

# BRIDGES AND BARRIERS TO CARE FOR WOMEN STRUGGLING WITH SUBSTANCE-USE DURING PREGNANCY IN NORTHERN BC

INFORMATION DEVELOPMENT COMMONS – BROWN BAG LUNCH  
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# DISCLOSURES

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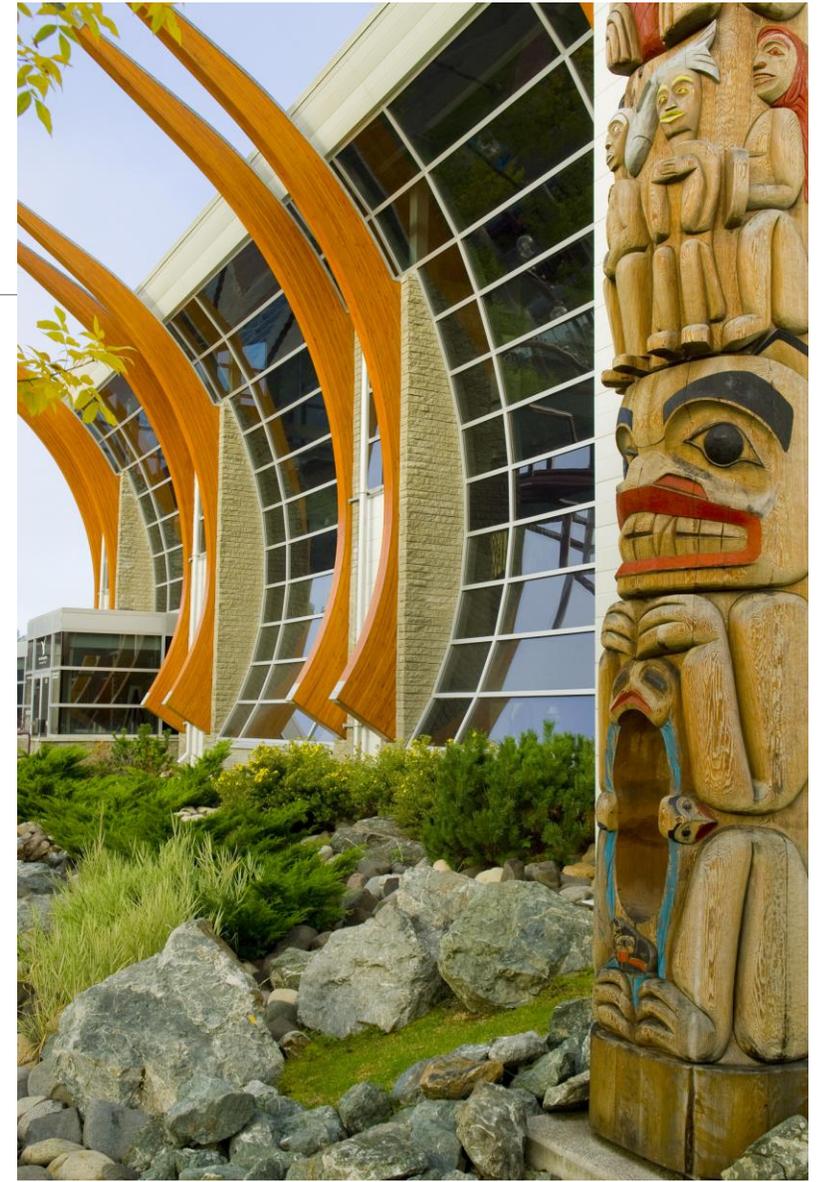
Nothing to declare

# Acknowledgements

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I would like to acknowledge the traditional territories of the Lheidli T'enneh and the Carrier Nation upon which much of this work was undertaken.

Without their welcome this work would not be possible.



Province of BC

# In Memory of Margaret Coyle

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# OBJECTIVES

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1. Review the development of research in Northern Health around perinatal substance-use.
2. Describe the creation of supported housing for women struggling with substance-use during pregnancy.
3. Discuss paths forward in addressing gaps in care for women with substance-use in the peripartum period.

