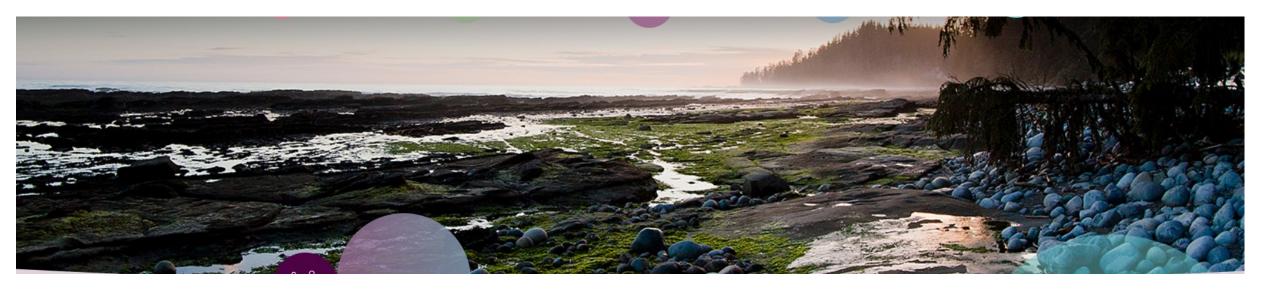
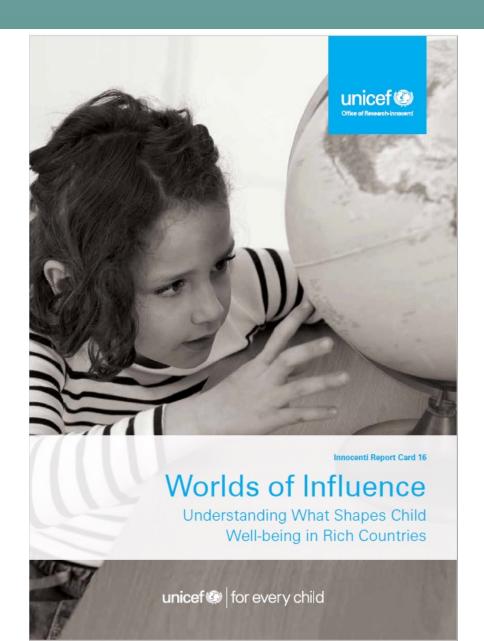


# SmartParent: Parenting Education by Text

Patricia Janssen, PhD UBC School of Population and Public Health The District of Saanich is within Coast and Straits Salish territory, the traditional territories of the Ləkwəŋən peoples known today as Songhees and Esquimalt Nations and the WSÁNEĆ peoples known today as WJOŁEŁP (Tsartlip), BOKEĆEN (Pauquachin), STÁUTW (Tsawout), WSIKEM (Tseycum) and MÁLEXEŁ (Malahat) Nations.

