when you moved to Canada? <input type="text"/> <input type="text"/> years old</p> <p>b. On what continent were you born? <input type="radio"/> North America <input type="radio"/> Asia <input type="radio"/> Africa <input type="radio"/> South America <input type="radio"/> Europe <input type="radio"/> Australia</p> <p>21. Which ethnicity do you identify with? Select all that apply. <input type="radio"/> Arab <input type="radio"/> Filipino <input type="radio"/> Métis <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> First Nations <input type="radio"/> Latin American <input type="radio"/> Black <input type="radio"/> Inuit <input type="radio"/> Other (specify: _____)</p>
<p>COMPLETE QUESTIONS 5-25 ONLY IF YOU ARE PREGNANT.</p>		
<p>5. What is your baby's due date? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y</p> <p>6. How many weeks pregnant were you when your pregnancy was confirmed? <input type="text"/> <input type="text"/> weeks</p> <p>7. Is this your first pregnancy? <input type="radio"/> Yes <input type="radio"/> No</p> <p>8. Do you have a regular health care provider? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p> <p>9. Are you receiving prenatal care? <input type="radio"/> Yes <input type="radio"/> No</p> <p>10. Are you taking prenatal vitamins? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>11. Has anyone talked to you about breastfeeding this baby? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>14. During <u>any previous pregnancy</u>, did you experience: Select all that apply. <input type="radio"/> Gestational Diabetes <input type="radio"/> Miscarriage <input type="radio"/> Still Birth <input type="radio"/> Preterm birth (before 37 weeks gestation) <input type="radio"/> Baby born at less than 5 pounds 8 ounces (2500 grams) <input type="radio"/> Baby born at more than 8 pounds 13 ounces (4000 grams) <input type="radio"/> None of the above</p> <p>15. Are you: Select one. <input type="radio"/> Single <input type="radio"/> Married/Common law <input type="radio"/> In a relationship</p> <p>16. Who do you live with? Select all that apply. <input type="radio"/> Alone <input type="radio"/> Family (parents, siblings, grandparents, etc.) <input type="radio"/> Children <input type="radio"/> Friends <input type="radio"/> Spouse or partner</p> <p>17. Do you receive EIA (Employment Income Assistance)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure</p> <p>18. Did you graduate from high school (or equivalent such as GED)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Still in School</p>	<p>22. How did you find out about this program? Select all that apply. <input type="radio"/> Doctor <input type="radio"/> Poster, brochure or other advertising <input type="radio"/> Nurse/Midwife <input type="radio"/> Referral from Manitoba Prenatal Benefit <input type="radio"/> Friend or family member <input type="radio"/> Other agency</p> <p>23. Have you applied for the Manitoba Prenatal Benefit? <input type="radio"/> Yes <input type="radio"/> No</p> <p>24. Do you receive the Manitoba Prenatal Benefit? <input type="radio"/> Yes <input type="radio"/> No</p> <p>25. Why do you come to this program? Select all that apply. <input type="radio"/> To learn about my pregnancy <input type="radio"/> To learn more about taking care of my baby <input type="radio"/> To learn more about healthy eating <input type="radio"/> To meet other mothers/fathers/parents <input type="radio"/> For emotional support <input type="radio"/> For breastfeeding information <input type="radio"/> My friend or family member recommended that I come <input type="radio"/> To get milk coupons</p>

revised June 2016

4803037072

PR

Identification Number

Program Code

Date Completed

D D M M Y Y Y Y

Healthy Baby - We're Glad You are Here!

Prenatal Participant Information

Participant Name:

Address:

Phone Number:

OPTIONAL:

email address:

DO NOT FAX

THIS SIDE OF PAGE TO HEALTHY CHILD MANITOBA

SAMPLE

Bébés en santé

Nous sommes heureux de vous compter parmi nous!

Renseignements sur les participantes après la naissance (période prénatale)

Veillez écrire soigneusement les chiffres dans les carrés, sans toucher les lignes, et remplir les cercles complètement. Utilisez un stylo à encre bleue ou noire.

Une fois ce côté de la feuille rempli, veuillez l'envoyer par télécopieur au centre de traitement de données du Bureau d'Enfants en santé Manitoba au 204 948-3768.

Inscrivez les noms et les adresses au recto de ce formulaire (réservé au programme).

Consentement verbal
Refusée:

1. Votre code postal:

2. Votre numéro d'identification personnelle (9 chiffres) de Santé Manitoba (NIP)

3. Êtes-vous ... un parent naturel?
 Autre (précisez): _____

4. Quelle est votre date de naissance?

 j j m m a a a a

RÉPONDEZ AUX QUESTIONS 5 À 25 SEULEMENT SI VOUS ÊTES ENCEINTE.

