



connections



Alberta Home Visitation
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Postpartum Depression Provincial Director's Message

By Lavonne Roloff

One in four families is affected by postpartum depression. Postpartum depression (PPD) is a concern all over the world, not just in Western or industrialized countries. We have come a long way in gathering information and publishing research regarding PPD.

At one time, moms were told that they had the baby blues and that they would get over it soon. However, this wasn't the case for some moms who didn't seem to recover in a couple of days. They suffered from anxiety, worries about their baby and depression. Depression can occur prenatally, within a few days, or up to three days after the birth of the baby, and any time from one to twelve months after the delivery. A small percentage of women suffer from psychosis (approximately one in 1,000 moms).

Today, both mothers and fathers can receive acknowledgment for the changes that have taken place as the result of a new baby coming into their lives. Books can be a useful resource for those experiencing postpartum depression. One that is particularly useful is *Postpartum Depression and Anxiety: A Self-help Guide for Mothers* by the Pacific Postpartum Support Society (7th edition, 2011). This book provides a description of postpartum depression and information such as how to be supportive and how to help yourself. Another book

that is useful is *The Smiling Mask: Truths about Postpartum Depression and Parenthood* by Carla O'Reilly, Elita Paterson, Tania Bird and Peggy Collins (2009). This book discusses the experience of three families who have lived through the trauma of postpartum illnesses and have shared their experience and knowledge in order that others might benefit. The websites for these resources are included in this publication (p. 6).

There are a number of support groups throughout the province that can be helpful for a parent who is recovering from postpartum depression. Parents can get valuable resources and support from the local health centre, and in some cases, the parent link centre.

If you know someone who is experiencing postpartum illness, offer your support by sharing a book resource, Web link or information about a support group - you just might be their lifeline. ■

Lavonne Roloff is the Provincial Director of the Alberta Home Visitation Network Association.

Postpartum Depression: Recognition, Risks and Effects on the Family

By Debbie McCaskill, RN, MN

Postpartum depression (PPD) affects up to one in five women in Canada. Although it is the most common mental health problem diagnosed in women, it is often unrecognized and untreated. The symptoms include tiredness, irritability, mood swings, anxiety and trouble thinking. Many people believe the symptoms are a normal part of motherhood. It is important to know the warning signs and risk factors so women get help early on. Untreated PPD affects the whole family and can cause serious long-term problems. There is treatment available for PPD. Nurses, doctors, family and friends help mothers recover. Perhaps you or someone you know might have PPD. What do you need to know?

Mood problems

There are specific symptoms that can indicate a mood problem. Baby blues affect up to 70% of new mothers and occur within 10 days after giving birth. The symptoms include anxiety, mood swings, crying and trouble sleeping. These symptoms usually disappear quickly.

Postpartum psychosis is the rarest and most serious mood problem. Out of 1,000 babies born, one or two mothers will experience this. The symptoms are tiredness, sadness, memory problems and confusion. Women who see and hear things that are not real need to be seen in the emergency department. PPD symptoms are the same as depression occurring under any other circumstances. Women may have a depressed mood, no interest in usual activities and changes in sleep patterns and weight. They may have less energy and trouble thinking or making decisions. Some

women may feel guilty or have thoughts of suicide. Some women are more at risk for PPD.

Risk factors

There are many risk factors for PPD:

- having a history of depression
- being depressed during pregnancy
- having family members with depression
- having little or no help
Learning how to be a mother can be stressful. Family may live far away and be unable to help. Some women do not have friends to depend upon.
- having unhappy personal relationships
The help mothers receive from their partners is important. Some partners do not understand how to help new mothers.
- living on low income
- not having a partner
- having an unplanned pregnancy
- feeling poorly about self

How children are affected

PPD can have serious effects on the family. Children learn how to get along with others from time spent with their mothers. But, mothers with PPD often spend less time playing and talking with their children. Research has shown that children of depressed mothers do not play as well or develop language as well as other children. These children may be described as difficult or shy by their parents. Children of depressed mothers may have more temper tantrums. They may have trouble getting

along and sharing with other children. Depression is more common in children who have depressed mothers.

What happens to partners?

