

# ABSTRACTS

ARTIST: MISHAL HOSSAIN

Bachelors of Health Sciences (Honours), Class of 2025, McMaster University

## SUPPORTING HEALTHY PREGNANCIES: UNDERSTANDING PREGNANT WOMEN AND NEW MOTHERS' PERSPECTIVES REGARDS FETAL ALCOHOL SPECTRUM DISORDER PREVENTION CAMPAIGNS TO INFORM EFFECTIVE AND NON-STIGMATIZING APPROACHES IN NORTHEASTERN ONTARIO

TAYLOR WATKINS<sup>1</sup>, DR. KELLY HARDING<sup>1,2</sup>, DR. SHELLEY WATSON<sup>3</sup>, & CELISSE BIBR<sup>1,2</sup><sup>1</sup>Laurentian University; <sup>2</sup>Canada FASD Research Network; <sup>3</sup>Cambrian College

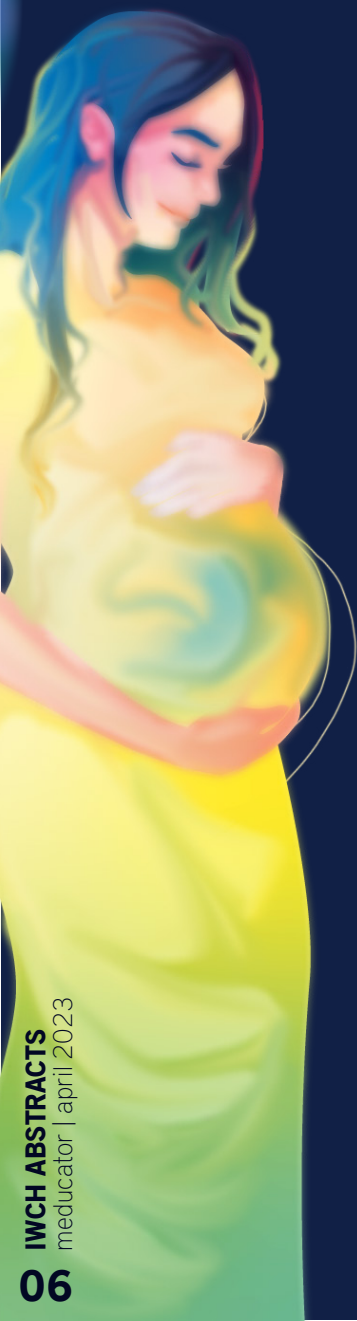
**BACKGROUND:** Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe the lifelong impacts on fetal development from prenatal alcohol exposure. Alcohol use during pregnancy has been identified as a significant public health concern, as up to 15% of Canadian women report consuming alcohol during pregnancy. Current FASD prevention efforts have been criticized for their harmful and stigmatizing nature as emotional aspects (e.g., fear, guilt, and shock) have been relied on to discourage individuals from consuming alcohol during pregnancy. Consequently, pregnant individuals and new mothers may be reluctant to disclose information about their alcohol consumption, which may prevent them from receiving support. Therefore, improving current FASD prevention initiatives could help improve supports for pregnant individuals, new mothers, and individuals with FASD.

**RESEARCH OBJECTIVES:** The objectives of this study include: (1) to explore pregnant and postpartum women's attitudes about alcohol use during pregnancy, and their perspectives on existing FASD prevention campaigns; and (2) to generate recommendations for non-stigmatizing FASD prevention campaigns for Northeastern Ontario.

**METHODS:** Using a basic qualitative approach (Merriam & Tisdell, 2016), this study has employed small group and individual semi-structured interviews via Zoom. Participant recruitment was conducted utilizing social media platforms and through the assistance of community partnering agencies and local organizations. To date, 12 pregnant women and new mothers between the ages of 17 and 45 (Mage = 30, SD = 4.85) across the Sudbury and Manitoulin regions of Northeastern Ontario have participated in this study. Messaging and imagery from 10 existing prevention campaigns were employed to facilitate discussion. Data from this study are being analyzed using Bengtsson's (2016) qualitative content analysis to generate salient themes from participants' responses.

**RESULTS:** At the time of this submission, data analysis is ongoing. However, preliminary findings have revealed that participants have favourable attitudes towards abstaining from alcohol during pregnancy. Findings indicate that participants associate the effectiveness of FASD prevention efforts at preventing alcohol use during pregnancy with the strength of the campaign messaging, if the campaign has an emotive impact, and the overall relatability of the imagery used. For instance, campaigns with a strong message were perceived as being more effective at preventing alcohol use during pregnancy than those with a perceived weak message. Additionally, FASD prevention campaigns that evoked a strong emotional response were perceived as more effective at preventing alcohol use during pregnancy than FASD prevention campaigns that did not have an emotive impact. Preliminary findings revealed that the more relatable the campaign imagery is, the more effective the campaign is perceived to be at preventing alcohol use during pregnancy. Lastly, findings show that current FASD prevention initiatives are lacking and require enhanced accessibility and messages of support.

**CONCLUSIONS:** Although participants perceive these things as more effective, they can conflict with best practices for FASD prevention messaging, as evocative messages and imagery can reinforce stigma about FASD and alcohol consumption during pregnancy. In summary, the current study will contribute to the growing discourse on informing non-stigmatizing FASD prevention initiatives for Northeastern Ontario. Alcohol use during pregnancy is a growing concern among many Northern Ontario communities; therefore, it is crucial to acquire an understanding of pregnant women and new mothers' attitudes about alcohol use during pregnancy to help inform non-stigmatizing FASD prevention efforts.