5. Quelle est la date prévue de naissance de votre bébé?

 j j m m a a a a

6. De combien de semaines étiez-vous enceinte lorsque votre grossesse a été confirmée?

 semaines

7. S'agit-il de votre première grossesse?

Oui Non

8. Consultez-vous un fournisseur de soins de santé régulièrement?

Oui Non Incertaine

9. Recevez-vous des soins prénatals?

Oui Non

10. Prenez-vous des vitamines prénatales?

Oui Non Incertaine

11. Est-ce que quelqu'un vous a déjà parlé de l'allaitement maternel pour le bébé à venir?

Oui Non

12. Est-ce que vous fumez?

Oui Non

13. Durant cette grossesse, avez-vous eu les problèmes suivants? Cochez toutes les réponses pertinentes.

- | | |
|--|---|
| <input type="checkbox"/> Insuffisance en fer ou anémie | <input type="checkbox"/> Problèmes de logement |
| <input type="checkbox"/> Diabète gestationnel | <input type="checkbox"/> Problèmes relationnels |
| <input type="checkbox"/> Grossesse à haut risque | <input type="checkbox"/> Épuisement |
| <input type="checkbox"/> Hypertension artérielle | <input type="checkbox"/> Inquiétudes liées à la consommation d'alcool |
| <input type="checkbox"/> Infection urinaire | <input type="checkbox"/> Inquiétudes liées à la consommation de drogues illicites |
| <input type="checkbox"/> Anxiété ou dépression | <input type="checkbox"/> Inquiétudes face aux habitudes de jeu |
| <input type="checkbox"/> Sentiments d'isolement ou de solitude | |
| <input type="checkbox"/> Difficultés financières | |
| <input type="checkbox"/> Autre (précisez): _____ | |
| <input type="checkbox"/> Aucune de ces réponses | |

14. Durant toute grossesse précédente, avez-vous connu une ou plusieurs des complications suivantes?

Cochez toutes les réponses pertinentes.

- Diabète gestationnel
- Fausse couche
- Bébé mort-né
- Bébé prématuré (avant 37 semaines de gestation)
- Bébé pesant moins de 5 lb 8 oz (2,5 kg)
- Bébé pesant plus de 8 lb 13 oz (4 kg)
- Aucune de ces réponses

15. Quelle est votre situation familiale?

- célibataire
- mariée ou conjointe de fait
- dans une relation

16. Avec qui habitez-vous?

Cochez toutes les réponses pertinentes.

- Toute seule
- Famille (parents, frères et sœurs, grands-parents, etc.)
- Enfant(s) (à charge)
- conjoint ou conjoint de fait
- Amis

17. Recevez-vous des prestations d'aide à l'emploi et au revenu?

Oui Non Incertaine

18. Avez-vous terminé l'école secondaire (ou obtenu une équivalence d'études secondaires comme une formation générale)?

Oui Non Encore à l'école

19. Êtes-vous né(e) au Canada?

Oui → Allez à la question 21 Non → Répondez à la question 20

20. a. Quel âge aviez-vous lorsque vous avez déménagé au Canada? ans

b. Sur quel continent êtes-vous née?

- Amérique du Nord
- Amérique du Sud
- Asie
- Europe
- Afrique
- Australie

21. À quel groupe ethnique vous identifiez-vous?

Cochez toutes les réponses pertinentes.

- Arabe
- Asiatique
- Noir
- Philippin
- Première Nation
- Inuit
- Métis
- Latino-Américain
- Autre (précisez): _____
- Blanc

22. Comment avez-vous découvert ce programme?

Cochez toutes les réponses pertinentes.

- Médecin
- Amie ou membre de la famille
- Recommandation du Programme d'allocations prénatales du Manitoba
- Autre organisme
- Infirmière/Sage-femme
- Affiche, brochure, publicité

23. Avez-vous présenté une demande dans le cadre du Programme d'allocations prénatales du Manitoba?

Oui Non

24. Recevez-vous des allocations prénatales du Manitoba?

Oui Non

25. Pourquoi participez-vous à ce programme?

Cochez toutes les réponses pertinentes.

- Pour me renseigner sur ma grossesse.
- Pour en apprendre plus sur la façon de prendre soin de mon bébé.
- Pour en apprendre plus sur l'alimentation saine.
- Pour rencontrer d'autres mamans/papas/parents.
- Pour recevoir un soutien affectif.
- Pour obtenir des renseignements sur l'allaitement maternel.
- Sur la recommandation d'une amie ou d'un membre de ma famille.
- Pour obtenir des coupons de lait.