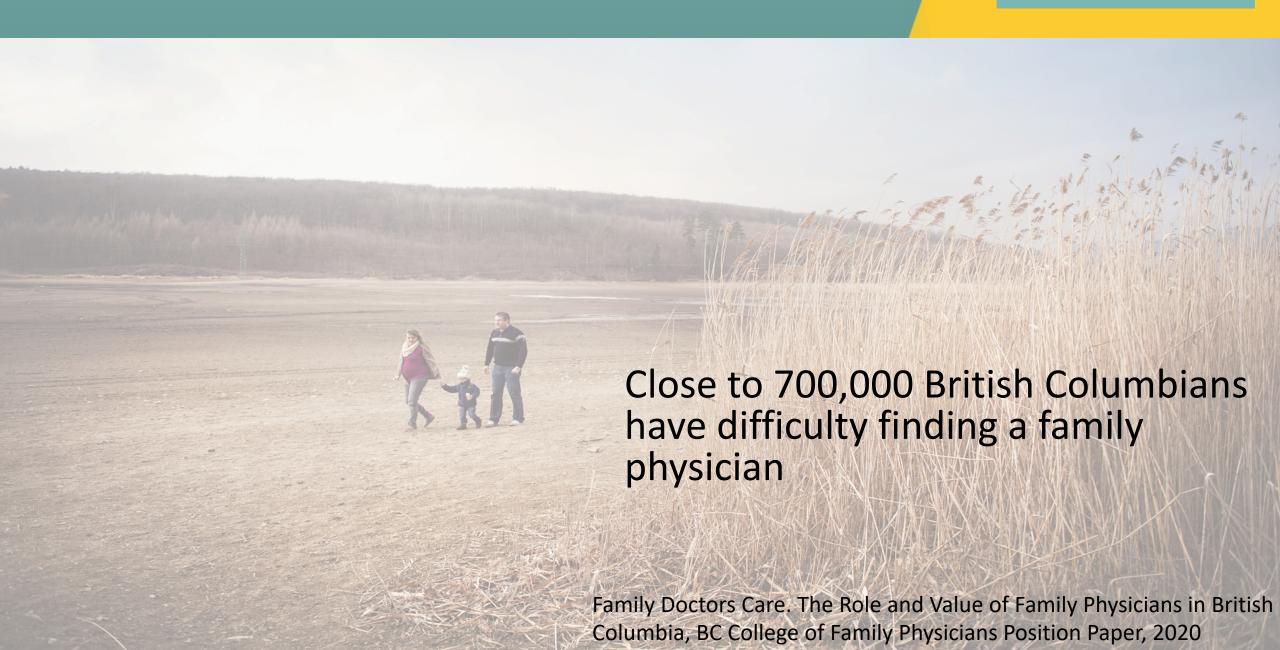




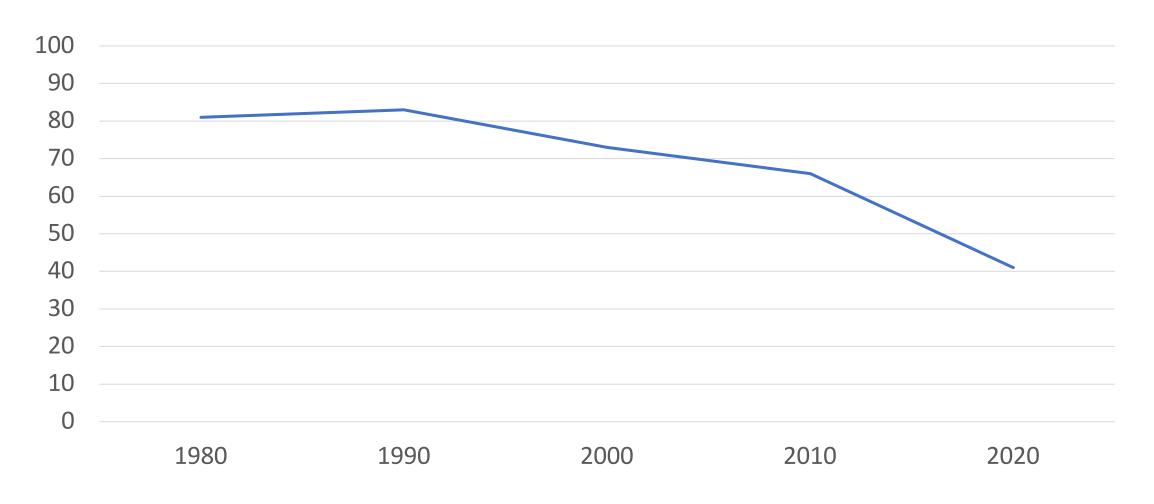
## **UNICEF 2020**

- Canada sits 21<sup>st</sup> among 38 high income countries in terms of the proportion of infants born underweight (<2,500g)</li>
- 31<sup>st</sup> in infant mortality

## SmartParent



#### Number of General Practitioners in BC per 100,000 population



• In 2020, a survey of 10,790 parents of 0-5 yr olds in *Quebec* reported that 48% had questions or concerns about their child's development. 52% consulted health professionals.

Pratt et al., Int J of Res Public Health, 2020

• In *Nova Scotia*, in a representative sample of parents of infants 0-6 months, the majority provided incorrect answers regarding recommended duration of breastfeeding, and how to start complementary feeding.

Chan, Maternal Child Nut, 2019

• In 2013 the *Canadian* Childhood National Immunization Coverage Survey-29% of children were unvaccinated before 13 months of age.

Périnet, Hum Vaccine Immunother, 2018

### **SmartParent**

Parents using the internet were often unable to find the information they were seeking and could not discern high from low-quality information. They wanted health care providers to provide web-based resources.

• Although Canadian Indigenous mothers report widespread use of Google, Facebook, and health-related apps, mothers distrusted the information as it did not align with what they had received from health care providers. Wright AL, et al. JMIR Pediatr Parent 2021

Among 2400 parents in Ontario and Quebec seeking emergency care for their child,
 only 11% required an intervention not available in an office. Farion KJ, et al. PLOS ONE 2015

SmartParent is Canada's first parenting education program via text messaging that sends parents text messages to:

- Provide information and links to evidence-based online resources
- Suggest topics of conversation with providers
- Direct parents to local resources and services

Remember: Back to sleep!
Put your baby on their back
to sleep. Learn about this
and other sleeping safety tips
@ bit.ly/\_\_\_\_\_



Up to 80% of women experience the baby blues after childbirth. Learn how to recognize and manage it here: bit.ly/

# Links in Messages

## SmartParent

Has your baby tried tummy time?
It is fun and good for your baby's development. Learn more here:
bit.ly/\_\_\_\_\_

#### Importance of Tummy Time for Babies' Development

**Pregnancy & Parenting Categories** 

Tummy time - lying on their tummies or sides while they're awake - is important for babies' healthy development. You can put your baby on the floor, on a safe firm surface, on your lap

or on your chest - whatever works best for you.