Partners of depressed women often feel helpless. They may find it difficult to admit that they cannot fix the problem or to ask for help. Many men feel the loss of a special relationship, both physically and emotionally. They can feel rejected by their partner's lack of interest. Research indicates that 25-50% of men whose partners have PPD will also suffer from depression. Depression in both parents can affect the child even more severely.

How the mother is affected

Many women complain of marriage problems. They do not feel close to their partner. There may be physical or verbal abuse. Couples may separate if they do not seek professional help. Some women have concerns about money and feel unloved by their partner. These feelings often worsen the depression symptoms. Depression prevents the mother from feeling close to her child. The child seems to sense this and stops trying to get the mother's attention. This may cause the mother to feel rejected by her child and worsen her depression.



Supporting Someone with Postpartum Depression

By Lavonne Roloff

One of the most helpful things a home visitor can do is to be caring and non-judgmental. Listening without criticizing will help someone who is depressed.

The following has been adapted from a brochure from the former Aspen Health Authority.

Treating PPD

There is help available for PPD. Community health nurses ask new mothers about their mental health. A quick screening test can be done for symptoms of depression. Many mothers find support in attending a new mom's group at a community health clinic. A mental health nurse can offer advice and referral for couples counselling. Treatment with medication is needed by many women. The family doctor or psychiatrist can prescribe antidepressants. If antidepressants are needed, many are safe to use during breastfeeding. Some mothers find behaviour therapy helps them recover from PPD. Friends and family are an important part of helping a mother with PPD. Offering to bring meals or care for older children will be appreciated and will decrease stress. Women with PPD need rest and a healthy diet.

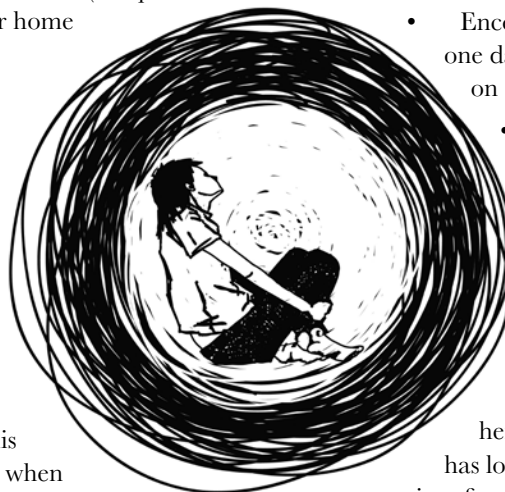
More about PPD

PPD occurs in up to one in five new mothers. Continuing depression symptoms after childbirth is not normal. Untreated PPD causes serious and long-lasting problems for all family members. Nurses, doctors, family and friends can support a woman with PPD towards a successful recovery. Prompt treatment of PPD will keep families healthy. ■

Debbie McCaskill is a clinical placement associate at the University of Alberta, Faculty of Nursing and a lab instructor in community health nursing. As a public health nurse, she has 25 years experience working with mothers and children in Alberta Health Services.

Practical help

- Help mom to develop a simple routine for her day. Encourage her to choose one or two tasks that are manageable each day.
- Encourage mom to rest whenever possible and to take breaks away from the baby both in her home (a cup of tea) and outside her home (shopping alone).
- Encourage mom to eat when she can and to stock her house with nutritious food that is quick to prepare.
- Encourage mom to participate in a simple exercise break. Reinforce this by going for a walk when visiting mom.
- Provide information about postpartum depression and available supports.
- Encourage mom to attend a support group, the local parent link centre or other activities to which she can take her children.



are often painful, and many women will want to deny them. Expression of feelings is healing. Help mom find ways to deal with her anger in a safe manner.

- Support her decisions; give encouragement about the decisions she is able to make and be patient as she works through the decision-making process.
- Encourage her to take one day at a time and focus on today.
- Help her to redefine who she is; encourage her to talk about who she was before she had the baby. Ask how this is different from who she is now. This will help her identify what she has lost in order for her to grieve for this. This will help to regain a renewed sense of herself.
- Encourage her to give herself credit for what she does. All women who experience postpartum depression have high expectations of themselves and feel guilty when they do not meet these expectations. Help her to acknowledge that mothering is hard work and to give herself credit for the work she does.
- Reassure her that lack of sexual interest is normal during postpartum depression. As she recovers, these feelings will come back. She still needs physical expressions of affection even though she does not want to engage in sexual activity. Support her in talking with her partner if she wants. ■