## COMMUNITY CLINICIAN MANAGEMENT PATTERNS OF CHILDHOOD DYSLIPIDEMIA

TOM KN<sup>1</sup>, DESILVA N<sup>2</sup>, POLACK A<sup>3</sup>, SINGH K<sup>4</sup>, KEOWN-STONEMAN C<sup>4</sup>, MAGUIRE J<sup>4</sup>, BIRKEN CS<sup>3</sup>, WONG PD<sup>3</sup>

<sup>1</sup>Michael G. DeGroot School of Medicine, McMaster University; <sup>2</sup>Faculty of Medical Sciences, Western University; <sup>3</sup>Hospital for Sick Children; <sup>4</sup>Li Ka Shing Knowledge Institute, Unity Health Toronto,

**BACKGROUND:** Childhood dyslipidemia increases the risk of atherosclerosis in childhood and cardiovascular disease (CVD) in young adulthood. The atherosclerotic process begins in childhood. However, adverse health outcomes due to disease are rare in early life. Unmanaged lifelong atherosclerotic processes can result in myocardial infarction and stroke. Management of risk factors including childhood dyslipidemia can decrease the risk of CVD and adverse health outcomes in later life. At the time of the study, there were no Canadian paediatric guidelines for lipid screening. Children with abnormal lipid profiles may be overlooked. Despite childhood dyslipidemia identification, early intervention and management may not be initiated. Primary care physicians (PCP) are optimally positioned to educate and reinforce health behaviours that minimize the risk of CVD and promoting lifelong cardiovascular health.

**OBJECTIVES:** To describe clinician management patterns for childhood dyslipidemia in the community setting.

**METHODS:** A retrospective chart review was conducted for children 2 to 10 years of age with abnormal lipid profiles between 2008-2021. Participants were from the TARGet Kids! cohort, Canada's largest primary care research network for children. Participants in the cohort had completed annual non-fasting blood samples and questionnaires. The primary study outcome was the proportion of physicians engaging in each management practice. R version 3.6.2 (R Foundation for Statistical Computing, Vienna, Austria) was used for statistical analysis.

**RESULTS:** Within the TARGet Kids! cohort, 790 children were identified with dyslipidemia. Among these children, 768 were seen by PCP at their next follow-up visit while 22 children had no follow-up visit. PCP rarely informed families about abnormal lipid profiles (n=11, 1.43%). All families notified about abnormal lipid profiles were informed at a follow-up visit (n=4, 36.4%), through a phone call (n=6, 54.5%), or through both methods (n=1, 9.1%). PCP frequently counselled on diet and eating habits (n=535, 95.0%), but less often on physical activity (n=160, 28.4%), sleep (n=108, 19.2%), and screen time (n=24, 4.3%). Family history of CVD, diabetes, high cholesterol, or hypertension was occasionally discussed (n=11, 2.0%). PCP repeated fasting lipid profiles uncommonly (n=23, 3.0%). Management plans for abnormal lipid profiles were infrequently documented (n=4, 0.5%), and all involved dietary counselling. Only 3 participants had a follow-up visit booked (n=3, 0.4%). Referrals were rarely made to dietitians and feeding clinics (n=6, 0.8%) and were not in response to abnormal lipid levels.

**CONCLUSION:** Childhood dyslipidemia is a risk factor for cardiovascular disease in later life. Our study showed that among children identified with dyslipidemia, PCP rarely identified and initiated early management for abnormal lipid profiles. Our results may inform the need for dissemination of paediatric lipid screening and management guidelines to support best clinical practice. There is no actual or potential conflict of interest in relation to the findings presented.

## EARLY HOSPITAL DISCHARGE FOLLOWING UNCOMPLICATED BIRTH

KESHINI SRIARULNATHAN<sup>1</sup>, ANNE M. MALOTT RM PHD<sup>2</sup>

<sup>1</sup>Department of Science, McMaster University, <sup>2</sup>Department of Family Medicine, McMaster University

**BACKGROUND:** The current rise of COVID-19 coronavirus has impacted the experiences of new parents in Canada with restrictions on hospital visitors and concerns of nosocomial infections. Early hospital discharge has the potential to reduce exposure, promote the transition to parenthood and breastfeeding duration, and reduce healthcare costs due to shorter hospital length of stay. However, little is known about the impact of early discharge on health outcomes for parturients, neonates, or the healthcare system.

**AIM:** This review examines existing literature on early postnatal discharge programs following uncomplicated vaginal births as relevant to the Canadian context to determine how it has impacted the clinical outcomes of parents and newborns, patient satisfaction, and the health system.

**METHODS:** A literature search of electronic databases: PubMed, Scopus, ScienceDirect, Web of Science, and CINAHL evaluated peer-reviewed, primary research published in English from 1976 through 2021. A total of 40 studies were yielded and content analysis identified the population, location, study design, methodology, and significant findings of each with attention to relevance to the Canadian context to determine the generalizability of the findings.

**RESULTS:** There is a dearth of well-designed studies that include consistent definitions of early discharge and uniform policies and practices for follow-up care for birthing people and their babies.

**Conclusion:** There is a need for further research exploring the health outcomes of Canadian birthing people and their neonates following early hospital discharge after uncomplicated births. There is also a need to examine the impact of early discharge on the healthcare system in the Canadian context that includes a clear definition of early discharge and specification of care provided in the community following discharge.