Your baby requires supervised tummy time several times a day to:

- prevent flat spots on the head called positional plagiocephaly
- make the neck, back and arm muscles stronger
- help your baby learn to roll and crawl
- support your baby's overall development

Some babies like being on their tummies but many dislike it at first. You may hav baby learn to enjoy tummy time.

Call 811 for 24/7 health advice

Here are some tips:

Start tummy time when your baby is a newborn.



SmartParent is free.
It costs nothing to sign up
and messages are sent to clients
free of charge.

SmartParent is accessible and convenient.

Anyone with a text messaging-enabled mobile phone can receive the messages

SmartParent is **interactive**. Parents can take quizzes, watch videos, and follow links to new sources of information.

SmartParent will be **customizable**. We are developing optional message streams and programs for specific population groups.

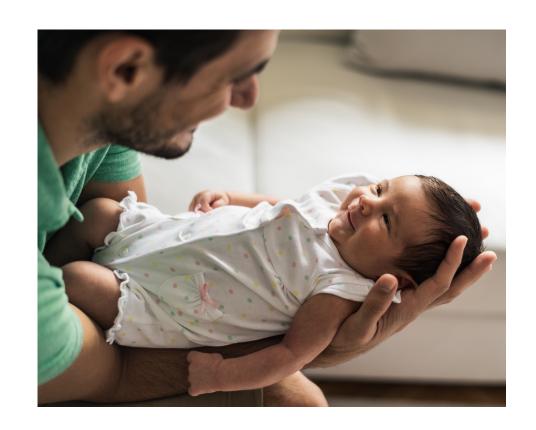
## SmartParent in the Syilx First Nation



- Syilx First Nation Elder-led development of an offline app that supports parenting and healthy early childhood development.
- Strengthens parents' Two-Eyed Seeing for parenting by drawing from SmartParent texts that Indigenous Elders reviewed, curated, and tailored.
- Elders incorporated information that reflects Syilx values, histories, and traditions related to parenting and childcare, such as stories and lullabies.
- Includes *nsyilxcan* and English language.

## **SmartParent Goals**

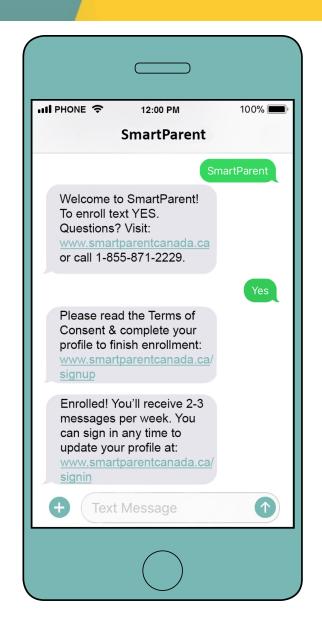
- 1. Improve parenting knowledge, confidence and competence among parents of infants from birth to one year
- Increase access to local resources and decrease use of emergency services
- 2. Improve infant health outcomes



### **SmartParent**

- 1. Text the keyword **SmartParent** to the phone number **12424**
- 2. Text the word **Yes** to confirm enrollment

3. Click the link in the confirmation text message to go to the SmartParent website to read and accept the *Terms of Consent*, complete a profile and finish enrollment



## Enroll on the Website

## **SmartParent**

#### **SmartParent**



Learn More | Care Providers | Enroll Now | Sign In



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FAQ | About Us | Contact Us | SmartMom









- 1. Go to <u>www.smartparentcanada.ca</u> and click on **Enroll Now**
- 2. Read and accept the *Terms of Consent*
- 3. Enter child's personal health number (optional)
- 4. Complete profile, customize the message schedule and then click **Finish Enrollment**
- 5. Reply **START** to the confirmation text message received

#### **Social Media Recruitment**

## **SmartParent**







Download our social media toolkit and help us spread the word about SmartParent!

share.smartparent.ca

# Care Provider Webpage

#### **SmartParent**



Learn More | Care Providers | Enroll Now | Sign In

#### What is SmartParent?

SmartParent is a Canadian parenting support program that sends up to 3 current, evidence-based educational text messages per week to help guide new parents through each week of their baby's first year of life. Messages are tailored to infant age and stage of development, have been developed by maternal and child health experts, and include links to trustworthy online resources. The messages also suggest topics for parents to discuss with healthcare providers and link them to resources and services available online and in their own community. Parents learn about SmartParent through routine well-child visits, their regional health authority, local family resource programs, posters in the community, and social media.

