





# PIIPC

## Prenatal Street Outreach: Transformation in Healthy Sexuality and Harm Reduction Services Through Partners in Inner-City Integrated Prenatal Care (PIIPC)

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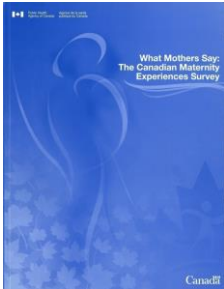





## KEY LEARNING OBJECTIVES

Participants will be able to identify:

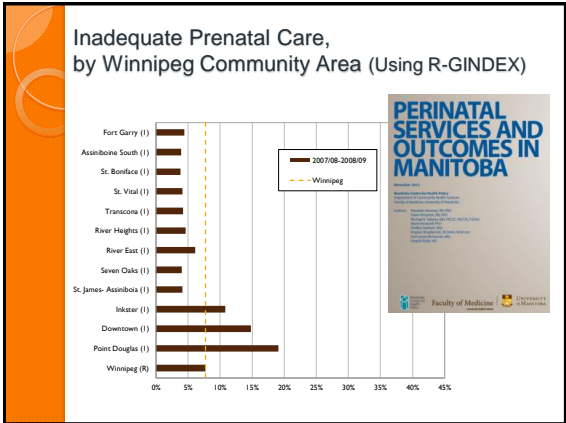
1. How the Street Connections program was enhanced to provide better linkages to ongoing prenatal care (PNC) through the Partners in Inner-city Integrated Prenatal Care (PIIPC) project;
2. Various methods for linking clients for prenatal care which are responsive to street involved populations; and
3. Options to provide prenatal care in outreach settings with a hard to reach population and supports needed to facilitate the ongoing relationship

## Background Information



### Canadian Maternity Experiences Survey

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



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

- Mixed methods study
- January 2007- January 2010

### Case-control component:

- 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

**RESEARCH ARTICLE** Open Access

Barriers, motivators and facilitators related to prenatal care utilization among inner-city women in Winnipeg, Canada: a case-control study

*Wendy Hoggan, T. Michael McNeil, Lawrence Elliot, Wendy Savelle, Michael J. Heenan, Heather Morris, Helen Goggin, Lynda Spence and Catherine Gault*

**Abstract**  
Background: The inner-city women do not obtain prenatal care when when it is available and accessible and...  
Methods: We conducted a case-control study with 202 inner-city women who were recruited during their pregnancy...  
Results: Of the 202 women, 102 (50%) were recruited during their pregnancy...  
Conclusions: The findings of this study suggest that the barriers to prenatal care are complex and multifaceted...  
Keywords: prenatal care, inner-city women, barriers, motivators, facilitators, case-control study

## 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 or not able to get an 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 problems 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 improving 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 Workshop

May 6, 2010 with 70 participants

- Results presented
- Steering Committee formed 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)*

### Consists of four inter-related initiatives:

- Community Based Prenatal Care Initiative
- Street Outreach Initiative
- Facilitated Access Initiative
- Social Marketing Initiative



Targeted at women living in Point Douglas, Downtown and Inkster community areas  
Pregnant women who have had no prenatal care or at risk for inadequate prenatal care  
Goal: Facilitate access to prenatal care



## Street Outreach Initiative

### Collaboration between Street Connections, Women's Hospital, Midwives, and various health care providers

- **Street Connections (SC)** is a mobile van service staffed by outreach workers and public health nurses, (Healthy Sexuality and Harm Reduction)
  - Identify pregnant women during street interactions.
  - Provide 1<sup>st</sup> prenatal visit in Street Connections van
  - Link women to appropriate Health Care Provider



- **Women's Hospital (WH)** -Women who present with no PNC, at risk of inadequate PNC, or looking for PNC are referred to the WH-PiIPC contact who is a Clinical Nurse Specialist who facilitates access to PNC.



And/or

- **Midwives (Mount Carmel Clinic)**- Women with no PNC, at risk of inadequate PNC, and wishing Midwifery care are referred to the PiIPC Midwifery coordinator to facilitate access.