Emotional support

Encourage mom to talk to you about how she is feeling by showing support in the following ways:

- Reassure her that what she is feeling is part of the depression. She is not crazy, a bad person or a bad mother.
- Accept her feelings which will help her to accept her own feelings. The feelings

Postpartum Mood Difficulties Affect Families: Those Sometimes Forgotten

By Cheryl Childs

Families matter

Postpartum programs support families experiencing perinatal mood difficulties. In the past, postpartum depression, anxiety and intrusive thinking were thought to be experienced only by women who had given birth. We now know that these experiences are noted both during pregnancy and in the postpartum period. Two groups often overlooked and also at risk are adoptive parents and fathers.

Adoptive parents

Adoptive parents may have experienced years of trying to get pregnant and having fertility treatments and miscarriages. During the adoption process, parents may try to prove they are “super parents.” Like women who give birth, adoptive mothers may have high expectations of themselves to be “super moms.” Adoptive parents may be drained by a demanding adoption process before the baby arrives. Moms attending Families Matter support groups share fears that the birth mother will change her mind and that they will have to surrender the child. In guarding themselves from potential loss, they distance themselves from their baby causing bonding and attachment concerns. They may feel unprepared for the needs of this child.

A mom in our support group described isolating herself from family and adoptive counselling support as she felt if she was struggling with depression and anxiety, “someone would take our child away.”

Adoptive moms need to be screened and observed for postpartum depression, anxiety and intrusive thinking.

Fathers

Men whose partners have postpartum depression (PPD) have an increased risk for depression. Paternal PPD has negative impacts on family, including increased emotional and behavioural problems among the children and conflict in the marital relationship. Men can experience biological risk factors through changes in hormones during this period. Other risks are stress from becoming a new parent, lack of social supports for parenting and feeling excluded from mother-infant bonding. Men need the support of their partner, educational programs, paternal leave, and screening to have psychiatric services available to them. First-time fathers identify higher levels of anxiety during the early postpartum period. Often dads search out postpartum support information for their partners as they see them struggling with symptoms of PPD such as anxiety and intrusive thinking.

One dad called from his car on the side of the road and said, “Hello. I think I am in trouble” and started weeping. Dad shared his story: the long wait for this baby, how they had planned and were ready, and the easy and uneventful pregnancy. When in labour, his wife started having complications and the baby was at risk as well. Dad sobbed as he described the haemorrhaging and what he perceived was “the near death of both my wife and baby.” The hospital advised him to call on family supports as they would need extra help. The in-laws came and life began to return to normal.

After several months, his in-laws hadn’t left, and dad felt depressed and anxious at not having his home environment “back to normal.” In conversation, dad realized he needed to make a doctor’s appointment as he identified his depression and anxiety. Dad did recover; his in-laws were appreciated and sent home (with considerate boundaries, this worked well.)

When meeting a new family where mom is experiencing a perinatal mood disorder, then dad has an increased risk. Do check in with dad about how he is coping and managing. It is helpful to know about your local resources for families to deal with perinatal mood disorders. ■

Cheryl Childs is the postpartum support coordinator with Families Matter Society in Calgary.

Perinatal Mood Disorders: A continuum of symptoms

Adapted by Alice Reszel

Having a baby is a miraculous experience, and for most families, a joyful although challenging event. There are many adjustments required (physical, financial and emotional) for baby, mother, father, siblings and other extended family members, even for adoptive families. It is normal to feel overwhelmed at times, getting used to new schedules, coping with fatigue and trying to return to some sense of the new normalcy. When individuals and family members experience levels of anxiety beyond the norm, professional help needs to be considered. Figure 1 shows the continuum of symptoms ranging from normal pregnancy and birthing adjustments to postpartum depression and psychosis. Each stage is treatable and should not be ignored.

RESOURCES

Families Matter Postpartum Support www.familiesmatter.ca
• for Calgary 403.205.5178
• toll-free 1 888.545.5177

AB Postpartum Support Network

- for Red Deer & South: CherylChilds@familiesmatter.ca
- for north of Red Deer: CorrieErdman@cerdman@telus.net

ONLINE RESOURCES

Adoptive Families www.adoptivefamilies.com/articles.php?aid=705
24-hour Crib-side Assistance: A site for Dads, by Dads
www.newdadmanual.ca/

Pregnancy adjustment

During pregnancy, consulting with a family physician to start is recommended. Concerns about anxiety and depression can be addressed early by becoming more knowledgeable about the pregnancy, attending support groups and following appropriate therapies. Individuals who are diagnosed with depression at this stage are at risk for postpartum depression.