The overall goal of the SmartParent program is to support new parents in their transition to parenthood and improve parent and infant health. Messages are meant to complement information provided by healthcare providers, not to replace it.

The development of SmartParent is led by academic researchers from UBC in collaboration with Optimal Birth BC, the BC Ministry of Health and BC Health Authorities, and in consultation with pregnant and new parents, practicing nurses, doctors, midwives and experts in maternal and child health. SmartParent was conceptualized as a follow-up to the SmartMom program, which provides prenatal education through text messaging.

#### Messages

For a complete, current and downloadable list of the messages, please click here: SmartParent Messages.

#### Terms of Consent for Participants

To view the SmartParent Terms of Consent, please go to Terms of Consent.

#### **Enrollment Guide**

- 1. Encourage enrollment with one easy step. Clients can text the keyword SmartParent to the phone number 12424 to enroll.
- 2. Standard message and data rates may apply. Enrolling in SmartParent is free and SmartParent does not charge clients for the messages, but depending on a client's mobile phone plan, their mobile phone service provider (carrier e.g. Bell, Rogers, Telus) may charge them to receive/send text messages or browse website links when not connected to WiFi.
- 3. If clients do not have a phone and/or cellular service but would like to see the messages online, they can enroll at www.smartparentcanada.ca using an email address instead of a phone number. Note: clients can sign in to the SmartParent website to view the messages online. Messages will not be sent by email

# Messages



#### **SmartParent Messages**

Updated: December 7, 2021

Administrative

Baby Development

Baby Feeding & Nutrition

**Environmental Health** 

Baby Crying

Baby Health

Breastfeeding

Baby Sleep

Child Care

#### **List of Topics** Fathers/Partners Pelvic Floor Health Healthy Eating & Nutrition Physical Activity Indigenous Health & Resources Postpartum Recovery Maternal Health Relationships Medication & Substance Use Resources & Services Oral Health Safety & Injury Prevention Parent Mental Health & Self-Care Sexual Health Parenting Siblings

Vaccination

			Message	Full Link	Bitly Link	Topic
-						
0	1a	139	Home from the hospital? A public health nurse will call you in 24-48hrs or if you have a midwife, in 6-8wks: bit.ly/2SuluJe DataRatesApply	http://www.bcwomens.ca/ ou r-services/labour-birth-pos t birth-care/after-the	https://bit. ly/ 2SuluJe	Resources & Services

Parent Sleep

# Changing Behaviour

Published in final edited form as:

Epidemiol Rev. 2010 April; 32(1): 56–69. doi:10.1093/epirev/mxq004.

# **Text Messaging as a Tool for Behavior Change in Disease Prevention and Management**

#### Heather Cole-Lewis\* and Trace Kershaw

Division of Chronic Disease Epidemiology, School of Epidemiology and Public Health, Yale University, New Haven, Connecticut.

#### **Abstract**

Mobile phone text messaging is a potentially powerful tool for behavior change because it is widely available, inexpensive, and instant. This systematic review provides an overview of behavior change interventions for disease management and prevention delivered through text messaging. Evidence on behavior change and clinical outcomes was compiled from randomized or quasi-experimental controlled trials of text message interventions published in peer-reviewed journals by June 2009. Only those interventions using text message as the primary mode of communication were included. Study quality was assessed by using a standardized measure. Seventeen articles representing 12 studies (5 disease prevention and 7 disease management) were included. Intervention length ranged from 3 months to 12 months, none had long-term follow-up, and message frequency varied. Of 9 sufficiently powered studies, 8 found evidence to support text messaging as a tool for behavior change. Effects exist across age, minority status, and nationality. Nine countries are represented in this review, but it is problematic that only one is a developing country, given potential benefits of such a widely accessible, relatively inexpensive tool for health behavior change. Methodological issues and gaps in the literature are highlighted, and recommendations for future studies are provided.

#### **Social Cognitive Theory**

 Modeling healthy behaviours through messages promotes self-efficacy

#### **Health Belief Model**

 Text messages serve as a cue to action with salient information providing just-in-time tips



#### The Theory of Planned Behavior

 Beliefs and attitudes change when messages are received at the point of decisionmaking

#### **Infant Outcomes**



 Reduction in perinatal mortality - (OR: 0.50, 95% CI 0.27-0.93). Cluster randomized controlled trial, (n=2550), Zanzibar.

