



**Partners in Inner-City Integrated Prenatal Care (PIIPC):  
A social marketing initiative to increase awareness of  
the importance of prenatal care and where to access  
care among Winnipeg's inner-city women.**

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Committee Lead- PIIPC Social Marketing Initiative

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Project Coordinator, University of Manitoba



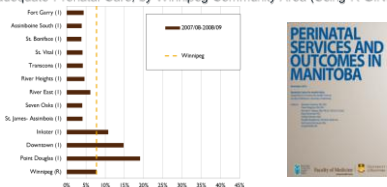
- To demonstrate the role that Community Health Nurses can have as leaders in building capacity of community members and in promoting community development through partnerships, and
- To show how nurses may become involved in grassroots initiatives that influence change (including health system change) in innovative ways.

**Background**



- Canadian Maternity Experiences Survey
  - Manitoba had the highest proportion of women (18.6%) who reported not getting prenatal care as early as they wanted
  - Manitoba had the second highest proportion of women who initiated prenatal care after the first trimester

Inadequate Prenatal Care, by Winnipeg Community Area (Using R-GINDEX)



**Research study:  
Factors associated with inadequate PNC  
among inner-city women in Winnipeg**

- Mixed methods study
- January 2007- January 2010
- Case-control component:
  - Postpartum/LDRP units of the two tertiary care hospitals in Winnipeg
  - Recruited inner-city women who had given birth to a live infant
  - Women with inadequate PNC (n=202)
  - Women with adequate PNC (n=406)
- Qualitative component
  - Interviews with 26 women and 26 health care providers
  - Investigators: M.Heaman, M. Moffatt, L. Elliott, W. Sword, M. Helewa; Collaborators: L. Tjaden, P. Gregory, C. Cook



**Sample Characteristics:  
Case-control component**



Characteristic	Adequate PNC n (%)	Inadequate PNC n (%)	Chi-square p value
Single/divorced/separated	112 (27.7)	121 (60.2)	<.001
Immigrant	90 (22.3)	3 (1.5)	<.001
First Nations	113 (28.0)	147 (73.5)	<.001
Family Income <=\$29,999	168 (44.6)	161 (88.0)	<.001
Smoked during pregnancy	113 (28.4)	155 (78.3)	<.001
Used illicit drugs	32 (7.9)	78 (39.0)	<.001
Abused during pregnancy	25 (6.3)	31 (15.5)	<.001
Unhappy about being pregnant	105 (25.9)	98 (48.5)	<.001
No regular HCP before pregnancy	121 (29.8)	126 (62.7)	<.001
No prenatal care	0	30 (14.9)	<.001

**Barriers and Motivators to Prenatal Care  
for Inner-City Women**

**Barriers**

- **Not knowing where to get PNC;** not able to get appointment
- Problems with transportation or childcare
- Hours at clinic not convenient; lengthy waiting time
- **No perceived need or value in attending PNC**
  - **Can take care of herself during pregnancy; get advice from family/friends**
- Family and personal problems
- Being under stress; being depressed
- Moving a lot
- Worried about baby being apprehended by CFS
- Thinking about having an abortion

**Motivators**

- **"to have a healthy baby"**



## Suggestions for facilitating access to and use of prenatal care

- From Women
  - Closer proximity of prenatal care
  - Providing transportation to prenatal services
  - Tangible rewards, individualized care, respectful caregivers
- From Health Care Providers
  - Establish community-based PNC/clinics
  - **Increase public awareness of PNC**
  - Expand midwifery services
  - Drop-in elements to PNC
  - Multidisciplinary "one-stop" shop



### Knowledge Translation

- The research team hosted a "Knowledge Translation" workshop on May 6, 2010 with 70 participants



- Presented results to several other groups
- Formed a Steering Committee to identify priorities for an intervention project



Partners in Inner-City Integrated Prenatal Care (PIIPC)

Canadian Institutes of Health Research PHSI grant:  
*Reducing inequities in access to and use of prenatal care in the Winnipeg health region through health system improvement* (4/2012 - 3/2015)



Partners in Inner-city Integrated Prenatal Care

### Four Initiatives

- Community-based prenatal care initiative
  - Incorporating midwifery services at 6 Healthy Baby/Healthy Start sites
- Street outreach initiative
  - Street Connections; Women's Hospital; Triage Unit; midwifery program
- Facilitated access initiative
  - Direct referral to Midwives or Obstetricians at Women's Hospital OPC; Incentives and enablers
- Social marketing initiative



### Evaluation Strategies

- Population level:
  - Before and after rates of inadequate prenatal care in the 3 community areas
- Mixed methods approach:
  - Structured questionnaires
  - Health record reviews
  - Qualitative interviews with women and health care providers
- Replicate our previous study (Knight, Morris & Heaman, JOGC, 2014)
  - Determine if number of women presenting to obstetrical triage unit with no prenatal care has decreased

