

Tools, Resources, and Guidance to Support Practice and Policy



Fourth webinar on Perinatal Substance Use
November 26, 2020

Acknowledgements

We would like to acknowledge the many territories of Turtle Island on which we work and reside. These territories, ceded and unceded, are home to many Indigenous peoples who have lived here for tens of thousands of years and continue to live here. We honour and respect the many Indigenous peoples of this land and territory and hope for a more just future together.



Webinar Series

This webinar series is sponsored by the Provincial Perinatal Substance Use Project at BC Women's Hospital, PHSA in Collaboration with the Centre of Excellence for Women's Health



Learning & Acting Together

Perinatal Substance Use
Monthly Webinar Series

Webinars Include

- Diverse panelists
- Voices of women with lived experience
- Policy & research perspectives
- Discussions and practice examples
- Reflecting on guiding principles
- How to engage systems

Registration

<https://bccewh.hostedinnadainc.com/surveys>

 REGISTER



Reducing stigma, supporting parenting

Thursday, August 27, 11 am-12pm



Benefits of wraparound, multi-service, community-based programs

Thursday, September 17, 11 am-12 pm



Acute care and addiction treatment for mothers and children

Thursday, October 22, 11 am -12pm



Tools, resources and guidance to support practice and policy

Thursday, November 26, 11 am -12 pm



Photo courtesy Noel MacDonald Photography, FIR Square

These webinars are sponsored by the Provincial Perinatal Substance Use Project at BC Women's Hospital, PHSA, in collaboration with the Centre of Excellence for Women's Health.

Learning Objectives

- To share new resources on perinatal substance use, designed to guide our practice and policy work going forth
- To share a list of key research articles, practice documents, and experiences of women with lived/living experience that have been identified through the Provincial Perinatal Substance Use Project
- To consider how these resources can be applied across various work-related contexts to advance support offered to pregnant and parenting women who use substances

Working from Principles



Resource List

- Draws together personal experience, research and practice on key areas of practice and policy
- Addresses topics from today's webinar and previous webinars in the Learning & Acting Together series
- Not exhaustive!

<https://bccewh.bc.ca/wp-content/uploads/2020/11/PSU-Resource-List.pdf>



Maternity Care -
Rooming In and
other promising
practices and
guidance



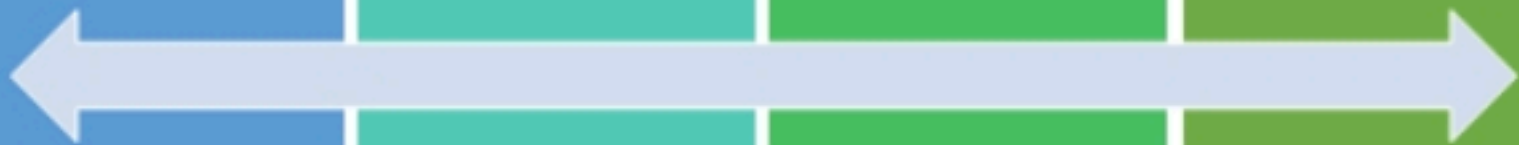
Housing options
for pregnant
women, new
mothers and
families



Trauma informed,
strengths based
approaches with
Indigenous women



Empowering
mothers - peer
support,
supportive
conversations and
treatments



Panelist introduction and resource description

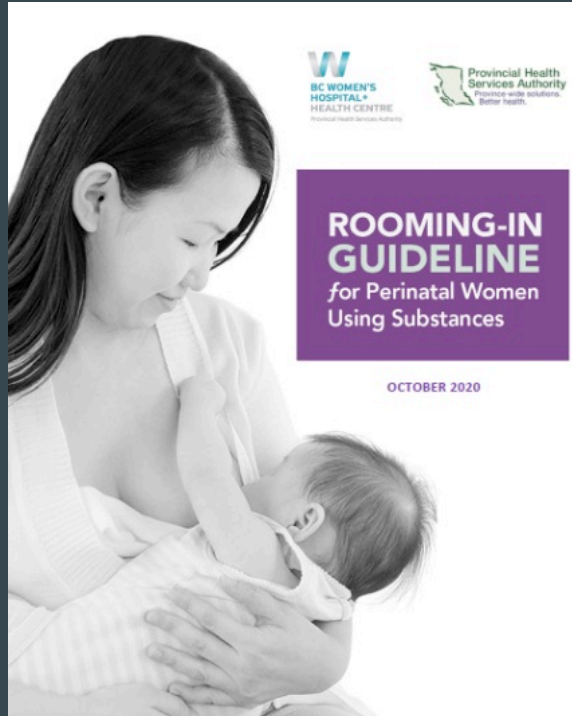
- What is the resource you'll be discussing?
 - How does the resource advance our work with pregnant and parenting women who use substances?
-