Lund S, al. JMIR Mhealth, 2014

• Decrease in stunting and anemia in 6 months old. Cohort study of infant feeding knowledge delivered by texting, (n=214), China.

Duan V et al, Wei Sheng Yan Jiu, 2016.

 Increase in adherence to recommended immunization schedules RCT, 42.2 vs 30.7, p<.001 at 2 months, (n=720), Guatemala.</li>

Gretchen, J, Vaccine, 2019

 Meta-analysis of 16 studies (n=5505) found that e-technologies compared to usual care significantly improved exclusive breastfeeding initiation and exclusive breastfeeding at 4 and 6 months.

Lau, Y, al. Maternal and Child Nutrition. 2016

## **Fathering Outcomes**



SMS texting lessens a sense of isolation, promotes father-infant bonding, supports the farther-partner relationship.

- Structural
  - Synching information to needs
  - Normalization
  - Prompts to interact
  - Provision of a safety net
- Psychological
  - Increase in knowledge
  - Feelings of confidence
  - Ability to cope
  - Role orientation
  - Feeling connected

## SmartParent Enrollment

Mother Age	%
20-24	0.8
25-29	14.7
30-34	36.4
35-39	34.1
40+	14.0

Education	%
Less than Grade 12	0.8
Grade 12	3.8
Technical/trades	0.8
Some university	15.8
Bachelor's degree	44.3
Master's degree	34.4

330 participants have enrolled in SmartParent

51.6% have completed surveys40.7% were previously on SmartMom

Mothers completing survey: 86.3%

Fathers completing survey: 11.8%

## SmartParent Enrollment

Ethnicity	%
European	59.4
Indigenous	1.5
East Asian	18.0
South Asian	6.8
Other	14.4

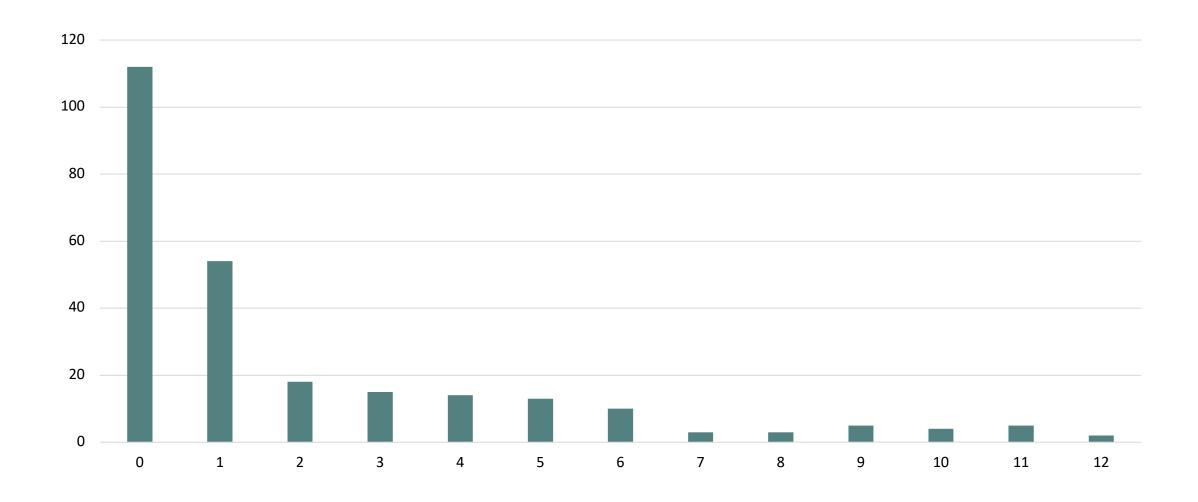
85% of participants speak English at home