## Development of Working Group

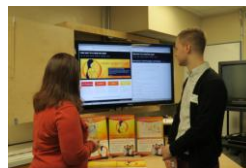
- Social Marketing was **one** initiative
- August 2012: Social Marketing Working Group **formed**
- Target areas: Point Douglas (North end), Downtown and Inkster
- Fall of 2012 to June of 2015
- ChangeMakers



## The Working Group

- Lea Mutch (CNS, PPH, WRHA)
- Darlene Girard (Team Manager-Healthy Parenting & Early Childhood Development, WRHA)
- Ms. Tamara Hes (Program & Policy Consultant, Healthy Baby Program-Healthy Child Manitoba)
- Ms. Hedy Heppenstall (RN, Population and Public Health, WRHA)
- Ms. Lisa Merrill (Clinical Nurse Specialist, Women's Health Program, WRHA)
- Ms. Kim Bailey (Team Manager, Healthy Sexuality & Harm Reduction, WRHA)
- Ms. Margaret Bryans (Mothering Project, Program Manager, Mount Carmel Clinic)
- Mr. Joel Voth (Client Services Manager- ChangeMakers Marketing Communication)
- Ms. Lynda Tjaden (Principal Knowledge User/Decision Maker)
- Dr. Maureen Heaman (Principal Investigator) and
- Zorina Marzan Chang (Project Coordinator).

## Stakeholder Involvement



## Social Marketing Initiative: The Journey

- Target audiences
  - Primary - women of childbearing age
  - Secondary - family, friends, peers
  - Tertiary - health care providers (in WHR)
- Communications Goals
  - Increase knowledge of prenatal care and importance in a healthy pregnancy
  - Decrease perception around the barriers to access
  - Increase rates of adequate prenatal care
- Key Messages
  - Early and regular care during pregnancy is important
  - There are prenatal care sites offering free, welcoming care close to your home and/or work
  - You may be eligible for supports to help have a healthy pregnancy and access care during pregnancy.

## The Journey (Phase I of 3)

- Phase 1: February 11, 2013 – April 8, 2013

### Tactic Notes

- Brand development
- Pregnancy passport
- Website
- Transit shelters
- Radio advertising
- Community posters
- Phone line (942-BABY)

## Logo Development and Campaign Title



## Posters and Postcards

**THIS WAY TO A HEALTHY BABY**  
SEE YOUR HEALTH CARE PROVIDER OR VISIT

SSC Women's Hospital  
 NorWest Co-op  
 Street Connections Van  
 Mount Carmel Clinic  
 Sage House  
 Healthy Living Clinic  
 Crossways in Common  
 Indian and Metis Friendship Centre  
 Freight House  
 Magnus Elsson  
 Hope Centre  
 Trinity Place Church

CALL 204-942-BABY (2229) FOR TIMES AND LOCATIONS

**Early and regular care during pregnancy is important!**

- Welcoming and free health care for you during pregnancy
- You may be eligible for prenatal income benefit and transportation support
- Child minding at some sites

[ThisWayToHealthyBaby.com](http://ThisWayToHealthyBaby.com)

**THIS WAY TO A HEALTHY BABY**

For locations and times near you call 204-942-BABY (2229)

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## Transit Shelter Advertising



**THIS WAY TO A HEALTHY BABY**

Hope Centre, 242 Proven St., open several Wednesdays, 9:30 - 3:30 PM  
 Trinity Place Church, 855 Flack Ave., open several Tuesdays, 1:00 - 3:00 PM  
 Hope Centre, 242 Proven St., open several Wednesdays, 9:30 - 3:30 PM

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**THIS WAY TO A HEALTHY BABY**

**Pregnancy Passport**

My Pregnancy. My Choices.

**about this booklet**  
Being pregnant gives you a lot to think about, and a lot of choices to make. We're here to help you stay healthy during and after your pregnancy.

If you have questions about being pregnant or about anything in this booklet, talk to us. We included a lot of programs, places and information that can help.

**you have choices to make**  
This is your pregnancy. You're the boss. It's your body, and you make the decisions. Maybe you want to keep the pregnancy, maybe you don't.

Talk to us:

**see a doctor, midwife or nurse regularly**

**welcome to prenatal care!**  
Prenatal really means "before baby comes". It is important for both you and your baby's health. Women who have regular prenatal care:

- Have healthier babies
- Are less likely to have the baby come too early
- Are less likely to have other serious problems with pregnancy

Start prenatal care as soon as you can. It is important to see your doctor, nurse or midwife early and often.