## "Up and Running" The Street Connections Journey

### Background

- The Street Connections Van operates as a mobile site for the Harm Reduction and Healthy Sexuality team through WRHA Population and Public Health.
- Staffing: 1 Public Health Nurse, 1 Outreach Worker
- Hours: Monday to Saturday, 5pm to 1am (Mondays are staffed by 2 outreach workers, no nursing services). Additionally, Street Connections services are available "in-office" by drop in Monday to Friday.
- Street Connections Services:
  - Case/contact management of reportable Sexually Transmitted Blood Borne Infection (STBBI): CHL, GC, HIV, SYPH, Hep C
  - Distribution of Harm Reduction Supplies: safer sex supplies, needles, safer crack use kits
  - Pregnancy tests and HIV Point of Care Testing (POCT)
  - Basic primary care and referral to appropriate services



## "Up and Running" The Street Connections Journey





## Let's Roll With It: Street Connections Context

### By the numbers:

(Street Connections Program Monitoring and Evaluation Report, April 2015)

<http://www.wrha.mb.ca/extranet/publichealth/services-healthy-sexuality.php>  
(Oct 2013-Oct 2014)

- 14 221 unique client interactions (evening services)
- 4085 unique client interactions (daytime services)
- 77 pregnancy tests completed ("most accompanied by supply distribution)
- 76% of evening interactions were provision of Safer Crack Use Kits (SCUKS)

### PIIPC Project:

(Dec 2012-Mar 2015)

- 23 clients listed in our prenatal services roster, 13 of whom signed a consent for PIIPC



## Let's Roll With It: Starting Point

### Areas to enhance and address:

- Drug use context in Winnipeg: Street level drug use (solvents and crack)
- Communication barriers between daytime/evening service
- Logistics of prenatal testing and applications for nursing scope of practice
- Strengthening expertise in prenatal care
- Identify and integrate appropriate "facilitators" and "incentives"
- Awareness of appropriate community based resources
- Appropriate identification of women who might be candidates for the project
- "Street Connections stigma"



## Let's Roll With It: Starting Point

### Established program features:

- Trusted relationship with the target population in the geographic areas pertinent to the PIIPC project.
- Familiarity with basic level prenatal care: Doppler on board, knowledgeable about appropriate referrals.
- Great relationships with partnering agencies.
- "Program Champions" nursing complement with background in prenatal care.
- "Buy-in" on the project and team philosophy



## And away!

### Our first PIIPC client:

- Well-known to the Street Connections program
- Contacted us to say she's had a positive pregnancy test at a walk-in
- HIV pos
- G15P9
- Previous history with Child and Family Services
- History of substance use
- Wanting help to connect with a midwife



## Road Blocks and Detours

### Technology and Communication

Ideal: access to EMR

Work-around: Consistent systems and contact people, paper and pencil, "cheat sheets", back-up to the back-up.



### Nursing Intervention

Ideal: Offer care within the full-scope of nursing practice

Work-around: Partnership with OBI/GYNE, midwifery, appropriate referral, respect for client's priorities.

### Recruitment

Ideal: Every pregnant woman enrolled in PIIPC

Work-around: Every pregnant woman offered consistent, quality care, re-visit the data collection piece as appropriate. \*Sensitivity to choice in pregnancy outcomes.



## The Rearview Mirror

### 1. Attendance at prenatal appointments was the easy part!

### 2. The role of "motivation to have a healthy baby" and how that informs care.

#### Successful supports:

- Harm reduction perspective around substance use (ex. plastic bag for solvent rags)
- Implementation of trauma-informed care practices
- Transportation: appropriate to the client
- Food (resources specifically allocated)
- A network of contacts for leaving messages/finding clients
- Pictures/camera
- "Congrats gift pack"
- Next idea we'd like to try: receiving blankets



## Maintaining Momentum

- ✓ Dedicated nursing support
- ✓ Van configuration that could accommodate additional care-providers (midwifery, OB/GYN, support workers, etc)
- ✓ Better connections with detox and addictions services