Pamela Joshi



Rooming In Guidelines

Provincial Perinatal Substance Project – Rooming-in Guideline



Acknowledgements

- InsideOut Policy Research Consulting Team
Tracy Byrne, Jenny Weston, Michele Mundy

- Over 30 Contributors

Key Informants, Elders, Indigenous Providers Circle, RHA & Community Champions, 7 Direct Care Provider Focus Groups, 8 Focus Groups with Women with Lived and Living Experience

Guideline Structure

- **Guiding Principles in Practice** – Concrete examples
- **Rooming-in Components** – Four key components; essential elements of care and practice notes and considerations
- **Foundations for Implementing Rooming-in** – Capabilities, resources and organizational assessment

Guideline Components



Jola Berkman



Care of the Newborn Exposed to Substances During Pregnancy:
Practice Resource for Health Care Providers

UBC CPD ELEARNING



Perinatal Substance Use

3: CARE OF THE NEWBORN EXPOSED TO SUBSTANCES DURING PREGNANCY



Time: 2 hours

Credits: 2.0 Mainpro+/MOC Section 3



Care of the Newborn Exposed to Substances During Pregnancy

**Practice Resource for
Health Care Providers**

November 2020

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

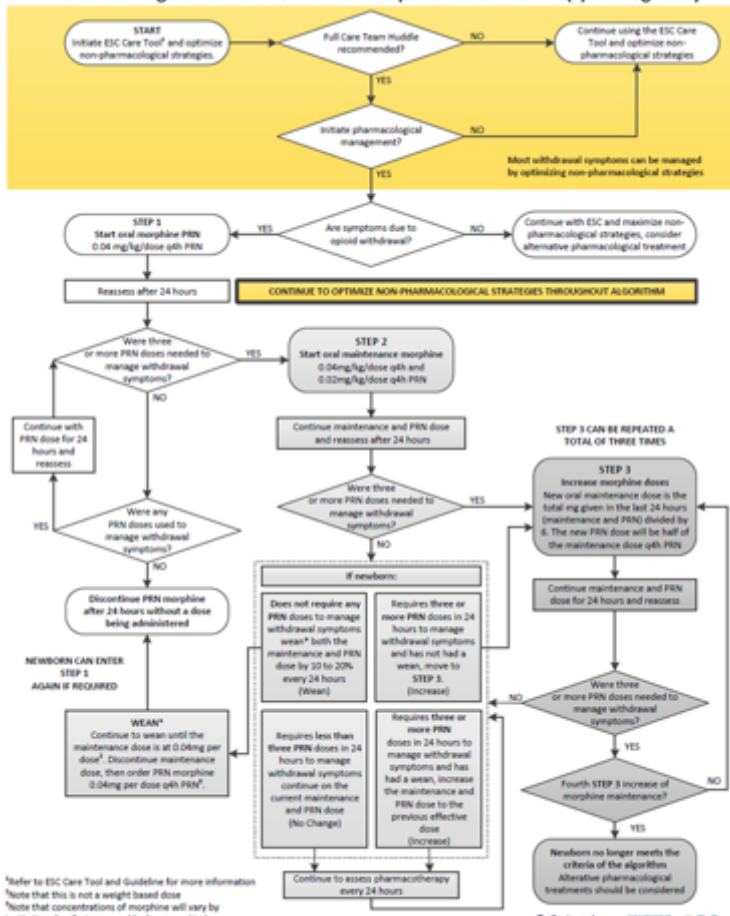
- Initiate a new ESC Care Tool record every day.
- Review ESC behaviors with parents/caregivers every 2 – 4 hours after feedings.
- If not clear whether the baby's poor eating, sleeping, or consoling is due to substance withdrawal, indicate **Yes** and continue to monitor closely while optimizing all non-pharmacological interventions.
- Numbers within this tool are NOT intended as a "score" but as a coding key
- Review definitions of terms prior to performing assessment of ESC behavior (back page)