Révision : juin 2016

1178648443

PR

N° d'identification

Code du programme

Date remplie

 j j m m a a a a

Bébés en santé

Nous sommes heureux de vous compter parmi nous!

Renseignements sur la participante (période prénatale)

Nom de la participante: _____

Adresse: _____

Numéro de téléphone: _____

FACULTATIF: _____

Courriel: _____

NE PAS TÉLÉCOPIER CE CÔTÉ DE LA PAGE À ENFANTS EN SANTÉ MANITOBA

Healthy Baby

We're Glad You Are Here! Postnatal Participant Information Sheet

Please print numbers neatly within squares without touching the lines and fill in circles completely. Use dark blue or black pen. Once complete, please fax this side to HCMO Data Centre at 204-948-3768. Write names and addresses on the other side of this form (for program use only).

Verbal Consent:
Declined:

PARTICIPANT'S INFORMATION

1. Your Postal Code

--	--	--	--	--	--	--	--

2. Your Manitoba Health PHIN (9 digit number)

--	--	--	--	--	--	--	--	--

3. Are you a ... Birth Parent
 Adoptive/Foster Parent
 Grandparent/Relative
 Other (specify:)

4. What is your birthdate?

D	D	M	M	Y	Y	Y	Y

BABY'S INFORMATION:

5. a. Your baby's Manitoba Health PHIN (9-digit number)

--	--	--	--	--	--	--	--	--

b. What is your baby's birthdate?

D	D	M	M	Y	Y	Y	Y

c. How much did your baby weigh at birth?

				OR				
grams					pounds		ounces	

6. a. Is this your first baby? Yes No

b. Is this baby a ... Twin Triplet No

Please fill out BABY'S INFORMATION (5a, 5b, 5c) for each child.

7. How did you feed your baby in the first month?

Select all that apply.

Breast milk Formula Other

8. What are you feeding/giving your baby now?

Select all that apply.

Breast milk Water Juice Vitamin D
 Formula Cow's milk Solids Other

COMPLETE QUESTIONS 9-14 ONLY IF YOU HAVE GIVEN BIRTH TO THIS BABY. OTHERWISE, GO TO QUESTION 15.

9. When did you first get prenatal care with this baby?

Select one.

Before 12 weeks of pregnancy (first 3 months)
 Between 13 and 23 weeks of pregnancy (4-6 months)
 After 24 weeks of pregnancy (later than 6 months)
 No prenatal care

10. How many times did you visit a doctor/nurse/midwife during this pregnancy?

--	--

11. Did you receive the Manitoba Prenatal Benefit?

Yes → Go to 13 No → Answer 12

12. Did you know about the Manitoba Prenatal Benefit?

Yes No

13. While pregnant with this baby, did you experience:

Select all that apply.

Low blood iron/anemia High blood pressure
 Gestational Diabetes Anxiety/Depression
 High risk pregnancy Urinary tract infection
 Isolation/Loneliness
 Preterm birth (before 37 weeks gestation)
 Baby born at more than 8 pounds 13 ounces (4000 grams)
 Baby born at less than 5 pounds 8 ounces (2500 grams)
 None of the above

14. Did you smoke when you were pregnant with this baby?

Yes No

ALL PARTICIPANTS SHOULD COMPLETE QUESTIONS 15-25.

15. Do you smoke now? Yes No

16. Since the birth of your baby, have you experienced:

Select all that apply.

Financial concerns Concern with alcohol use
 Housing concerns Concern with street drug use
 Relationship difficulties Concern with gambling
 Exhaustion Other (please specify):
 Anxiety/Depression
 Isolation/Loneliness None of the above

17. Are you: Select one. Married/Common law Single
 In a relationship

18. Who do you live with? Select all that apply.
 Alone Family (parents, siblings, grandparents, etc.)
 Children Spouse or Partner Friends

19. Do you receive EIA (Employment Income Assistance)?
 Yes No Unsure

20. Did you graduate from high school (or equivalent such as GED)? Yes No
 Still in School

21. Were you born in Canada?
 Yes → Go to 23 No → Answer 22

22. a. How old were you when you moved to Canada?

--	--

 years old

b. On what continent were you born?

North America Asia Africa
 South America Europe Australia

23. Which ethnicity do you identify with? Select all that apply.

Arab Filipino Métis White
 Asian First Nations Latin American
 Black Inuit Other (specify):

24. How did you find out about this program?

Select all that apply.

Doctor Poster, brochure or other advertising
 Nurse/Midwife Referral from Manitoba Prenatal Benefit
 Friend or family member Other agency

25. Why do you come to this program?

Select all that apply.