# TEAM MEMBERS

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CENTRAL INTERIOR  
NATIVE HEALTH SOCIETY



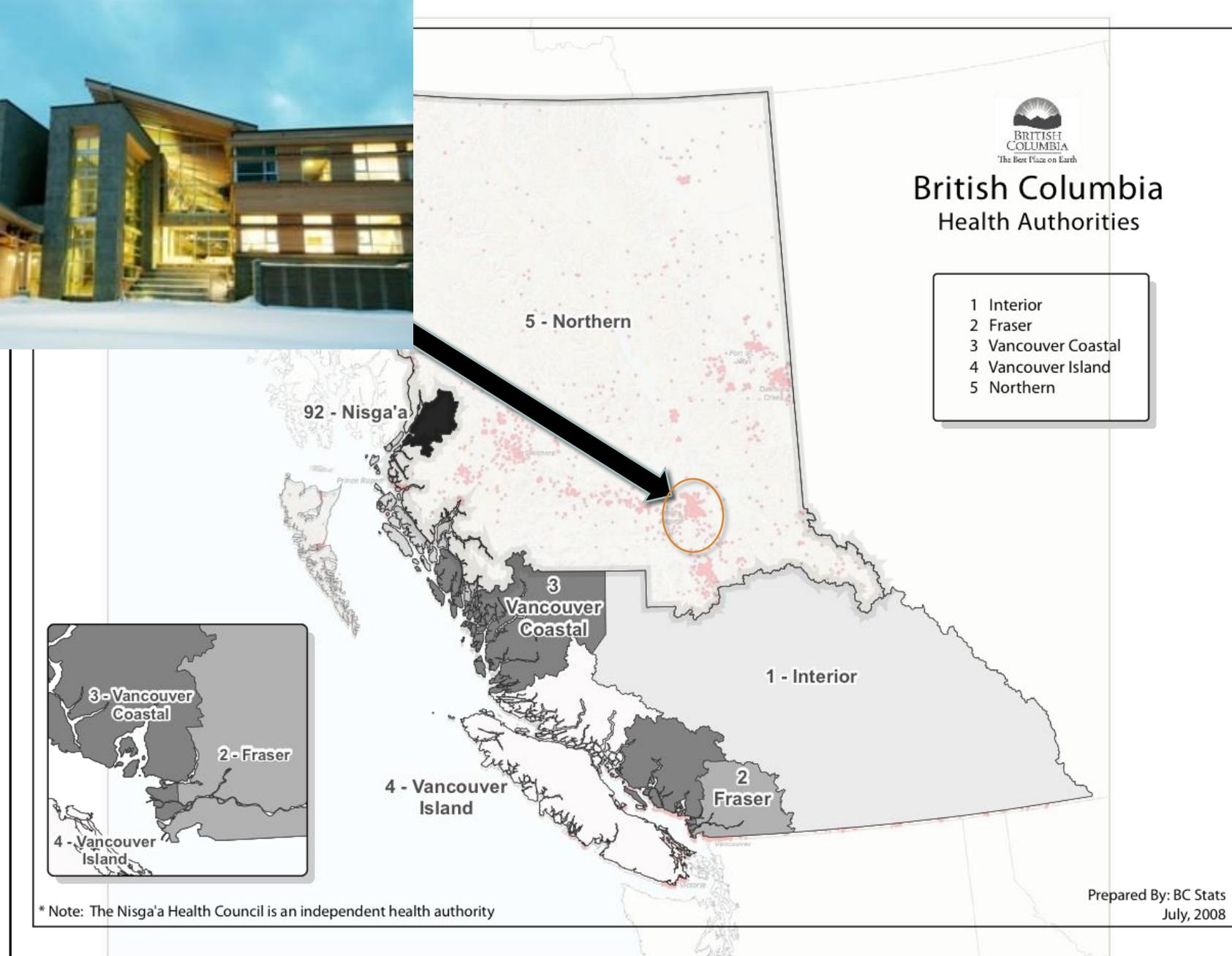
WOMEN'S HEALTH  
RESEARCH INSTITUTE  
AT BC WOMEN'S



# Challenging Geographies



- Remote and dispersed communities
- Aboriginal population is 17%
- Total population 300,000



# PERINATAL SUBSTANCE-USE

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- Pregnancy as a unique opportunity along the life span
- Women struggling with substance-use during pregnancy and post-partum come with complex needs
- Years of work by dedicated and passionate community members
- Strategic Dialogue – January 2015
- Goal of creating evidence to change practice
  - Specific to northern populations



# Research Objective

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- Identify perceived gaps in the continuum of care both in community and acute care settings
- Provide evidence-based information to care providers around effective engagement strategies
- Describe differences in rural versus urban northern populations