Date:	Birth Weight (grams):	Daily weight (grams):
Gestational Age: Age in days:	Weight loss % since birth:	Gain/ Loss:
Corrected Gestational Age:	Weight loss more than 10%:	YES/NO
Time of assessment		
ESC ASSESSMENT		
EAT:		
Poor eating? (If Yes, answer next question, if No go to Sleep)		
Poor eating due to substance withdrawal?		
SLEEP:		
Sleep less than one hour? (If Yes, answer next question, if No go to Console)		
Sleep less than one hour due to substance withdrawal?		
CONSOLE:		
Unable to console within 10 min (or cannot stay consoled for longer than 10 min)? (If Yes, answer next question, if No go to Consoling Support Needed)		
Unable to console within 10 min (or cannot stay consoled for longer than 10 minutes) due to substance withdrawal?		
Support needed to console: (Use # to code)		
1. Able to self-console		
2. Able to console (and stay consoled) with caregiver support within 10 min		
3. Unable to console (or cannot stay consoled) with caregiver support within 10 min		
PARENT/CAREGIVER		
PARENT/CAREGIVER PRESENT FOR:		
Use # to code		
1. More than three hours 3. One - two hours 5. No parent/caregiver present		
2. Two - three hours 4. Less than one hour		
WHO PROVIDED MOST OF INFANT CARE?		
1. Mother/Birth Parent 3. Family Member 5. RN		
2. Partner 4. Support Person 6. Other (define):		
PLAN OF CARE		
Recommend Bedside RN and Parent/Caregiver Huddle?		
Recommend Full Care Team Huddle?		
Management Considerations (Use # to code)		
1. Continue/optimize non-pharm care 2. Medication treatment 4. Plan documented in narrative notes.		
3. Continue medication		
NON-PHARMACOLOGICAL CARE INTERVENTIONS		
S = Start intervention I = Increase intervention R = Reinforce intervention		
Rooming – in		
Parent/caregiver presence		
Optimal feeding at early hunger cues		
Cue based newborn-centered care		
Skin-to-skin contact		
Baby held by parent/care giver		
Safe swaddling		
Quiet, low light environment		
Non-nutritive sucking/pacifier		
Rhythmic movement		
Additional help/support in room		
Parent/caregiver self-care and rest		
Other (Describe in Narrative Notes)		

Tool adapted with permission from Boston Medical, Yale-New Haven Children's Hospital and Children's Hospital at Dartmouth-Hitchcock



Treatment Algorithm for the Newborn Exposed to Substance(s) in Pregnancy






*Refer to ESC Care Tool and guideline for more information
 *Note that this is not a weight based dose
 *Note that concentrations of morphine will vary by institution. Smallest measurable doses need to be considered based on morphine concentration available



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The first and related resources can be found in the Maternity Care section of the Resource List