Depression and anxiety symptoms to be aware of include: sleep disturbances, changes in appetite, loss of sexual energy, feeling out of control, having crying spells without cause, having difficulties in concentrating, general despair and having suicidal thoughts.

Postpartum blues and pinks

Most women experience the blues which can last up to two weeks with mild symptoms such as being weepy and anxious. No treatment is usually required. Pinks are feelings of elation, sometimes extreme, and are generally transient.

Postpartum adjustment

This stage involves all family members as they adjust to new roles. Symptoms may include feeling overwhelmed, tired with sleep disturbances, tearful, inadequate, guilty and anxious.

Support involves normalizing, lowering expectations, not comparing self to others, taking breaks when possible and communicating.

Postpartum exhaustion

This stage can mimic depression and includes feeling tired, irritable, frustrated and overwhelmed. Support involves listening, asking open-ended questions, challenging beliefs, providing opportunities for rest and offering support resources.

Postpartum anxiety

This stage ranges from worry to panic, obsessive compulsive behaviours, traumatic stress and depression. It may include shortness of breath, palpitations and sweating, feeling choked, dizziness, fear of dying and losing control, extreme irritability, feeling restless, and experiencing

Pregnancy adjustment	Postpartum blues and pinks	Postpartum adjustment	Postpartum exhaustion	Postpartum anxiety	Postpartum traumatic stress	Postpartum depression	Postpartum psychosis
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FIG. 1. CONTINUUM OF PERINATAL MOOD DISORDERS

trembling and shaking or having tingling in extremities.

Postpartum traumatic stress

This stage may be related to stress caused by a difficult birth including emergency C-section or other complications. It generally presents with exaggerated emotional and physical reactions to reminders of the trauma. Other symptoms include feelings of detachment, increased states of arousal, flashback memories, panic and avoidance of any reminders of the trauma.

Postpartum depression

Postpartum depression affects 10-15% of women and can last up to a year. Generally, higher rates are observed with multiple births. This can affect adoptive families and fathers as well. Symptoms include anxiety, insecurity, cognitive impairment, exhaustion, guilt and shame, loss of interest in self, sleep and eating disturbances and thoughts of suicide.

Support at this stage of anxiety includes referring the individuals for professional help (including mental health support and physician), asking the difficult questions and supplying information and reassurance.

Postpartum psychosis

One in 1,000 women can be affected with postpartum psychosis which usually happens during the first few weeks after birth. It commonly involves an inability to sleep, rapid and frenzied speech, delusions, mania, hallucinations, suspicious behaviours and feeling outside of self. If untreated, postpartum psychosis is associated with a 5% suicide rate and 4% infanticide.

Risk factors for this stage of perinatal mood disorders include depression/ anxiety during pregnancy, previous or family history of depression, sensitivity

to hormonal changes, stressful recent life event, lack of social support (perceived or real), maternal personality (worrier, anxious, nervous), low self-esteem, sleep deprivation, perfectionism, relationship difficulties (unsupportive partner), change in socio-economic status and obstetric complications.

To help during a period of psychosis, treat this as a mental health emergency.

DO NOT LEAVE MOTHER ALONE OR WITH BABY.

Hospitalization will be required.

It's often normal to feel the "baby blues" after childbirth. However, if these feelings last more than two weeks, and the ability to take care of self and baby is affected, intervention and support for probable postpartum depression anywhere along the continuum of perinatal mood disorders should be considered. ■

Alice Reszel is a supervisor with Healthy Families Healthy Futures in Westlock.



A Lifeline of Support for PPD

June 2, 2011

Mom thankful for help during postpartum depression

Reprinted with permission from *Insite*, Alberta Health Services South Region

By Lee Anne Charbonneau

In the summer of 2007, Melissa Meier seemed to have the world by the tail. She was healthy and stable, educated and gainfully employed, in love and about to be married. In the following months, she and her husband celebrated many happy moments, the best of which being when they learned they were going to have a child. “I had a lot of good things going for me,” says Meier. “I had had a normal childhood. I had a good job as a legal assistant and was a trained advocate for the RCMP victims’ services unit. I had no financial worries. I had a wonderful husband and fantastic friends and family.”

