Improving Care for Substance Using Women who are Pregnant and Parenting

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Practice Frameworks

Interdisciplinary
Women Centered
Integrated/Responsive
Trauma Informed
Harm Reduction
### Interdisciplinary & Collaborative

**Sheway Staff**
- Alcohol & Drug Counselor
- Community Health Nurses
- Aboriginal Family Support Worker
- Family Physicians
- Psychiatrist
- Social Worker
- Registered Dietitian
- Kitchen Staff

**Working in Partnership**
- Housing Support Worker
- Reception/client engagement
- IDP Workers
- Medical Office Assistant
- Office Assistant

- **Pediatricians**, **Speech & Language Therapist**, **Music Therapist**, **Dental Hygienist**, **Lawyer**, **Residents**, **Students**

### Interdisciplinary

- Acknowledging interdependence
  - Respect for each member and role in the team
  - Flexibility in boundaries
- **Protected time** for team meetings requires organizational support and commitment
- Working together in ways that flatten hierarchies
- *Recognizing that reception staff are key players on the team as they often have the most frequent contact*

Women Centred/Empowering

- Recognizes women’s patterns and preferences in obtaining services
- Considers need of the mothers and children in a linked way
- Takes into account women’s roles as caregivers
- Highlights strengths and protective factors
- Acknowledge the guilt and shaming within healthcare and other social systems

Women Centered Care

- Women Centered Care is based on the assumption that women know their own reality best and that practitioners must listen carefully to women describe their reality in their own words and in their own ways.
Importance of Rooming-In

- Separation of mother–infant dyads in the early postpartum period is detrimental to the development of mother–infant bonding and attachment.
- Rooming-in, now standard in maternity settings, is not usually offered to substance-using women, in spite of the known consequences of early separation.
- Standard care for substance-exposed newborns means immediate separation from their mother.
- Separation is generally based on two assumptions: (1) that the mothers involved are incapable of being “good” mothers, and (2) that the management of withdrawal for these babies is safer when they are not in the care of their mothers.

Integrated & Responsive

- Always persisting in partnering with her regarding her care; plans/expectations are revised as needed rather than “discharging” from the service.
- Care is comprehensive, coordinated, and individualized to the woman’s unique circumstances (Niccols, et al., 2010).
Standard of Care

Increasingly integrated/interdisciplinary and combined community/acute care is recognized as the best practices for substance using pregnant and parenting women


Once it is accepted that integrated care of mothers and infants in this context makes a difference, the next question is how do people come together to set up a program that promotes conditions to achieve this?
Why trauma-informed care?

In a sample of 33 substance using pregnant and parenting mothers recruited from Sheway and Fir Square, 100% reported experiences of childhood trauma. (Torchalla et al., 2015)

What does ‘trauma-informed’ mean?

All staff recognize that people affected by marginalizing conditions and structural violence, have experienced, and often continue to experience, varying forms of violence with traumatic impact.

It does not mean probing for trauma stories; it is about creating a safe environment based on an understanding of the effects of trauma, so that health care encounters are safe and affirming. (Browne, et al., 2012; Poole & Greaves, 2012)
Trauma Informed Practice

Traumatic experiences can have profound impact on a woman’s willingness to access care and shapes her expectations

Emphasis on practice which:

• Supports safety
• Decreases stigmatization
• See’s and treats the whole person
• Ensures the woman’s voice is heard
• Is Respectful

Trauma-informed

*Being trauma-informed is about building trust.*

Key elements include:

1. thinking about and removing barriers to engagement
2. attending to a person's immediate needs
3. being as transparent, consistent, and predictable as possible
4. respecting healthy boundaries
5. having clearly communicated program goals
6. obtaining informed consent and explaining confidentiality and limits to confidentiality

(BC Center of Excellence for Women's Health, 2013)
Why culturally safe care?

- Health inequities are disproportionately represented in Aboriginal people, this especially true for Aboriginal infants, children and women (Eni, 2009)

- Women using services in the DTES are looking for care that “endorses a philosophy that promotes preventive health and incorporates traditional Aboriginal medicine into modern health care practices” (Benoit, Carroll, & Chaudhry, 2003)

Harm reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use.

*Abstinence is just one possible goal for women.*

Framing the concept of success together: for example, reducing substances gradually, stabilization on methadone or suboxone, or maintaining connection with addictions, mental health, or trauma services.

Marcellus, et al., 2015; Nathoo, et al., 2013
Harm reduction

*Meeting women where they’re at*

Focusing on maternal stability, recognizing that for many women, substance use offers a means of coping with trauma, such as childhood abuse, partner violence, and, for Aboriginal women, the intergenerational effects of colonization.

Niccols, et al., 2010; Slater, 2015

Harm Reduction

- Woman’s Right to choice
- Support women to address immediate needs
- Progress is measured in small steps, supporting self efficacy, skill development, relationship building and promoting safety
Benefits of a Harm Reduction Approach

- Increased engagement and retention
- Reduction of substance use
- Improved Nutrition
- Reduced healthcare costs
- Improved outcomes for women and their infants
- Higher birth weight
- Increased number of babies discharged with their mother
- Encouraged breastfeeding, early attachment, better early childhood developmental outcomes

Nathoo et al. (2015) Harm Reduction and pregnancy: Community based Approaches to Prenatal Substance Use in Western Canada

Fentanyl OD Crisis in BC

April 2016 BC Government declared a public Health Emergency to address the Surge in Fentanyl OD Deaths

- 2012 – 269 OD Deaths -5% of the OD’s detected Fentanyl
- 2016 – 935 OD Deaths-61% of the OD’s detected Fentanyl
- All accidental deaths in BC for 2016 - 1271

BC Coroners Service Illicit Drug Overdoses Deaths in BC January 1, 2007 to April 30, 2017
Effects of Fentanyl Crisis on Harm Reduction Practices

- Increase in the number of Narcan kits distributed and the number of people trained to provide care
- Increase in the number of supervised consumption sites and overdose prevention sites opened that provide support for safer substance use
- Discussion Re: prescribing heroin to substance users

Care Plan Goals

- To establish relationship
- To address client goals
- To improve social stability, including:
  - Food security
  - Housing
  - Connections to community
    - Practical support to access medical and social benefits
- To facilitate bonding & attachment between mother and baby
- To decrease the potential impacts of substance use
- To facilitate mothers to parent as desired, within capacity
“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead

References

References cont’d


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References cont’d

- Poole, N. & Greaves, L. (2012). *Becoming trauma informed.* Toronto: Centre for Addiction and Mental Health.

References cont’d