Maternity Care

Experience	<p><i>"...having my baby come home from the hospital with me. Getting my kids back is the biggest thing. That showed me I'm done with my past lifestyle."</i></p> <p><i>"I was so happy when I got to sleep with my baby in the room."</i></p>	
Research		<p>Paris, R. et al. (2017) Project BRIGHT: An Attachment-Based Intervention for Mothers with Substance Use Disorders and Their Young Children. Motherhood in the face of trauma: pathways towards healing and growth. Springer International Publishing, 181-196. This chapter describes the background, evidence base, conceptual framework, and practice parameters for an attachment-based evidence-informed dyadic intervention utilizing the principles of child-parent psychotherapy with mothers and infants impacted by substance use disorders. A strong focus of this chapter is to elaborate on the emotional needs of mothers in early recovery as they enter into the parenting role and on the needs of substance-exposed newborns and their role in fragile infant-parent dyads.</p>
Practice		<p>Rooming-in Guideline for Perinatal Women Using Substances BC Women's Hospital + Health Centre, Provincial Health Services Authority</p> <p>This guideline identifies how to engage in the Rooming-in model. It illustrates what the practice can look like across the maternity care landscape, even when the physical spaces (e.g. private rooms) do not exist. In addition, guidance is provided on reinforcing Rooming-in practices such as breastfeeding and substance use, skin-to-skin contact, and safer sleep. The guideline also identifies Indigenous Cultural Safety as a core component of Rooming-in.</p>
		<p>FIR Model of Care BC Women's Hospital + Health Centre, Provincial Health Services Authority</p> <p>Multidisciplinary team members from Families in Recovery (FIR) and the Provincial Perinatal Substance Use Project Team worked collaboratively to develop a renewed model of care for FIR. This model was developed to guide how services are delivered for pregnant women using substances requiring stabilization of substance use and pregnancy. The model of care is also translatable to other acute care settings.</p>

Alison Silgardo



Framework for Housing Continuum for Perinatal
Substance Use

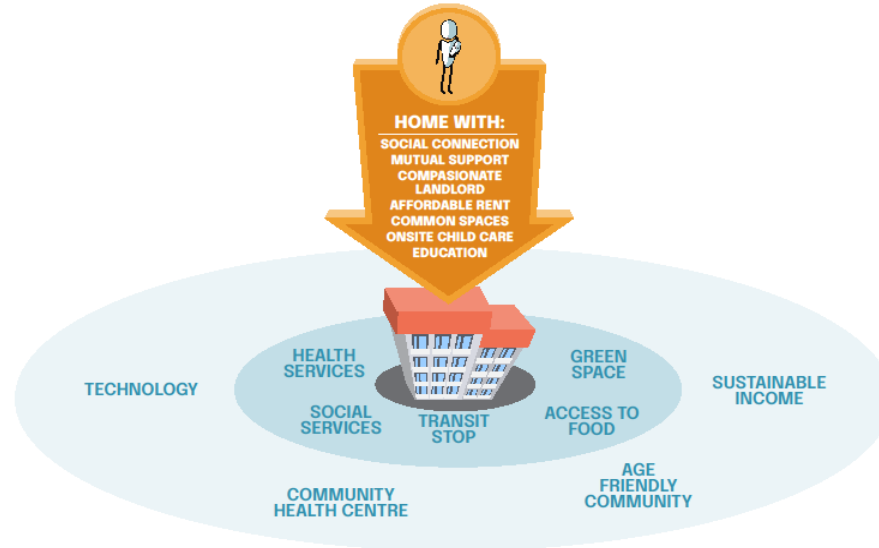
Perinatal Women

An Integrated Support System



Future State Design

Perinatal Support



The resource Alison is working on will be added to this section of the Resource List