Sometime during the summer of 2008, however, things started to change. It would be several months before Meier was diagnosed as suffering from postpartum depression. “During the last trimester of my pregnancy, I started having a lot of trouble. I started feeling anxious, I was crying all the time. It was a very confusing time because you’re expected to be very happy while you’re pregnant,” says Meier.

After the birth of her child, Brennan, in September 2008, her condition became severe. She was detached from her child. She couldn’t sleep and had panic attacks. She even began to consider suicide, and then she couldn’t stop thinking about suicide. “It’s unbelievable,” says Meier. “I honestly didn’t think I’d come out of it. Looking back, I don’t even recognize myself during that time.”

Fortunately for Meier, help was available through Community Health Services in Medicine Hat. With the help of Linda Johnston, manager of Public Health, Meier was able to access a physician who specializes in maternity, a psychiatrist, a counsellor and a community support group. “Linda Johnston was amazing. She didn’t make me feel ashamed of what I was feeling. She made me realize there would come a point when I would be happy again,” says Meier. “There are a lot of wonderful professionals out there. They were like a lifeline for me and I wouldn’t be here if it weren’t for them.”

Today, Meier is her old self again. She is profoundly attached to her now-two-year-old son and can’t imagine life without him. Her marriage is intact, her health is excellent and she is inspired to share her experiences with others who are feeling what she once felt. “There’s still a stigma attached to depression and I want new mothers to know it can happen to anybody and there’s no shame in seeking help,” she says. “You just have to put your trust in the professionals and let them help you.”

In a hand-delivered letter of appreciation to Johnston, Meier wrote:

“I would like to thank you for helping me through one of the most difficult experiences of my life. When I was in the midst of postpartum depression, I was certain that I would never feel happy again. But thanks to medication, time and a group of very supportive and compassionate people, I am doing well again.”

More Postpartum Depression Resources

Alberta Health Services www.albertahealthservices.ca

Canadian Mental Health Association

Calgary Region www.cmha.calgary.ab.ca

Canadian Mental Health Association

Edmonton Region www.cmha-edmonton.ab.ca

Government of Alberta www.child.gov.ab.ca

Mother Reach www.helpformom.ca

Pacific Post Partum Support Society www.postpartum.org

Pardon My Postpartum www.pardonmypostpartum.com

Parent Links Centres www.parentlinkalberta.ca

Postpartum Dads www.postpartumdads.org

Postpartum Depression Awareness www.ppdca.org

Postpartum Depression Support International
www.postpartum.net

Psychology Today: Notes on healing postpartum depression

The Mayo Clinic
www.mayoclinic.com/health/postpartum-depression

The Postpartum Stress Centre
www.postpartumstress.com

The Smiling Mask www.thesmilingmask.com

Women’s Health
www.womenshealth.gov/FAQ/depression-pregnancy

Books

Dix, C. (1985). *The New Mother Syndrome: Coping with postpartum stress and depression*. Doubleday, New York, NY.

Kleinman, K. & Raskin, V. (1994). *This isn’t what I expected: Overcoming postpartum depression*. Bantam Books, New York.

Misri, S. (2002). *Shouldn’t I be Happy: Emotional problems of postpartum women*. Simon and Schuster, New York, NY.

Placksin, S. (2000). *Mothering the New Mother: Women’s feelings and needs after childbirth: A support and resource guide*. (2nd Ed). Newmarket Press, New York, NY.

The Pacific Postpartum Support Society of Vancouver. (7th edition, 2011) *Postpartum Depression and Anxiety: A self-help guide for mothers*.

Sunnawold, A. & Sandford, D. (1994). *Postpartum Survival Guide: It wasn’t supposed to be like this*. New Harbinger Publications.

Self-test for Depression Symptoms in Pregnancy and Postpartum - Edinburgh Postnatal Depression Scale (EPDS)

JL Cox, JM Holden, R Sagovsky, Department of Psychiatry, University of Edinburgh (1987)

As you have recently had a baby, we would like to know how you are feeling. Please mark the answer which comes closest to how you have felt in the past seven days, not just how you feel today.

