



Healthy Care Pregnancy Program (HCPP) Highlights

Year One- February 1, 2020-March 31, 2021

Background

The **Healthy Care Pregnancy Program**¹ pilot aims to better support pregnant, postpartum and newly parenting people who use or have used substances in BC and utilizes formal connections between 10 acute care facilities and 10 BCAPOP Program Members.

- Inreach into acute care and community settings to alongside and support pregnant, postpartum and newly parenting people using substances (up to 7 months postpartum)
- Focused on participants experiencing risks to their health and well-being (e.g., lack of stable housing, food insecurities, lack of prenatal care, experiencing poverty, experiencing gender-based violence, experiencing systematic racism)
- Meeting with the participants throughout the pregnancy, walking along side her journey and supporting their access to basic needs, supporting transitions in and out of acute care and bed-based programs, advocating for mother-baby togetherness etc.

Anticipated Outcomes

- Maintaining mother-baby togetherness regardless of custody/guardianship status
- Supporting holistic wellness and addressing chronic health issues and needs for both the participants and their infants
- Building confidence and self-efficacy within participants and their families
- Identifying pressure points in the system of care for intervention/support

HCPP is based on the nine Guiding Principles from the Perinatal Substance Use Visioning Forum which include 1) equitable access, (2) trauma & violence informed, (3) Indigenous cultural safety, (4) harm reduction based, (5) women centered & women's voices, (6) recovery orientated, (7) mother-baby togetherness, (8) interdisciplinary and (9) evidence informed.²

Program Findings

When the HCPP pilot was first developed and launched, the COVID-19 pandemic was not at the forefront of our daily lives nor could the social consequences and health implications for our participants be accounted for at its inception. One of the key learnings from the demonstration site at Royal Inland Hospital in Kamloops at The Family Tree Family Centre was the importance of “face to face engagement” to create strong connections. The COVID-19 pandemic created new obstacles for the new HCPP inreach workers in accessing, engaging, connecting, and assisting their program participants however these were challenges that the HCPP pilot was able to overcome through innovative means. The Inreach Workers have found ways to care for their participants through safe social distancing measures and wearing PPE when in-person support and accompaniment is possible, as in-person support for this population that was further marginalized and isolated by the opioid crisis and the current COVID-19 pandemic. Inreach workers also meet with participants virtually if possible (including ongoing text/phone support) and coordinate Healthy Care Pregnancy Meetings virtually. The ability to

¹ BCAPOP, Healthy Care Pregnancy Program Pilot Project, 2020

² PHSA and BC Women's Hospital, Caring for Pregnant and Newly Parenting Women Using Substances, 2019



communicate with their participants via virtual means is impacted by a lack of participant access to internet and phone in addition to a lack of stable housed. In this sense the program at its core truly is an in-person service due to the lack of resources available to the participants.

Since February 1, 2020, ten HCPP pilot sites have been launched and inreach workers have walked alongside program participants on their journey and transitions throughout the journey from pregnancy, birth and beyond.

- 89 pregnant/postpartum people have agreed to enter the HCPP as program participants.
- 34 participants were connected to traditional and/or culturally focused supports such as their community or nation, band office, Elders, traditional healing practices, Aboriginal Patient Navigators, access to land/community supports.
- Inreach workers have accompanied participants to 404 appointments, intakes and support sessions including prenatal care appointments with physicians and midwives, attending medical appointments, intakes at bed-based programs, hospital tours, gaining access to food supports, competing intakes with counsellors, community-based programming and appointments with child welfare workers or family court.
- Inreach workers have facilitated 183 Healthy Care Pregnancy Meetings to bring positive supports to the table and have the community and acute care professionals & peers wrap around services that meet the goals that the participant identifies
- 30 participants have delivered infants since the project's inception and more than half of them had prenatal education, skin-skin contact immediately following birth, roomed-in with their baby, initiated breastfeeding at delivery and were still breastfeeding upon discharge from the hospital.
- With the support of an inreach worker, 21 participants have voluntarily accessed services from MCFD or a child welfare agency either during their pregnancy or postpartum.
- The inreach workers have supported participants during 67 meetings with child protection workers and helped to coordinate 50 supervised visits between participants and their infants and/or other children.

All the participants have been either referred from or to acute care services. There has also been a focus on referring participants to an opioid agonist treatment prescriber during pregnancy for those using opioids, referrals to substance use day and bed-based programming and to peer support groups moderated by people with lived experience.

Participants graduate when they are well connected to other services that already exists. The program exists to connect participants that are not accessing services and are not well supported to the acute and community services that meet their own identified needs. Once participants are connected and accessing the services that they identify as helpful and positive, then they participant is graduated. This really speaks to the idea that we are not duplicating the services that already exist, but instead coordinating support and providing the resources necessary to break down barriers to accessing services. Some participants engage with the program for a very short period and are always welcome to re-enter if crisis support is required again up to 7 months postpartum.

Thanks so much for all of your support. You've already helped me on this journey more than you'll ever know. ♡ - anonymous participant



Although the HCPP pilot demonstration site (Kamloops) has only been in operation for one year and less than that in nine other communities, it has already made an impact with participants from a population historically considered difficult to reach and engage. Participants who use or have used substances are now receiving holistic support in addressing their chronic health issues and having their needs met, both for themselves and their infant.

A key to HCPP's success has been meeting participants where they are at and assisting them with the supports that they need, when they need them in a trauma-informed and culturally supportive way.

Participant has been very thankful for the resources I have provided such as connecting participant to agencies that support new mothers with newborn essentials such as baby formula, cribs, strollers, clothes etc. participant was also very appreciative because I speak the same language as her. - Inreach worker statement

Looking ahead to year two of the project, HCPP will continue to provide intensive support to pregnant, postpartum and newly parenting participants who use or have used substances by connecting them to the essential services and support. BCAPOP looks forward to continuing to share its findings in making evidenced informed decisions and practice models of care.

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