To learn more about taking care of my baby
 To learn more about healthy eating
 To learn more about nutrition for my baby
 To meet other mothers/fathers/parents
 For emotional support
 For breastfeeding information and support
 My friend or family member recommended that I come
 To get milk coupons.

revised June 2016

6859616135

PO

Identification Number

--	--	--	--

Program Code

Date Completed

D	D	M	M	Y	Y	Y	Y

Healthy Baby - We're Glad You are Here!

Postnatal Participant Information

Participant Name:

Address:

Phone Number:

OPTIONAL:

Baby Name:

email address:

DO NOT FAX

THIS SIDE OF PAGE TO HEALTHY CHILD MANITOBA

SAMPLE

Bébés en santé

Veillez écrire soigneusement les chiffres dans les carrés, sans toucher les lignes, et remplir les cercles complètement. Utilisez un stylo à encre bleue ou noire.

Une fois ce côté de la feuille rempli, veuillez l'envoyer par télécopieur au centre de traitement de données du Bureau d'Enfants en santé Manitoba au 204 948-3768.

Inscrivez les noms et les adresses au recto de ce formulaire (réservé au programme).

Nous sommes heureux de vous compter parmi nous!

Renseignements sur les participantes après la naissance (période postnatale)

Consentement verbal
Refusée:

RENSEIGNEMENTS SUR LE PARTICIPANT

1. **Votre** code postal

2. **Votre** numéro d'identification personnelle (9 chiffres) de Santé Manitoba (NIP)

3. Êtes-vous ...

- un parent naturel Autre (précisez: _____)
 un parent adoptif ou un parent de famille d'accueil
 un grand-parent ou un membre de la famille

4. Quelle est **votre** date de naissance?

j j m m a a a a

INFORMATION SUR LE BÉBÉ:

5. a. Le numéro d'identification personnelle (9 chiffres) de Santé Manitoba de **votre bébé** (NIP)

b. Quelle est la date de naissance de **votre bébé** ?

j j m m a a a a

c. Quel était son **poids à la naissance** ?

grammes OU livres onces

6. a. S'agit-il de votre premier enfant? Oui Non

b. Est ce que bébé est un ... Jumeau Triplet Non
S'il vous plaît remplir l'INFORMATION SUR LE BÉBÉ (5a, 5b, 5c) pour chaque enfant.

7. Comment avez-vous nourri votre bébé au cours du premier mois de sa vie? Cochez toutes les réponses pertinentes.
 Lait maternel Lait maternisé Autre

8. En ce moment, comment nourrissez-vous votre bébé ou que lui donnez-vous? Cochez toutes les réponses pertinentes
 Lait maternel Eau Lait de vache Vitamine D
 Lait maternisé Jus Aliments solides Autre

RÉPONDEZ AUX QUESTIONS 9 À 14 SEULEMENT SI VOUS AVEZ DONNÉ NAISSANCE À CE BÉBÉ. SINON, PASSEZ À LA QUESTION 15.

9. À quel moment, alors que vous étiez enceinte de ce bébé, avez-vous commencé à recevoir des soins prénatals?

- Avant la 12^e semaine de grossesse (au cours des trois premiers mois)
 Entre la 13^e et la 23^e semaine de grossesse (entre le 4^e et le 6^e mois)
 Après la 24^e semaine de grossesse (après le 6^e mois)
 Je n'ai pas reçu de soins prénatals.

10. Durant cette grossesse, combien de fois avez-vous vu un médecin, une infirmière ou une sage-femme?

11. Avez-vous reçu des allocations prénatales du Manitoba?
 Oui → Allez à la question 13 Non → Répondez à la question 12

12. Connaissiez-vous le Programme d'allocations prénatales du Manitoba? Oui Non

13. Quand vous étiez enceinte de ce bébé, avez-vous présenté les complications ou troubles suivants?

Cochez toutes les réponses pertinentes.

- Insuffisance en fer ou anémie Hypertension artérielle
 Diabète gestationnel Anxiété ou dépression
 Grossesse à haut risque Infection urinaire
 Sentiments d'isolement ou de solitude
 Bébé prématuré (avant 37 semaines de gestation)
 Bébé pesant plus de 8 lb 13 oz (4 kg)
 Bébé pesant moins de 5 lb 8 oz (2,5 kg)
 Aucune de ces réponses

14. Fumiez-vous pendant que vous étiez enceinte de ce bébé? Oui Non

TOUS LES PARTICIPANTS DOIVENT RÉPONDERE AUX QUESTIONS 15 À 25.

15. Est-ce que vous fumez maintenant? Oui Non

16. Depuis la naissance de votre bébé, avez-vous eu un ou plusieurs des problèmes suivants?

Cochez toutes les réponses pertinentes.