Province of BC

# THE BIGGER PICTURE

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1. Retrospective chart review
2. Provider attitudes to women struggling with substance-use
3. Mapping informal communication and disclosure of substance-use across the north
4. Evaluation of integrated supportive housing for women with perinatal substance-use



# Scope of the Problem

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Gathering accurate information

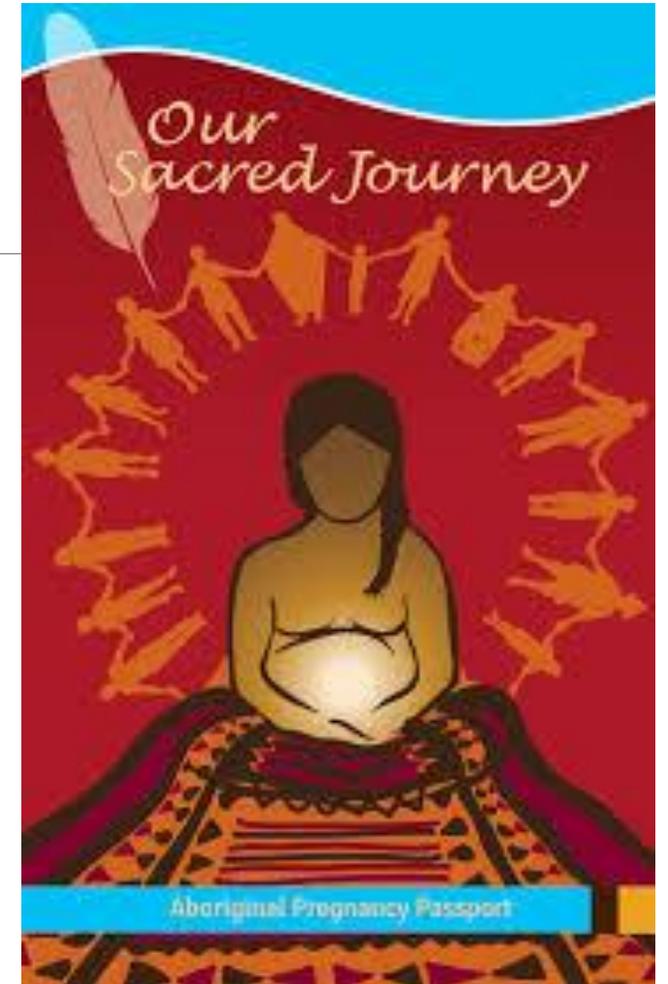
Prevalence of substance-use in pregnancy data challenging

- Stigma
- Fear of child apprehension
- Care provider record keeping

Providing adequate resources in a vast geographic area

Inpatient antenatal programs based in Vancouver

- Requires removing a woman from her family and social supports



# Are best practices in use?

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- Harm reduction
- Options for detox and inpatient care during pregnancy
- Rooming-in to decrease neonatal abstinence syndrome (NAS)
- Continuity of care

# STRATEGIC DIALOGUE

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- ❑ Review best-evidence
  - ❑ Experts in the field
    - ❑ Dr. Ron Abrahams – Perinatal Addictions at BC Women’s Hospital
    - ❑ Pediatrics
  - ❑ Local experience
    - ❑ Patient’s lived realities
    - ❑ First Nations perspective – Dr. Robin Johnson
- ❑ Prioritize areas to target moving forward
- ❑ Wide-swath of engaged stakeholders
  - ❑ Clinicians, social work, addictions, BC Housing, MCFD, Northern Health, acute and community services



# PRIORITIES

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1. WRAPAROUND CARE
2. CULTURAL COMPETENCY AND TRAUMA-INFORMED CARE
3. DEDICATED SUPPORTED CULTURALLY SAFE HOUSING



# Methods

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## Phase 1: Patient Journey Mapping

- What is the patient experience at the interface with the health care system?

## Phase 2: Semi-structured interviews and survey with care providers

- What are frontline care provider attitudes towards women with substance use in pregnancy?