93.2% are married

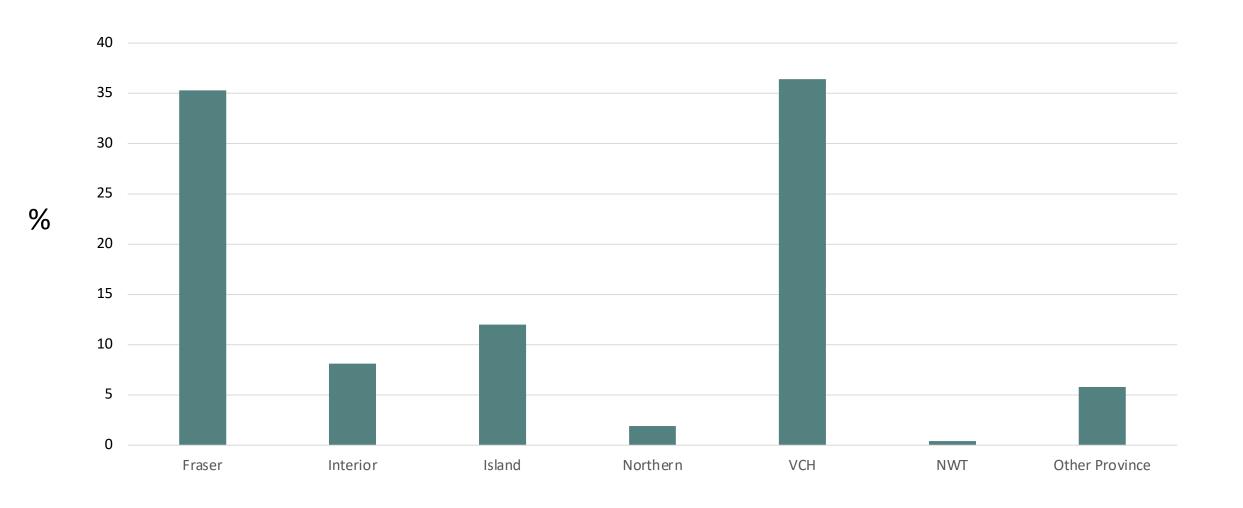
16.5% have other children

6.2% have to travel 30-60 minutes to see a doctor

97.7% live in a community with a hospital

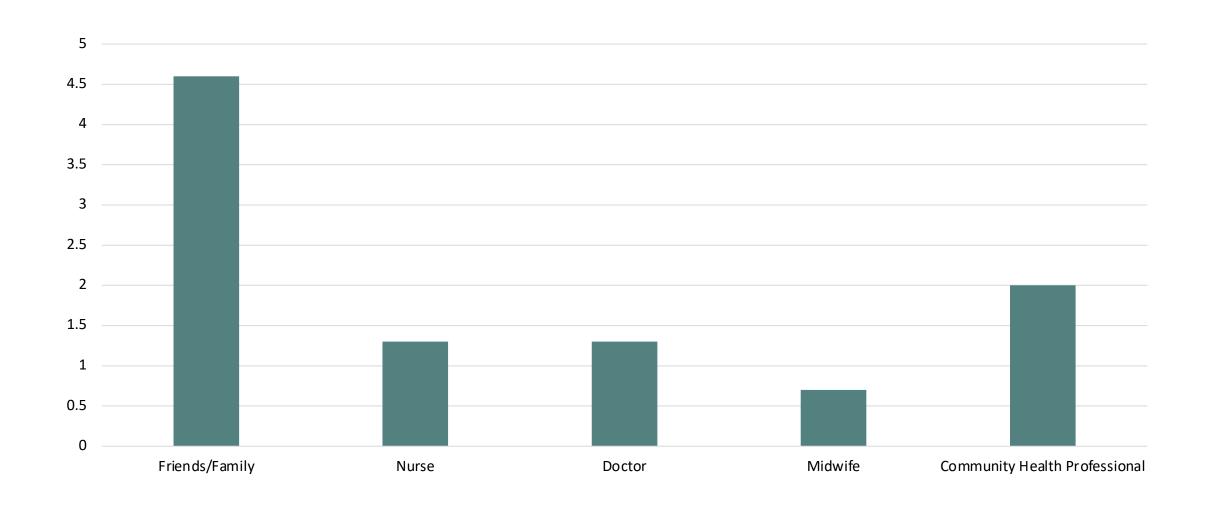


# Region of Enrollment



## Where do Parents hear about SmartParent?

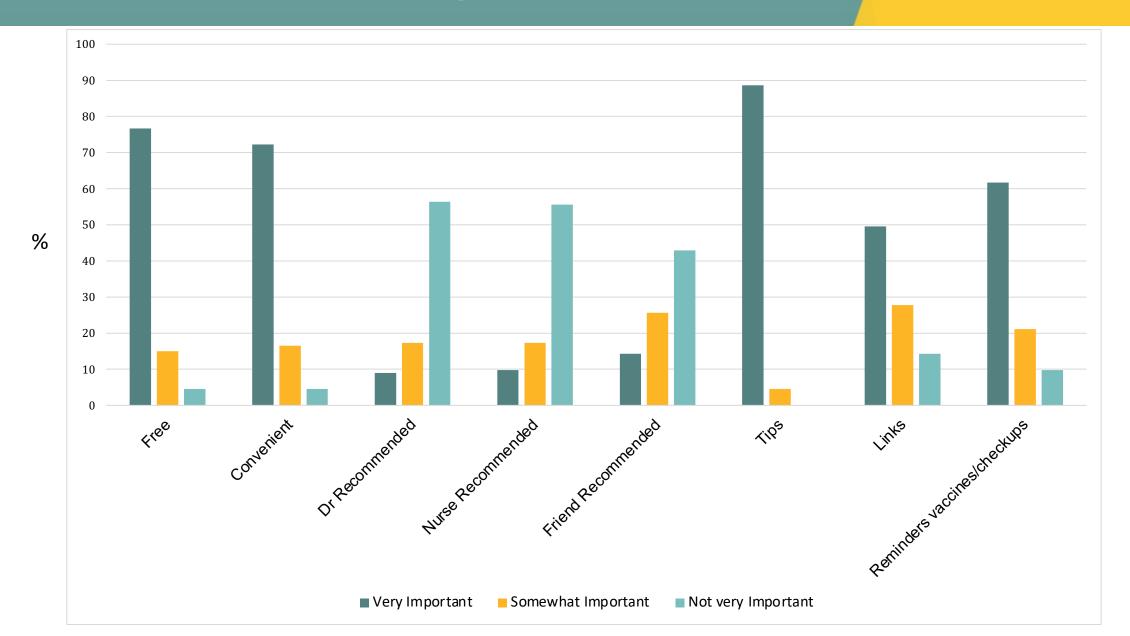




# Trusted Sources of Parenting Information

## SmartParent

Source	%
Doctor	91.0
Nurse	77.4
Baby's Best Chance	60.2
Prenatal Class	60.9
Midwife	53.4
Friends	27.1
Apps	6.0



# Enrollment surveys

- Demographic information
- Knowledge test
- Parenting confidence
- Parenting competence

#### **SmartParent**

- Babies should sleep on their backs.
- True
- False
- It is okay to jog with 3-month-old baby in a stroller.
- True
- False
- Parents should use a rear-facing car seat for babies under 12 months.
- True
- False
- Baby bath seats put babies at risk of drowning.
- True
- False

.

#### **SmartParent**

#### **Parenting Competence**

 The problems of taking care of a baby are easy once you know how your actions affect your baby, an understanding I have acquired.

```
St Agree Agree Mod Agree Mod Disagree Disagree St Disagree
```

I do not know why it is, but sometimes when I am supposed to be in control,
 I feel more like the one being manipulated

St Agree Agree Mod Agree Mod Disagree Disagree St Disagree

#### **SmartParent**

## **Parenting Confidence**

- I am confident about feeding my baby
- I can settle my baby
- I am confident about helping my baby to establish a good sleep routine