- Difficultés financières Inquiétudes liées à la consommation d'alcool
 Problèmes de logement Inquiétudes liées à la consommation de drogues illicites
 Problèmes relationnels Inquiétudes face aux habitudes de jeu
 Épuisement
 Anxiété ou dépression
 Sentiments d'isolement ou de solitude
 Autre (précisez): _____
 Aucune de ces réponses

17. Quelle est votre situation familiale?

- dans une relation mariée ou conjointe de fait célibataire

18. Avec qui habitez-vous? Cochez toutes les réponses pertinentes.

- Toute seule Famille (parents, frères et sœurs, grands-parents, etc.)
 Enfant(s) (à charge)
 conjoint ou conjoint de fait Amis

19. Recevez-vous des prestations d'aide à l'emploi et au revenu? Oui Non Incertaine

20. Avez-vous terminé l'école secondaire (ou obtenu une équivalence d'études secondaires comme une formation générale)? Oui Non Encore à l'école

21. Êtes-vous né(e) au Canada?

- Oui → Allez à la question 23 Non → Répondez à la question 22

22. a. Quel âge aviez-vous lorsque vous avez déménagé au Canada? ans

b. Sur quel continent êtes-vous née?

- Amérique du Nord Asie Afrique
 Amérique du Sud Europe Australie

23. À quel groupe ethnique vous identifiez-vous?

Cochez toutes les réponses pertinentes.

- Arabe Philippin Métis Blanc
 Asiatique Première Nation Latino-Américain
 Noir Inuit Other (specify): _____

24. Comment avez-vous découvert ce programme?

Cochez toutes les réponses pertinentes.

- Médecin Amie ou membre de la famille
 Infirmière/Sage-femme Affiche, brochure, publicité
 Recommandation du Programme Autre organisme d'allocations prénatales du Manitoba

25. Pourquoi participez-vous à ce programme?

Cochez toutes les réponses pertinentes.

- Pour en apprendre plus sur la façon de prendre soin de mon bébé.
 Pour en apprendre plus sur l'alimentation saine.
 Pour en apprendre plus sur l'alimentation de mon bébé.
 Pour rencontrer d'autres mamans/papas/parents
 Pour recevoir un soutien affectif.
 Pour obtenir de l'information ou de l'aide relativement à l'allaitement maternel.
 Sur la recommandation d'une amie ou d'un membre de ma famille.
 Pour obtenir des coupons de lait.

Révision : juin 2016

8717067635

PO

N^o d'identification

Code du programme

Date remplie

j j m m a a a a

Bébés en santé Nous sommes heureux de vous compter parmi nous!

Renseignements sur les participantes après la naissance (période postnatale)

Nom de la participante: _____

Adresse: _____

Numéro de téléphone: _____

FACULTATIF:

Nom du bébé: _____

Courriel: _____

NE PAS TÉLÉCOPIER CE CÔTÉ DE LA PAGE À ENFANTS EN SANTÉ MANITOBA



29571

Healthy Baby

PRENATAL ATTENDANCE

Please fill out at each session attended and/or for each contact.

Please print numbers neatly within squares without touching the lines and fill in circles completely. Use dark blue or black pen.

Once complete or at program exit, fax to the HCMO Data Centre at 204-948-3768. Black out participant's name before faxing to HCMO.

PARTICIPANT NAME: _____

(Name is for program use only)

DATE													TYPE OF CONTACT																						
YEAR	MONTH			DAY										(Please select one)																					
<input type="radio"/> 2016	<input type="radio"/> JAN	<input type="radio"/> FEB	<input type="radio"/> MAR	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Group
<input type="radio"/> 2017	<input type="radio"/> APR	<input type="radio"/> MAY	<input type="radio"/> JUN	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Group	<input type="radio"/> Telephone	<input type="radio"/> Home Visit						
<input type="radio"/> 2018	<input type="radio"/> JUL	<input type="radio"/> AUG	<input type="radio"/> SEP	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Group	<input type="radio"/> Telephone	<input type="radio"/> Home Visit														
<input type="radio"/> 2019	<input type="radio"/> OCT	<input type="radio"/> NOV	<input type="radio"/> DEC	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Group	<input type="radio"/> Telephone	<input type="radio"/> Home Visit																						

revised April 2016

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We're Glad You Are Here ID Number

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Program Code

Form completed by: _____



18678

Bébés en santé

FEUILLE DE PRÉSENCE (période prénatale)

À remplir chaque fois qu'une participante assiste à une séance de groupe ou chaque fois que vous prenez contact avec elle.

Veillez écrire soigneusement les chiffres dans les carrés, sans toucher les lignes, et remplir les cercles complètement. Utilisez un stylo à encre bleue ou noire.