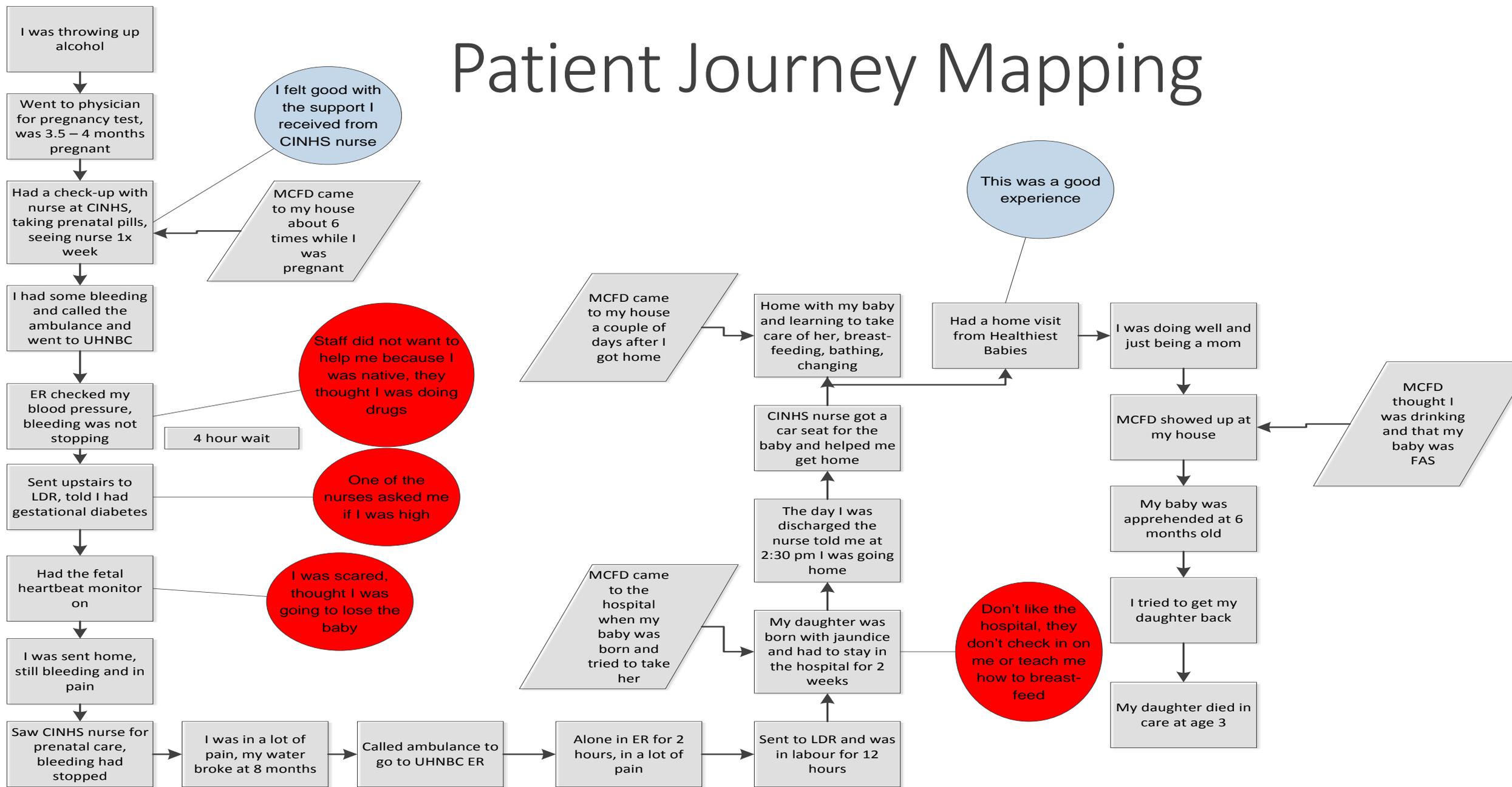
## Phase 3: Retrospective clinical chart review

- What is the prevalence of substance-use in pregnancy in northern BC?

## Phase 4: Evaluation of culturally safe supported housing

- What model is relevant for northern populations?