Housing Options for Pregnant Women, New Mothers and Families

Experience		Practice	
	<p><i>"I was in a really shitty situation. I was living with a friend. She was using drugs. Landed up in a shelter. I needed resources to help me with my pregnancy. I wanted help getting into different housing."</i></p> <p><i>"I wanted support and stable housing and getting odd with my baby."</i></p> <p><i>"Getting suitable housing and reuniting with my son. I then he went into a foster home. Then we got housing."</i></p> <p><i>"She (the staff person) also was a reference on the home with the Ministry for housing."</i></p>		<p>Understanding Mothers Experiencing Homelessness: A Gendered Approach to Finding Solutions for Family Homelessness Katrina Millaney, Kaylee Ramage, Xiao Yang Fang & Marilyn Lous – Canadian Observatory on Homelessness <i>This study provides evidence to better understand how families become homeless, and the experiences of mothers and children as they move within various public systems while dealing with a history of violence, trauma, and poverty. Several recommendations, from an asset- or strength-based approach, to reduce structural barriers, bridge gaps between public systems, increase access and availability of supports and ensure cultural supports and trauma-informed care, are included.</i></p>
Research	<p>Slesnick, N. & Erdem, G. (2017). Treatment with substance and housing outcomes. Journal of Community Psychology. <i>This randomized pilot study compared treatment targeting methamphetamine and other substances with young children randomly assigned to Eco treatment as usual (n = 30) or rental and utility assistance (n = 30). Treatment showed a quick increase in housing stability. Two-thirds of women were housed within two months after rental assistance. Treatment also increased the utility of housing interventions.</i></p> <p>Winship (2001). Challenges for homeless families. Journal of Child Psychology and Psychiatry. <i>This article summarizes the challenges for homeless families that are homeless program evaluation. Six challenges: evaluation for reasonable and differential linkages with other agencies, increasing the emphasis on reducing the number of families, and expanded low-income housing.</i></p>		<p>Building Community: Supportive Housing for Young Mothers – Research Summary Jeff Karabanow & Jean Hughes – The Homeless Hub <i>This research identifies the experience of young mothers living in a supportive housing initiative in Dartmouth, Nova Scotia called Supportive Housing for Young Mothers (SHYM). This research uses a case study approach to explore how tenants experienced SHYM, their quality of life, feelings of self-worth, and hopes for the future.</i></p> <p>Designing Common Spaces for Women-Centered Supportive Housing Atria Women's Resource Society <i>This report delivers insights into the development of women-centered supportive housing through an investigation into the livability of one of Atria Women's Resource Society's buildings in Downtown Vancouver called Sorella. It applies intersectional feminist analysis to an examination of the building's design, focusing on common spaces to support the women and children who live there.</i></p> <p>Supporting Families at Shewey and Beyond – Self-Recovery, Family Home Lenora Marcellus <i>This longitudinal evaluation was developed to follow a previous evaluation of the impact of targeted funding received from the BC Ministry of Employment and Income Assistance (MEIA) to enhance housing specific and non-housing specific supports for Shewey clients and their children. This study followed 18 women who were current or former clients of Shewey for a three-year period. They were interviewed and completed demographic questionnaires at 6-to-12 month intervals during this time. Findings and recommendations are provided.</i></p>

Lucy Barney



Honouring Indigenous Women's Resilience: A health care practice resource created by aunties, mothers, grandmothers, daughters, and sisters to support culturally safe and humble, trauma-informed perinatal care with Indigenous women and families

Giver of Life Braid

MIND

Addictions:
• alcohol
• drugs
• cigarettes

Teen pregnancy

White Coat
Syndrome

Poverty

Lack of
support
network

Uninformed
consent

Decreased
perinatal
education

Depression

Postpartum
depression

History of
trauma

Family
disruptions

Cultural
disruptions

Absent
fathers

Lower
education

Poor
self-esteem

Oppression

BODY

Access to
prenatal care

Gestational
Diabetes

Increased BMI

HIV / AIDS

SIDS

FASD

Availability
of care close
to home

Increased
C-section rates

Smoking

Birth
complications

High birth
rates

Larger
families

Neonatal
morbidity

Neonatal
mortality

Travel to
larger
birthing
centres

Pre-term birth

Type II Diabetes

SPIRIT

Relationship
ceremony

Birthing
ceremony

Placenta
ceremony

Naming
ceremony

Vision

Welcoming
ceremony

Sage

Traditional
Midwifery

Traditional
Aunties
(doulas)