À la fin du programme ou une fois ce formulaire rempli, veuillez l'envoyer par télécopieur au centre de traitement de données du Bureau d'Enfants en santé Manitoba au 204 948-3768. Masquez le nom de la participante avant de télécopier ce formulaire au Bureau.

NOM DE LA PARTICIPANTE: _____
(réservé au programme.)

DATE																TYPE DE CONTACT						
ANNÉE	MOIS			JOUR												(Veillez en choisir un)						
<input type="radio"/> 2016	<input type="radio"/> JAN	<input type="radio"/> FÉV	<input type="radio"/> MAR	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile
<input type="radio"/> 2017	<input type="radio"/> AVR	<input type="radio"/> MAI	<input type="radio"/> JUN	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile	
<input type="radio"/> 2018	<input type="radio"/> JUL	<input type="radio"/> AOÛ	<input type="radio"/> SEP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile
<input type="radio"/> 2019	<input type="radio"/> OCT	<input type="radio"/> NOV	<input type="radio"/> DÉC	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile	
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<input type="radio"/> 2018	<input type="radio"/> JUL	<input type="radio"/> AOÛ	<input type="radio"/> SEP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile
<input type="radio"/> 2019	<input type="radio"/> OCT	<input type="radio"/> NOV	<input type="radio"/> DÉC	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile	
<input type="radio"/> 2016	<input type="radio"/> JAN	<input type="radio"/> FÉV	<input type="radio"/> MAR	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile
<input type="radio"/> 2017	<input type="radio"/> AVR	<input type="radio"/> MAI	<input type="radio"/> JUN	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile	
<input type="radio"/> 2018	<input type="radio"/> JUL	<input type="radio"/> AOÛ	<input type="radio"/> SEP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile
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<input type="radio"/> 2018	<input type="radio"/> JUL	<input type="radio"/> AOÛ	<input type="radio"/> SEP	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile
<input type="radio"/> 2019	<input type="radio"/> OCT	<input type="radio"/> NOV	<input type="radio"/> DÉC	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> Groupe	<input type="radio"/> Téléphone	<input type="radio"/> Visite à domicile	

Révision : avril 2016

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No d'identification du programme

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Code de programme

Ce formulaire a été remis par: _____



Please fill out at each session attended and/or for each contact.

Please print numbers neatly within squares without touching the lines and fill in circles completely. Use dark blue or black pen.

Once complete or at program exit, fax to the HCMO Data Centre at 204-948-3768. Black out participant and baby names before faxing to HCMO.

Participant Name: _____

Baby Birthdate: _____

Baby Name: _____

□	□	□	□	□	□	□	□
D	D	M	M	Y	Y	Y	Y

(Names are for program use only)

CONTACT TYPE & DATE OF CONTACT	INFANT FEEDING
Contact type: <input type="radio"/> Group <input type="radio"/> Phone <input type="radio"/> Home Visit <input type="radio"/> 2016 <input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 2017 <input type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 2018 <input type="radio"/> JUL <input type="radio"/> AUG <input type="radio"/> SEP <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 2019 <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DEC <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	Select all that apply. <input type="radio"/> Breastfeed <input type="radio"/> Solids <input type="radio"/> Formula Feed <input type="radio"/> Cow's Milk <input type="radio"/> Supplement Breast with Formula <input type="radio"/> Vitamin D <input type="radio"/> Other, indicate: _____
Contact type: <input type="radio"/> Group <input type="radio"/> Phone <input type="radio"/> Home Visit <input type="radio"/> 2016 <input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 2017 <input type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 2018 <input type="radio"/> JUL <input type="radio"/> AUG <input type="radio"/> SEP <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 2019 <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DEC <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	<input type="radio"/> Breastfeed <input type="radio"/> Solids <input type="radio"/> Formula Feed <input type="radio"/> Cow's Milk <input type="radio"/> Supplement Breast with Formula <input type="radio"/> Vitamin D <input type="radio"/> Other, indicate: _____
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revised April 2016

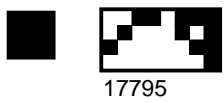
P	O	□	□	□	□
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We're Glad You Are Here ID Number

□	□	□	□
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Program Code

Form completed by: _____



À remplir chaque fois qu'une participante assiste à une séance de groupe ou chaque fois que vous prenez contact avec elle.

Veillez écrire soigneusement les chiffres dans les carrés, sans toucher les lignes, et remplir les cercles complètement. Utilisez un stylo à encre bleue ou noire.

À la fin du programme ou une fois ce formulaire rempli, veuillez l'envoyer par télécopieur au centre de traitement de données du Bureau d'Enfants en santé Manitoba au 204 948-3768. Masquez le nom de la participante et du bébé avant de télécopier ce formulaire au Bureau.