### Wish-list:

- Dedicated staffing (coordinator) for Women's Hospital and Midwifery
- Closer relationships with Child and Family Services
- Expedited/drop-in availability of medically supervised detox
- 24/7 drop-in showers/meals/laundry for pregnant women



## Going back to research: What we found

CAUTION- Data collection not yet completed; some phases pending; results are preliminary

### Preliminary results:

Chart Review N=135 and Quantitative interview N= 89

- PIIPC project is reaching women at risk of inadequate prenatal care
- PIIPC clients have earlier initiation of prenatal care and more prenatal visits; more fetal assessment unit visits
- Integrated care: linked to other services (e.g., social work, CFS)
- Improved pregnancy outcomes: reduced rates of preterm birth and low birth weight infants
- Potential for fewer infant apprehensions

## Facilitators of PNC for PIIPC clients

When asked: "Please tell me if you received any of the following things to help you get PNC, and if so, to what extent the following things helped you get PNC?" (N=89)

The following were described as Helped "a lot" by more than half of those interviewed:

- Got help finding a health care provider
- Got bus ticket or taxi slip to get to appointment
- Got help setting up appointments
- The staff were easy to understand
- Clinic had hours that were convenient
- Got a call to F/U on missed appointments
- Got incentives such as gift or food voucher
- You had emotional support



## 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
- 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
  - Women liked:
    - Prenatal care- convenient, flexible, coordinated, accessible
    - Care providers: helpful, caring, understanding, more personal, concerned, reassuring, available, respectful, non-judgmental
    - Facilitators (bus tickets/taxi slips), incentives (food, pregnancy passport)
    - Improved outcome (preplanning with Child and Family Services)
  - Health care providers liked:
    - Integration and collaboration/ Team work
    - Improved understanding, communication, relationships



## A good fit with the WRHA Health Equity Focus

*"Health equity asserts that all people have the opportunity to reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identify, sexual orientation or other socially determined circumstance."*  
(WRHA Position statement on Health Equity)

## Acknowledgements



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- 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
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  - Chairs: Lisa Merrill, Kelly Kick, Darlene Girard, Lea Mutch
  - Project Coordinator: Zorina Marzan Chang
  - Graduate students: Suzanne Lennon, Miriam Gonzalez





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### STREET OUTREACH INITIATIVE WORKING GROUP:

- Lisa Merrill (CNS, Women's Health Program)
- Kim Bailey (Team Manager, Healthy Sexuality & Harm Reduction)
- Michelle Klimczak and Jennifer Riddell (RN, Healthy Sexuality and Harm Reduction)
- Kelly Klick (Midwife, Mount Carmel Clinic)
- Dr. Margaret Morris (Medical Director, WRHA Women's Health Program)
- Regan Spencer (Director of Social Work, Health Sciences Centre, Child & Women's Health Programs)
- Sylvia Boudreau (Aboriginal Advisor, Women's Hospital)
- Gail Hazlitt (Manager of Patient Care- L & D, and Women's Family Birth Place, Women's Hospital)
- Margaret Bryans (Mothering Project, Program Manager, Mount Carmel Clinic)
- Ms. Megan Beamish (Clinical Service Leader, SW, Women's Health, and Transition Coordinator, HSC)
- Dr. Maureen Heaman (Principal Investigator)
- Zorina Marzan Chang (Project Coordinator)
- Former Members: Patricia Gregory (Former Director of Women's Health Program), Diane Heywood (CNS, WRHA), Mary Driedger (Former CNS, Women's Health Program), Kerrie Abel (SW), Shelle Anderson (Former Manager Patient Care), and Tracey Ramsay (Nurse Educator)



### STREET CONNECTIONS MOBILE VAN TEAM



## Street Connections Suggested Resources

- Incorporating the "debrief" or "check-in" and principles of trauma-informed care.
- Motivational Interviewing
- "In the Realm of Hungry Ghosts" by Dr. Gabor Mate
- Dr. Marcia Anderson DeCoteau



### For more information on PIIPC:

Winnipeg Regional Health Authority website:

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

Consumer website:

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