# Patient Journey Mapping



Staff did not want to help me because I was native, they thought I was doing drugs

One of the nurses asked me if I was high

I was scared, thought I was going to lose the baby

# Semi-structured interviews and survey with care providers (n=20)

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- Included maternity and NICU nurses, pediatrics, midwifery, social work
- Acute care settings and community health center
- Interviews were transcribed, coded and thematically analysed



CENTRAL INTERIOR  
**NATIVE HEALTH SOCIETY**

# Results: Barriers

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- Lack of provider knowledge
  - Disconnect between attitudes and opinions
- Post-natal/post-partum perceptions
- Lack of follow-up
  - No options for supported housing at discharge
- Clear disconnect between provider perceptions and patient experience



*I think women do get kind of forgotten after baby is born. I don't even know if they always have follow-up appointments, like for their own medical care or medical needs really, you know, it's all around baby.*

# Results: Bridges

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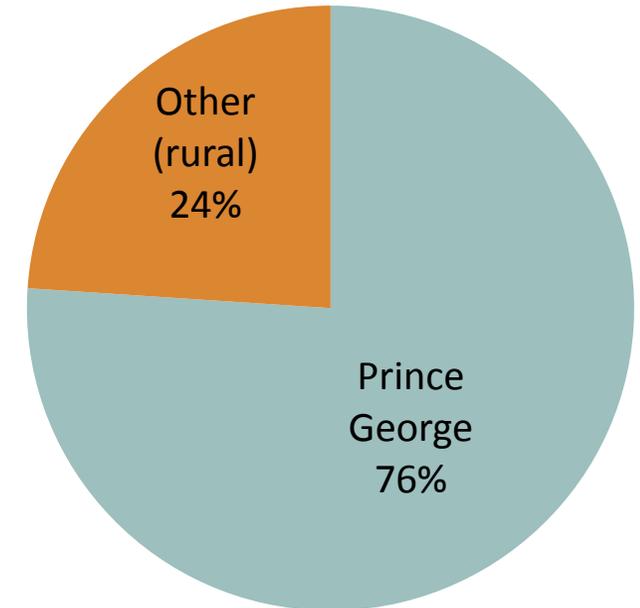
- Harm reduction
- Wraparound care
- Provider education
  - Trauma informed care
  - Culturally competent care

“ I think it can if you approach [the patient] with attitude, you're just another stereotype, you're totally going to put up a barrier and... I think, [the patient] senses you have a stereotype about them and they usually feel super guilty already, so they're super sensitive to when you walk in the room

# Retrospective Clinical Chart Review

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- Total Number of charts = 572
- Hospital and two First Nations Health Providers
- Key Findings
  - Significantly higher incidence of substance use in rural populations
    - 3x higher rate of substance use
  - Significant difference in proportion of aboriginal women in rural population versus urban population