Nom de la participante: _____

Date de naissance du bébé:

Nom du bébé: _____

(Les noms sont réservés aux fins du programme seulement.)

j	j	m	m	a	a	a	a

DATE ET TYPE DE CONTACT	ALIMENTATION DU NOURRISSON
Type de contact: <input type="radio"/> Groupe <input type="radio"/> Téléphone <input type="radio"/> Visite à domicile <input type="radio"/> 2016 <input type="radio"/> JAN <input type="radio"/> FÉV <input type="radio"/> MAR <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 2017 <input type="radio"/> AVR <input type="radio"/> MAI <input type="radio"/> JUN <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 2018 <input type="radio"/> JUL <input type="radio"/> AOÛ <input type="radio"/> SEP <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 2019 <input type="radio"/> OCT <input type="radio"/> NOV <input type="radio"/> DÉC <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31	<input type="radio"/> Lait maternel <input type="radio"/> Nourriture solide <input type="radio"/> Lait maternisé <input type="radio"/> Lait de vache <input type="radio"/> Lait maternel et <input type="radio"/> Vitamine D lait maternisé <input type="radio"/> Autre, préciser: _____
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Révision : avril 2016

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No d'identification du programme

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Code de programme

Ce formulaire a été remis par: _____



This form is to be used as a reporting sheet for each program session. It will help you keep track of numbers of participants and activities. **Fax to (204) 948-3768 within 2 weeks of each session**. Do not include cover sheet with fax.

Please print numbers neatly within squares without touching the lines, and fill in circles completely. Use dark blue or black pen.

<p>1. SESSION FREQUENCY <input type="radio"/> Weekly <input type="radio"/> 2 times per month <input type="radio"/> Monthly <input type="radio"/> Other</p> <hr/> <p>PARTICIPANTS</p> <p>2. TOTAL number of participants attending session: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> a. How many were prenatal?*: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> b. How many were postnatal?*</p> <p> with infants aged 0-<u>up to</u> 6 months <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> with infants aged 6-12 months <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> c. How many were partners/support?*: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> *Count each person once. Sum must equal TOTAL.</p> <p>3. How many children (over 1) were in childminding? <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <hr/> <p>MILK COUPONS AND BUS TICKETS</p> <p>4. How many milk coupons did you give out this session?</p> <p style="text-align: center;">TOTAL # of coupons</p> <p> a. Prenatal:</p> <p> Safeway coupons: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> Generic (purple) coupons: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> b. Postnatal (0-<u>up to</u> 6 months)</p> <p> Safeway coupons: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p> Generic (purple) coupons: <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p> <p>5. How many bus tickets did you give out this session? <input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/><input style="width: 30px; height: 20px;" type="text"/></p>	<p>6. BREASTFEEDING/NUTRITION NUGGETS/ PARENT-INFANT ACTIVITIES</p> <p>These components are recommended at every session.</p> <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a. Breastfeeding nugget presented at today's session:</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. Nutrition nugget presented at today's session:</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Parent-Infant Activities occurred at today's session:</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <hr/> <p>7. MANDATORY TOPIC AREAS</p> <p>Please fill in the circles for the main topic areas you covered in your session. These topics coincide with the recommended mandatory topics in the Healthy Baby Community Program guide and are the priority topic areas. If more than one topic is covered at a session please fill in these topic areas for a maximum of three topic areas.</p> <ul style="list-style-type: none"> <input type="radio"/> Addictions/Substance Use/Smoking <input type="radio"/> Attachment <input type="radio"/> Breastfeeding <input type="radio"/> Dedicated Cooking Session/Demonstration (see guide) <input type="radio"/> Family Health <input type="radio"/> Family Nutrition <input type="radio"/> Infant Development (0-12 months) <input type="radio"/> Infant Nutrition <input type="radio"/> Maternal Mental Health <input type="radio"/> Newborn Care <input type="radio"/> Parenting Support <input type="radio"/> Pregnancy <input type="radio"/> Relationships <input type="radio"/> Reproductive Health <input type="radio"/> Safety <input type="radio"/> Stress Management <input type="radio"/> Other, please identify: _____ 		YES	NO	a. Breastfeeding nugget presented at today's session:	<input type="radio"/>	<input type="radio"/>	b. Nutrition nugget presented at today's session:	<input type="radio"/>	<input type="radio"/>	c. Parent-Infant Activities occurred at today's session:	<input type="radio"/>	<input type="radio"/>
	YES	NO											
a. Breastfeeding nugget presented at today's session:	<input type="radio"/>	<input type="radio"/>											
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c. Parent-Infant Activities occurred at today's session:	<input type="radio"/>	<input type="radio"/>											

Session Date:

D	D	M	M	Y	Y	Y	Y

Program Code		



Ce formulaire sert de feuille de contrôle pour chaque séance du programme. Elle vous aidera à tenir compte des activités et du nombre de participantes. **Veillez l'envoyer par télécopieur au 204 948 3768 dans les deux semaines suivant la date de la séance.** N'incluez pas de lettre d'accompagnement avec votre envoi par télécopieur.