Prayer

Sense of
family

Sacred
space

Gatherings

Cradleboard

Elders

Traditional
healers

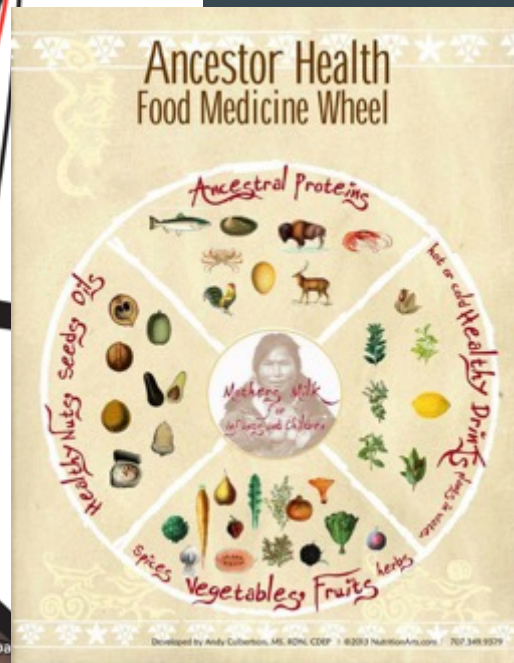
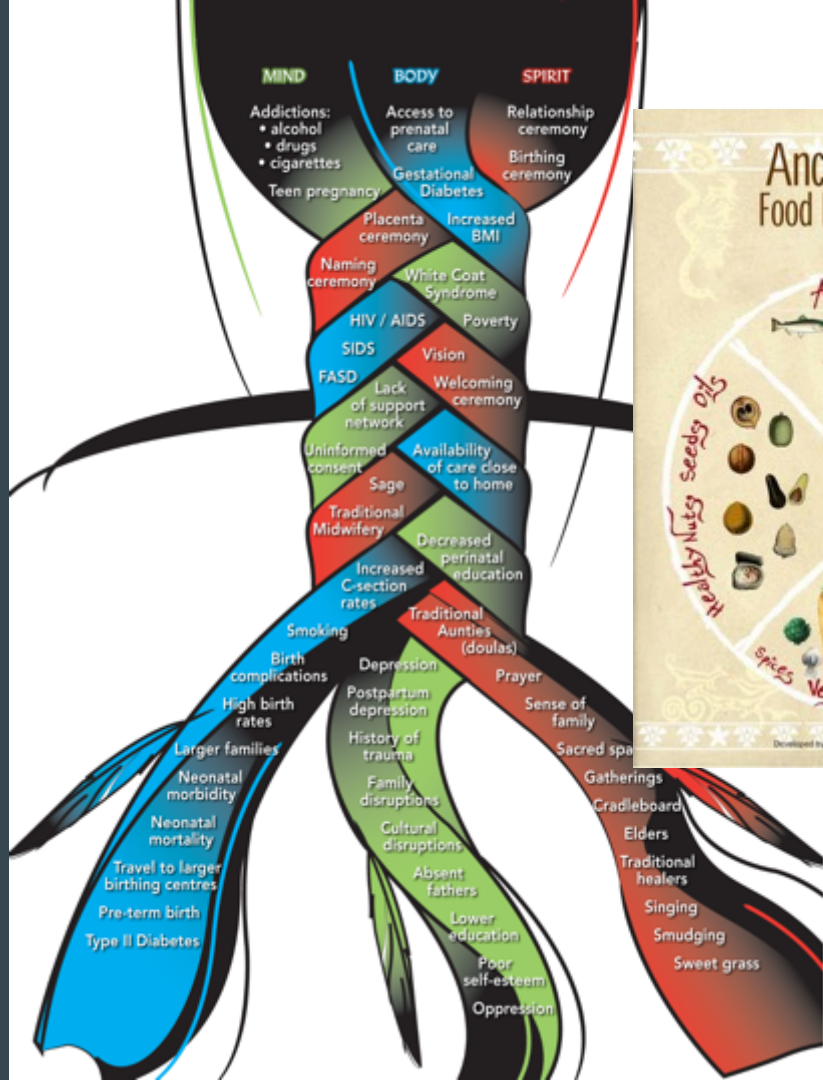
Singing