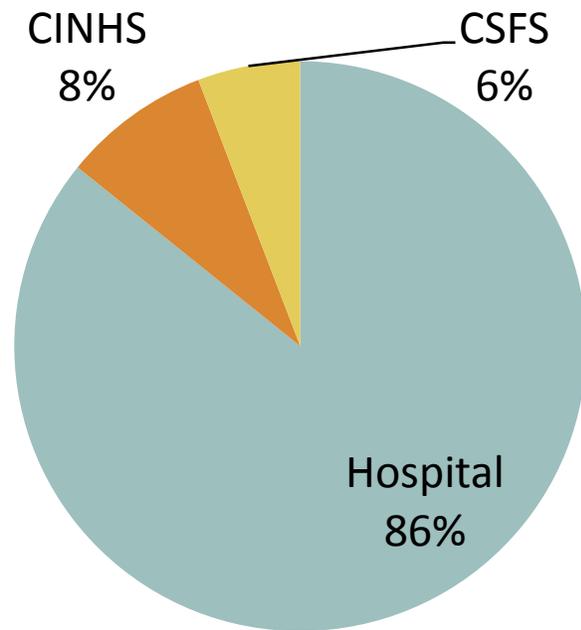


Proportion of records by residential postal code

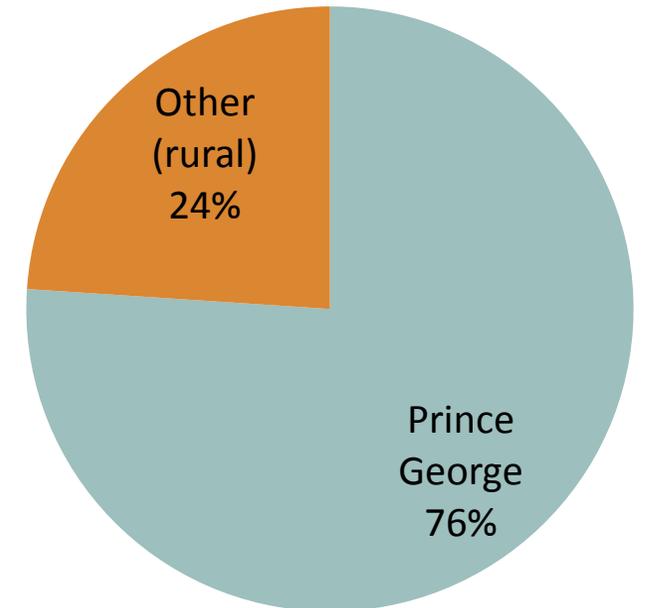
# Number of charts N=572

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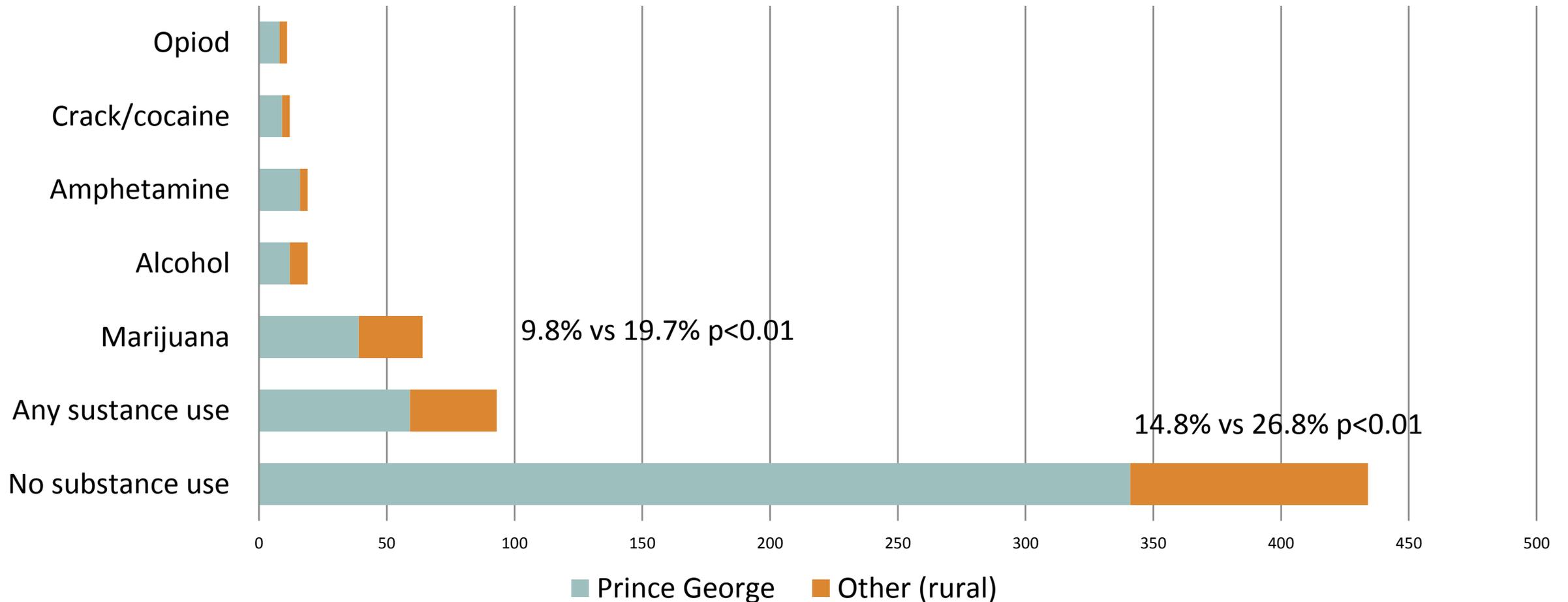
Proportion of records by clinical site