**eat well, sleep well and take care of yourself**

## Website

- Website: [www.thiswaytohealthybaby.com](http://www.thiswaytohealthybaby.com)



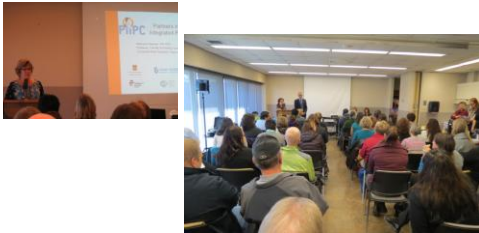
## Additional Strategies

- WRHA Message Board



## Additional Strategies

- Community Presentations



## The Journey (Phase 2 of 3)

### Phase 2: January/February 2014

#### Tactic Notes

- Transit shelters (8) localized in target areas
- Radio advertising
- Community posters
- Phone line (942-BABY)

## Additional Strategies

- Community and Resource Fairs



## Additional Strategies

- Pamphlet



## Ongoing Evaluation

- Research
- Focus Groups
- ChangeMakers
  - Phone-line
  - Website



Social Marketing Working Group

## Preliminary Feedback on Social Marketing:

Do you remember seeing or hearing any advertising about pregnancy and PNC or accessing a website that included the words "This way to a healthy baby"? Yes n=73 (83.0%)

Type of advertising	Remember seeing or hearing? n (%)	Changed your thinking about importance of PNC? "a lot/some"	Influenced your decision to get PNC? "a lot/some"	Helped you find a location to get PNC? "a lot/some"
Mapping poster (bus shelters)	20 (25.6)	9	6	5
Poster with list of sites	43 (55.1)	18	14	6
Poster advertising phone line	65 (83.3)	19	18	7
Radio ads	5 (6.4)	0	0	0
Website/online	5 (6.4)	3	1	2
Pamphlet	22 (28.2)	6	4	0

## Qualitative component

- Qualitative description (Sandelowski, 2000)
- Purposeful and maximum variation sampling
- In-depth individual interviews with 22 women (PIIPC participants) and 26 health care providers
  - Women: age 18-40, parity 1-9, years education 8-15, prenatal visits 5-17, majority were single and First Nations or Metis
  - HCPs: 4 physicians, 4 midwives, 7 nurses, 6 social workers, 5 other
- Interviews were audio recorded and transcribed
- Content analysis was used to identify themes and sub-themes arising from the data
- Quotes are used to illustrate themes/sub-themes

## What women said they liked about PIIPC

- Prenatal care was convenient and coordinated
- Flexible scheduling
- Easier to get to appointments: Got help with making appointments and help with transportation (facilitators)
- Incentives (food vouchers, pregnancy passport)
  - Women liked the sections in the pregnancy passport on "Tell us what you need", space for ultrasound photo, list of resources
- Care providers: helpful, caring, understanding, more personal, concerned, reassuring, available, respectful, non-judgmental
- Positive Outcomes
  - Preplanning with CFS
  - Recognize importance of prenatal care



"How did the program affect me? It showed me that [prenatal care] was important. It...helped me to make it an important part of my life, [and] that I had to look after my baby." (G3P3)



## Feedback on Social Marketing Strategies

- Branding
  - Recognizable
  - Associated with pregnancy
- [What made client look at the poster] "Actually the picture of the pregnant woman and the color of it because it's bright. Yeah, really stood out, the color was bright" (G8P5)
- "I seen the posters there and then I recognized them because the symbol of the women on the front of my passport appears on the posters as well. Yeah that's how I recognized, that's how I actually stopped and looked and related them together." (G6P5)
- "The pregnant belly on the woman, just her holding onto her stomach like that draws you in if you're expecting." (G3P3)



## Feedback on Social Marketing Strategies

- Exposure (what they saw and heard)
- Positive Impact
  - "We also have PIIPC clients who are referred by a former PIIPC clients... I overheard that this young woman was telling her friend about the PIIPC project and she ended up bringing her to the bus stop... then that serves as a tool of education and I think the friend told her friend who was a potential candidate that you know what it's a really good project they really support you... it's really cool to have a bunch of people helping you throughout the process and they found a poster so at least the other person could identify what she was talking about and her friend ended up becoming a PIIPC project client or participant and she also had from my understanding if I can remember she also had a good experience." (Social Worker)
- RECOMMENDATIONS:
  - Location for posters
  - Tear off sheet/ pamphlets
  - "Word of Mouth"
  - Community outreach and promotions
  - Peer promoters
  - Facebook

## What else have we found?

- PIIPC clients- saw the need and the value of attending PNC.