  - (1) No, hardly ever (2) No, not very often (3) Yes, some of the time (4) Yes, most of the time

# Preparing for Parenting

# SmartParent

Enrollment Survey Initial Findings	mean (sd)
Knowledge Test (10 items, range 0-10)	7.1 (1.4)
Parenting Confidence Scale (15 items, range 15-60)	35.4 (5.7)
Parenting Competence (17 items, score 17-85)	66.9 (10.6)

## The SmartParent Team

#### **Lead Partners**









#### **Pediatric Health Experts**











Patient advocate

#### **Technology partners**



Swift Aggregation Services



**Funded by:** 









- Regional Health Authorities in BC
- BC First Nations Health Authority
- BC Women's Hospital
- Child Health BC
- Perinatal Services BC
- CanFASD
- HealthLink BC
- BC Association of Pregnancy Outreach Programs (BCAPOP)

## **Contact Information**



'Contact Us' at • www.smartparentcanada.ca



Toll-free at 1 855 871 BABY (2229)



contact@smartparentcanada.ca

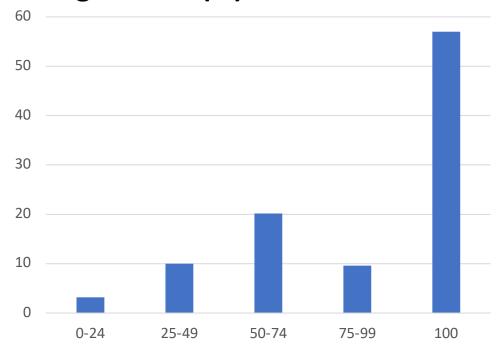
SmartMom Lead, SmartParent Co-Lead: Patti Janssen • patti.janssen@ubc.ca

SmartParent Co-Lead: Wendy Hall • wendy.hall@ubc.ca

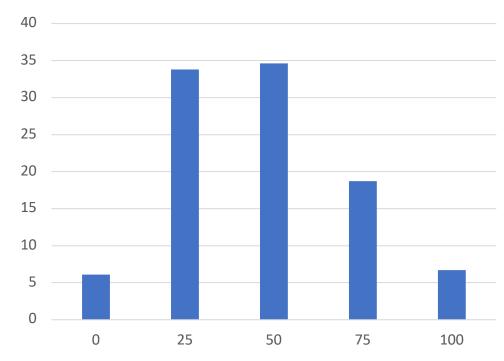
Program Manager: Shaina Pennington • shaina.pennington@ubc.ca

What an incredible program! I loved the short bite sized pieces of information throughout my 2nd pregnancy. It really helped put me at ease for the growth of my child before birth and the followup survey at the end was a clever way of helping assess how Moms were doing and to offer additional resources (mental health support, etc). it helped me be much more of a confident Pregnant Lady and now a Parent again.