Proportion of records by residential postal code



# Self-reported substance use during pregnancy (total records N=527)



		Total N=572 N(%)	Prince George (urban) N=435 N(%)	Other (rural) N=137 N(%)	p-value
Maternal age at delivery	Mean (SD)	28.32(5.61)	28.75(5.44)	26.85(5.98)	0.29
Marital status	Partner	528(94.1)	406(94.9)	122(91.7)	0.18
	Single	33(5.9)	22(5.1)	11(8.3)	
Ethnicity	Other	280(70.2)	230(77.4)	50(49.0)	<0.01
	Aboriginal	119(29.8)	67(22.6)	52(51.0)	
Cigarette smoking	No	419(78.9)	329(82.0)	90(69.2)	<0.01
	Yes	112(21.1)	72(18.0)	40(30.8)	
Gravidity	Mean (SD)	2.69(1.88)	2.59(1.76)	2.93(2.08)	0.06
Parity	Mean (SD)	1.93(1.24)	1.86(1.12)	2.10(1.46)	<0.01
Rubella Titer	Immune (10+)	497(93.4)	393(94.5)	104(89.7)	0.06
	Non-immune (>10)	35(6.6)	23(5.5)	12(10.3)	
RPR	Non-reactive	521(98.1)	409(98.1)	112(98.2)	0.91
	Declined	10(1.9)	8(1.9)	2(1.8)	
HIV	Non-reactive	521(97.6)	409(97.6)	112(97.4)	0.82
	Reactive	2(0.4)	2(0.5)	0	
	Declined	11(2.1)	8(1.9)	3(2.6)	

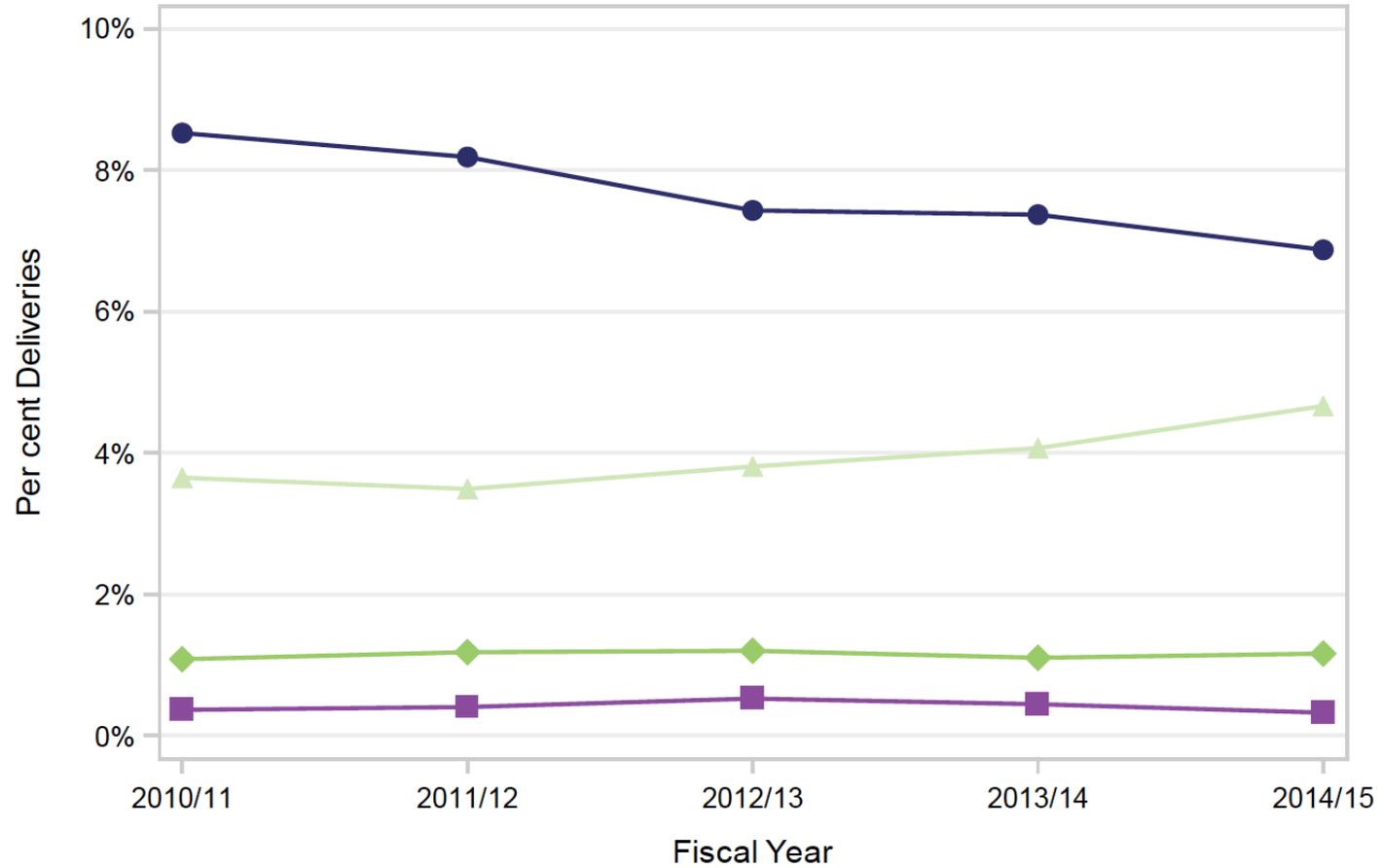
		Total N=572 N(%)	Prince George (urban) N=435 N(%)	Other (rural) N=137 N(%)	p-value
Gestational age (days)	Normal (259 days +)	496(90.0)	394(91.2)	102(85.7)	0.08
	Preterm (<259 days)	55(10.0)	38(8.8)	17(14.3)	
Type of delivery	Vaginal	365(64.9)	280(64.7)	85(65.9)	0.83
	C-section	1975(35.1)	153(35.3)	44(34.1)	
Singleton/twins	Singleton	555(97.9)	427(98.2)	128(97.0)	0.49
	Twins	12(2.1)	8(1.8)	4(3.0)	
NICU admission	No	470(84.4)	368(85.6)	102(80.3)	0.16
	Yes	87(15.6)	62(14.4)	25(19.7)	
Birth weight	Normal (2500+)	505(93.9)	404(95.1)	101(89.4)	0.02
	Low (<2500)	33(6.1)	21(4.9)	12(10.5)	
APGAR score 1 minute	Mean (SD)	7.99(1.81)	7.95(1.86)	8.17(1.58)	0.11
APGAR score 5 minute	Mean (SD)	8.84(1.14)	8.83(1.17)	8.88(1.02)	0.34
MCFD involved	No	521(93.0)	402(93.3)	119(92.2)	0.69
	Yes	39(7.0)	29(6.7)	10(7.8)	
Child apprehended prior to discharge	No	556(99.1)	427(98.8)	129(100)	0.35
	Yes	5(0.9)	5(1.2)	0	