Veillez écrire soigneusement les chiffres dans les carrés, sans toucher les lignes, et remplir les cercles complètement. Utilisez un stylo à encre bleue ou noire.

<p>1. FRÉQUENCE DES SÉANCES</p> <p><input type="radio"/> Hebdomadaires <input type="radio"/> Bimensuelles <input type="radio"/> Mensuelles <input type="radio"/> Autres</p> <hr/> <p>PARTICIPANTES</p> <p>2. Nombre TOTAL de participantes à la séance : <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>a. Combien de femmes enceintes? * <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>b. Combien de femmes avec un bébé de moins de six mois?* <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>un enfant de 6 à 12 mois?* <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>c. Combien de personnes de soutien (partenaires ou autres)?* <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p><small>*Comptez chaque personne une fois. La somme doit être égale au TOTAL</small></p> <p>3. Combien d'enfants (âgés de plus d'un an) étaient à la garderie? <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <hr/> <p>COUPONS DE LAIT ET BILLETS D'AUTOBUS</p> <p>4. Combien de coupons de lait avez-vous distribué lors de cette séance?</p> <p>a. Période prénatale: Nombre TOTAL de coupons</p> <p>Coupons du magasin Safeway: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Coupons sans marque (violets): <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>b. Période postnatale (de 0 à 6 mois)</p> <p>Coupons du magasin Safeway: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Coupons sans marque (violets): <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>5. Combien de billets d'autobus avez-vous distribué lors de cette séance? <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p>	<p>6. CONSEILS SUR L'ALLAITEMENT ET LA NUTRITION, ET ACTIVITÉS PARENT-ENFANT EN BAS ÂGE</p> <p>Il est recommandé d'inclure ces composantes à chaque séance.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; width: 10%;">OUI</td> <td style="text-align: center; width: 10%;">NON</td> </tr> <tr> <td>a. Conseils sur l'allaitement donnés au cours de la séance d'aujourd'hui:</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. Conseils sur la nutrition donnés au cours de la séance d'aujourd'hui:</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Activités parent-enfant en bas âge ayant eu lieu lors de la séance d'aujourd'hui :</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> <hr/> <p>7. SUJET OBLIGATOIRES</p> <p>Veillez remplir les cercles des principaux sujets traités au cours de votre séance. Ces sujets coïncident avec les sujets obligatoires recommandés dans le Healthy Baby Community Program Guide et sont prioritaires. Si plus d'un sujet est traité au cours de la séance, veuillez remplir les cercles pertinents jusqu'à un maximum de trois sujets.</p> <ul style="list-style-type: none"> <input type="radio"/> Dépendances, consommation de drogues et tabac <input type="radio"/> Liens d'attachement <input type="radio"/> Allaitement <input type="radio"/> Séance de cuisine spécialisée ou démonstration (voir le Guide) <input type="radio"/> Santé familiale <input type="radio"/> Nutrition familiale <input type="radio"/> Développement des enfants en bas âge (de moins de 12 mois) <input type="radio"/> Nutrition des enfants en bas âge <input type="radio"/> Santé mentale maternelle <input type="radio"/> Soins aux nouveau-nés <input type="radio"/> Soutien aux parents <input type="radio"/> Grossesse <input type="radio"/> Relations <input type="radio"/> Santé de la reproduction <input type="radio"/> Sécurité <input type="radio"/> Gestion du stress <input type="radio"/> Autres. Veuillez préciser: _____ 		OUI	NON	a. Conseils sur l'allaitement donnés au cours de la séance d'aujourd'hui:	<input type="radio"/>	<input type="radio"/>	b. Conseils sur la nutrition donnés au cours de la séance d'aujourd'hui:	<input type="radio"/>	<input type="radio"/>	c. Activités parent-enfant en bas âge ayant eu lieu lors de la séance d'aujourd'hui :	<input type="radio"/>	<input type="radio"/>
	OUI	NON											
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b. Conseils sur la nutrition donnés au cours de la séance d'aujourd'hui:	<input type="radio"/>	<input type="radio"/>											
c. Activités parent-enfant en bas âge ayant eu lieu lors de la séance d'aujourd'hui :	<input type="radio"/>	<input type="radio"/>											

Date de la séance:

j	j	m	m	a	a	a	a

Code de programme			