### Comparison of PIIPC clients to women with inadequate PNC (cases) in previous study

Barriers "Did you have difficulty in getting PNC or not go for some of your visits because...."	Cases* in "Factors" study; N=202 n (%)	PIIPC clients ** N=89 n (%)
Go to ER or triage when problems occur	72 (35.8)	13 (14.6)
Can take care of self during pregnancy	103 (51.2)	13 (14.6)
Receive advice about pregnancy from family/friends	72 (35.8)	13 (14.6)
Do not think you need PNC	50 (24.9)	8 (9.0)

\*Cases are women with inadequate PNC in the study. \*\*Factors associated with inadequate PNC among inner-city women. \*\*Based on preliminary data from women who participated in structured questionnaire for PIIPC

## Website Activity

	Phase 1 Feb 1 – Apr 8 2013	Phase 2 To Apr 1 2014
Visits	406	1034 (628 new)
Unique visitors	266	671
Repeat visits	120	363
Av page views	4.55	3.91
Av time on site	3:50	3:11

## The Journey (Final Phase)

### Phase 3: May 1, 2015 – present

#### Tactic Notes

- Video
- Facebook page
- Community posters

## Video

<http://www.thiswaytohealthybaby.com/enter-the-contest/>



This Way to a Healthy Baby Contest Entry  
Enter to win a \$25 grocery gift card.

- <https://www.youtube.com/watch?v=DK-IIA1rA1J4>
- <https://www.facebook.com/thiswaytohealthybaby/videos/vb.1644123702465727/1644901915721239/?type=2&theater>

## Phase 3 Evaluation

Stat	April 1, 2015	To June 18, 2015
Website visits	1108 (74 new visits)	1268 (160 new visits)
Unique visitors	731	889
Repeat visitors	377	379
Average page views	3.74	3.57
Average time on site	2:59	2:50

#### 2015 Social Media Statistics

- 162 Facebook page likes
- 4,981 engagements/interactions

#### Facebook Video Advertisements

- 131,310 video views
- 120,838 total reach

#### Facebook Page Posts

- 26 page posts
- 53 likes, shares, comments
- 560 video impressions from posts
- 60 video views from posts

## What is being said about PIIPC

Winnipeg Free Press - PRINT EDITION

### Help for moms and little ones

Program targets women who need prenatal care

By Carol Sanders  
Posted: 10/29/13 1:00 AM | Comments: 0



Wynne Gowdecki / Winnipeg Free Press Shehenna Hall with daughters Emily and Lady. Caption: Wynne Gowdecki, mother of children, wants to get the word out about the importance of prenatal care and where services are available.

## What is being said about PIIPC

### Population and Public Health

**Population and Public Health**  
 An interdisciplinary approach to understanding and addressing the health of populations. This includes the study of the distribution and determinants of health and disease, and the application of this knowledge to the development of public health interventions.

*"The Partners in Inner-city Integrated Prenatal Care (PIIPC) project is a good WRHA example of how many of the [public health issues] can be addressed... Shifting the health system to meet the needs of women has reduced barriers in access and increased use of prenatal care. This approach is considered to be upstream, because improvements in infant and child health have potential to interrupt cross-generational cycles of inequity and create population-level changes."* (WRHAPH Newsletter on Health Equity, February 2015)



*"The PIIPC Project is a good example of using Social marketing to increase the use of equity-focused health services."*  
<http://www.cihr.ca/blog/entry/this-way-to-a-healthy-baby>

## Lessons Learned

- Strength in diversity
- Community is key to success
- Constant visibility
- Flexibility
- Role of Community Health Nurses in social marketing

## Acknowledgements



- Career support for Dr. Heaman from CIHR New Investigator award (2003-2008) & Chair in Gender and Health (2008-2013)
- CIHR PHSI grant: Reducing inequities in access to and use of prenatal care in the Winnipeg health region through health system improvement (\$400,000, 4/2012 - 3/2015)
- Other PIIPC funding: MHRC, WRHA, Healthy Child Manitoba
- Research Team:
  - Investigators: Maureen Heaman (PI), Michael Helewa, Michael Moffatt, Lawrence Elliott, Salah Mahmud, Wendy Sword, Dawn Kingston
  - Knowledge Users: Lynda Tjaden (Principal KU), Patricia Gregory, Margaret Morris, Margaret Kozlowski, Wanda Phillips-Beck, Catherine Cook, George Carson, Jan Sanderson, Marisa Cicero, Lauranne Matheson, Karen Herd
- Working Group Members and Advisory Committee
  - Chairs: Lisa Merrill, Kelly Klick, Darlene Girard, Lea Mutch
  - Project Coordinator: Zorina Marzan Chang
  - Graduate students: Suzanne Lennon, Miriam Gonzalez
- Focus Group participants from inner-city community programs



### For more information on PIIPC:

Winnipeg Regional Health Authority website:

- <http://www.wrha.mb.ca/community/publichealth/piipc/>

Consumer website:

- [www.thiswaytohealthybaby.com](http://www.thiswaytohealthybaby.com)