# Adjusted odds ratio estimates for factors associated with any substance use

Variable	Variable Level	Adjusted OR	95% CI	p-value
Ethnicity	Other	Reference		
	Aboriginal	3.25	1.79-5.90	<0.01
Cigarette smoking	No	Reference		
	Yes	1.54	0.796-2.996	0.198
Gravidity	Scale	0.97	0.83-1.14	0.74
Rubella titer	Immune (10+)	Reference		
	Non-immune (>10)	1.19	0.47-3.05	0.74
MCFD involved	No	Reference		
	Yes	0.37	0.12-1.13	0.08

# Substance Use During Pregnancy

Deliveries in British Columbia: April 1, 2010 - March 31, 2015



● Cigarette Use    ◆ Alcohol as Risk  
■ Binge Drinking    ▲ Other Drug Use

# CULTURALLY SAFE HOUSING

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- ❑ Harmony House opened official January 2017
- ❑ Culturally safe holistic housing for women struggling with substance-use during pregnancy and post-partum
- ❑ Aboriginal grandmothers
- ❑ Harm reduction model
- ❑ Art Heals Program
- ❑ Multidisciplinary
  - ❑ Home visit by midwifery!



# MEASURING OUTCOMES

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- ❑ Indigenous methodologies
- ❑ Maternal and neonatal outcomes
- ❑ Integral role of Aboriginal Grandmothers in mentorship
- ❑ Participant-defined outcomes

# JOURNEYING WITH WOMEN...

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# Moving Forward

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## Changes to the current model of care

- Enhance screening for substance use
- Provide informal opportunities for patients with addictions to access care in a non-judgmental environment
- Increase care provider knowledge
- Wraparound services
- Holistic and culturally relevant housing options – provide evidence for ongoing services

# URBAN TO RURAL

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- ❑ Prevalence of perinatal substance-use up to 3x higher in rural areas
- ❑ How can we focus much-needed resources and programming in these areas rather than urban centers?
- ❑ Primary care home model in action
- ❑ Community driven projects
  - ❑ Gaia (Dawson Creek)



# LESSONS FROM THE JOURNEY

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- ❑ Let your research be defined by the voiced needs in front of you
- ❑ Focus on sustainable relationships rather than methodology
- ❑ Show up....and keep showing up!



# ACKNOWLEDGEMENTS

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# Questions

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