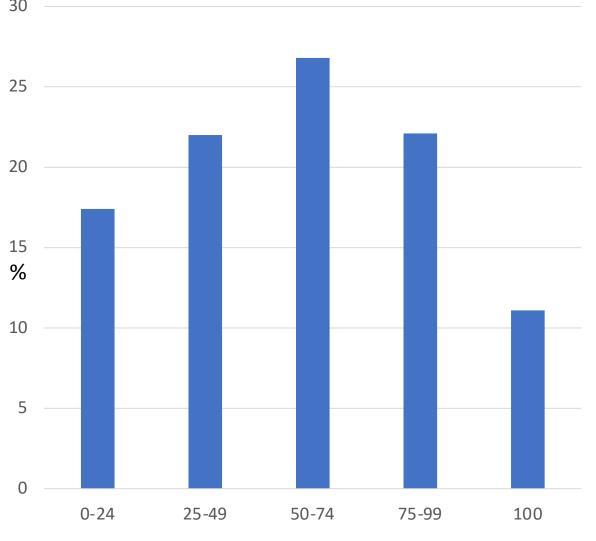
#### Messages Read (%)



# % of Messages Containing New Information







	Enrollment	Completion	P-value
	mean (sd)	mean (sd)	mean (sd)
Knowledge test (10 items)	7.6 (1.3)	8.4 (1.2)	<.001
Fear of Childbirth (12 items – score 0-60)	29.4 (7.4)	27.6 (7.7)	<.001
EPDS (depression) (10 items- score 0-30)	6.8 (4.5)	5.8 (4.5)	<.001

Paired t-tests, n= 700

	SmartMom Enrollees n= 137	Non-enrollees n= 200
Less than 6 prenatal visits	8.9%	13.8%
Wt gain > 16 kg	35.1%	57.2%
IUGR	2.9%	4.0%
Gestational Diabetes – non-insulin dependent	12.4%	18.0%
Gest Diabetes – Insulin dependent	8.0%	13.5%
Cigarette smoking	1.5%	2.5%
Apgar <7 @1 minute	9.8%	11.3%

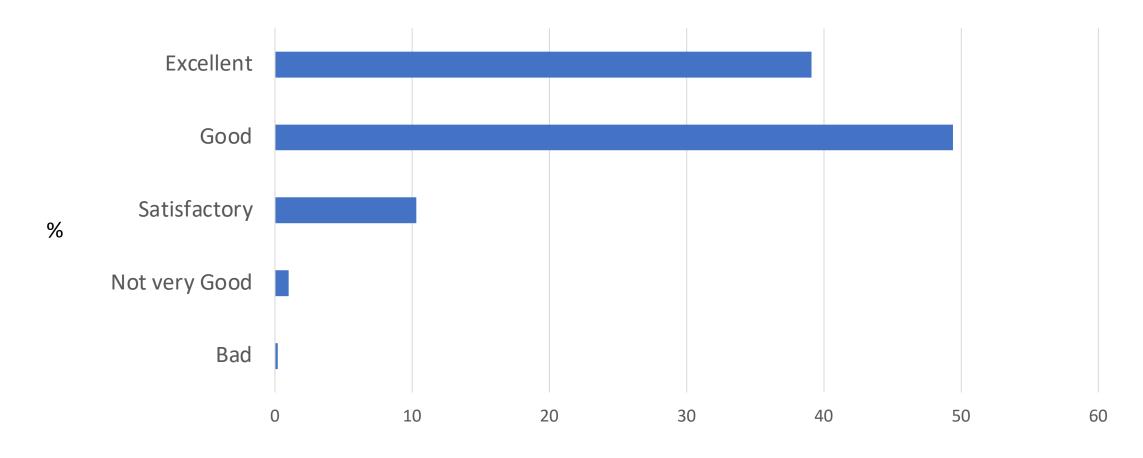
#### SmartMom

• Among 104 users of Cannabis, 13, (12.5%) indicated that they modified their use because of SmartMom messages.

• Among 107 respondents, 43 (40.1%) indicated that they changed their exercise regime in response to SmartMom messages.

#### SmartMom

## How would you rate the quality of messages?



98.9% responded that messages were easy to read.

93.9% would recommend the program to a friend.