Example: I have felt happy

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

In this example, the "x" means "I have felt happy most of the time during the past week."

Please complete the following questions in the same way.

In the past seven days

- | | | | |
|--|---|--|---|
| 1. <i>I have been able to laugh and see the funny side of things</i> | | 7. <i>I have been so unhappy that I have had difficulty sleeping</i> | |
| <input type="checkbox"/> As much as I always could | 0 | <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Not quite so much now | 1 | <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> Definitely not so much now | 2 | <input type="checkbox"/> Not very often | 1 |
| <input type="checkbox"/> Not at all | 3 | <input type="checkbox"/> No, not at all | 0 |
| 2. <i>I have looked forward with enjoyment to things</i> | | 8. <i>I have felt sad or miserable</i> | |
| <input type="checkbox"/> As much as I ever did | 0 | <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Rather less than I used to | 1 | <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Definitely less than I used to | 2 | <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> Hardly at all | 3 | <input type="checkbox"/> No, never | 0 |
| 3. <i>I have blamed myself unnecessarily when things went wrong</i> | | 9. <i>I have been so unhappy that I have been crying</i> | |
| <input type="checkbox"/> Yes, most of the time | 3 | <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, some of the time | 2 | <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Not very often | 1 | <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 | <input type="checkbox"/> No, never | 0 |
| 4. <i>I have been anxious or worried for no good reason</i> | | 10. <i>The thought of harming myself has occurred to me</i> | |
| <input type="checkbox"/> No, not at all | 0 | <input type="checkbox"/> Yes, quite often | 3 |
| <input type="checkbox"/> Hardly ever | 1 | <input type="checkbox"/> Sometimes | 2 |
| <input type="checkbox"/> Yes, sometimes | 2 | <input type="checkbox"/> Hardly ever | 1 |
| <input type="checkbox"/> Yes, very often | 3 | <input type="checkbox"/> Never | 0 |
| 5. <i>I have felt scared or panicky for no good reason</i> | | | |
| <input type="checkbox"/> Yes, quite a lot | 3 | To score this measure, add the numbers appearing beside your answer for each question. | |
| <input type="checkbox"/> Yes, sometimes | 2 | If you score 1, 2 or 3 on question #10, you should consult with your family physician as soon as possible. | |
| <input type="checkbox"/> No, not much | 1 | Copyright The Royal College of Psychiatrists, 1987. | |
| <input type="checkbox"/> No, not at all | 0 | Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. <i>British Journal of Psychiatry</i> :150, 782-786. | |
| 6. <i>Things have been getting on top of me</i> | | | |
| <input type="checkbox"/> Yes, most of the time I haven't been able to cope | 3 | | |
| <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual | 2 | | |
| <input type="checkbox"/> No, most of the time I have coped quite well | 1 | | |
| <input type="checkbox"/> No, I have been coping as well as ever | 0 | | |

Coming up

The next issue of Connections will focus on **Importance of Play**. If you would like to submit an article or resource for this topic, please contact the AHVNA office by May 15, 2012.

Hearing from you

Connections is published three times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA Provincial Director, by phone at (780) 429.4784, or by email to info@ahvna.org.

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Board Bio

Heather Boonstra

Heather was one of the founding members of the Fort Saskatchewan Families First Society in 1996. She was chair of the board for about three years and then left because she was also instrumental in bringing the Parent-Child Mother Goose Program (P-CMGP) to Fort Saskatchewan, and this is where her energy was most needed.

Heather has been the coordinator and a facilitator for P-CMGP for 12 years. She has been on the P-CMGP National Council since its inception in 2002, and is currently vice-president. On a provincial level, Heather is one of three Alberta trainers for the P-CMGP.

The other hats that Heather proudly wears at Fort Saskatchewan Families First include: supervising the Home Visitation program (which brings her to AHVNA) and the Community Kitchens program. She is currently the acting executive director of the society.

Heather completed her B.A. at the U of A in 1990, and lives in Fort Saskatchewan with her husband and three children: Megan, Christopher and Matthew. Heather plays on a Classics soccer team!

Heather joined the AHVNA board in June 2011. ■



Alberta Home Visitation
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If you would like additional copies of the publication check the AHVNA website at www.ahvna.org under Resources/Publications/Newsletters/Vol. 7, Issue 1