Smudging

Sweet grass

2

© L. Barney



Experience	<p><i>"They give me rides to Four Directions for prenatal care. We learn about breastfeeding, traditional teachings, abuse and violence there."</i></p> <p><i>"We know that traditionally, in our Indigenous culture, each member in a family unit has a role to play and we strive to convey their strengths as interwoven with Westernized practices and protocols. Our goal is to help alleviate any barriers to success that the family unit faces and to strengthen their identity and community wellness."</i></p>		 <p>Nathoo et al. (2013). Voices from the community: Developing effective community programs to support pregnant and early parenting women who use alcohol and other substances. <i>First Peoples Child & Family Review</i>, 8(1). This study describes the model of single-access substance use prevention and support programs across Canada, using examples from the Maxine Wright Place Project in Surrey, BC; the Healthy, Empowered, Resilient Program in Edmonton AB; HerWay Home in Victoria; and Manito iKwe Kagitikwe in Winnipeg, MB. All four programs are guided by principles of engagement and outreach, harm reduction, cultural safety, partnerships, and supporting mother and child. Each program has drawn from indigenous women's voices, worldview, and knowledge in their program design to create programs that honour the experience and teachings of Indigenous peoples.</p>
Research		<p>Wolfson et al. (2019). Collaborative action on Fetal Alcohol Spectrum Disorder Prevention: Principles for enacting the Truth and Reconciliation Commission Call to Action #33. <i>International Journal of Environmental Research and Public Health</i>, 16(9), 1589. This journal article describes eight tenets for Fetal Alcohol Spectrum Disorder (FASD) prevention that were developed to respond to the Truth and Reconciliation Commission's Call to Action #33 on the need to develop collaborative, community led FASD preventive programs in Indigenous communities. The tenets highlight the importance of identity, culture and relationships as central elements of FASD prevention in Indigenous communities.</p>	 <p>Indigenous Harm Reduction Principles and Practice First Nations Health Authority This fact sheet describes healing principles and harm reduction strategies drawing upon animal teachings and values and framing cultural knowledge and values into harm reduction strategies and services.</p>
		<p>Gonzales et al. (2018). An Indigenous framework of the cycle of Fetal Alcohol Spectrum disorder risk and prevention across the generations: historical trauma, harm reduction, and healing. <i>Ethnicity & Health</i>, 12, 1- 19. This study uses qualitative focus group data to explore knowledge and attitudes about FASD, perspectives of risk factors for prenatal alcohol use, and generate ideas around culturally appropriate approaches to FASD prevention. The findings echo previous work by Evans-Campbell (2008) which describe the cyclical nature of historical trauma that spans across individual, family, and community levels. The authors use the findings to develop a framework that describes the historic, contemporary, or intergenerational risk factors for FASD and to further FASD prevention in Indigenous communities.</p>	 <p>Revitalizing Culture and Healing: Indigenous Approaches to FASD Prevention Centre of Excellence for Women's Health & First Nations Health Authority This booklet was developed to support existing and future FASD prevention and healthy beginnings programs for FASD prevention program planners and providers. It articulates the diverse approaches to maternal substance use prevention taken by communities and affirms the role of Indigenous knowledge systems and holistic wellness approaches in addressing substance use during pregnancy. The booklet highlights approaches from seven FASD prevention program from the perspectives of the program leaders and offers actions and reflection questions that can be used when developing or expanding FASD prevention and wellness programs in Indigenous communities.</p>

The Honouring Indigenous Women's Resilience resource will be added to this section of the Resource List

Hawkfeather Peterson

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A section of the list - Empowering Mothers - highlights resources by and for women with lived and living experience on harm reducing, trauma informed peer support. Hawkfeather and others are engaged in expanding this much needed area of practice.

Empowered Mothers – Peer Support		
<p>Experience</p> <p>"Knowing that there are people who care about you, that there's a community. That helps me to make positive choices. It would help me with being..."</p> <p>"[I wanted] to open up my story with others who would help me with being..."</p> <p>"Definitely, the friends I'm easy to relate to them on aspirations and common..."</p> <p>"[I like] meeting the other It's easier to get along with moral support. A lot of us Group."</p>	<p>Practice</p>	<p>Engaging Women in Trauma-Informed Peer Support: A Guidebook Andrea Blanch, Beth Filson, and Darby Penney with contributions from Cathy Cave – National Center for Trauma-Informed Care</p> <p>The purpose of this guide is to help make trauma-informed peer support available to women who are trauma survivors and who receive or have received mental health and/or substance abuse services. It is designed as a resource for peer supporters in these or other settings who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups they are members of.</p>
<p>Research</p> <p>Peer Mentoring in Child Welfare: A Manual Framework</p> <p>Book</p> <p>This manual provides a framework for peer mentoring in child welfare. It is designed to be used by practitioners and researchers alike. The manual is divided into two main sections: a theoretical framework and a practical manual. The theoretical framework section discusses the importance of peer mentoring in child welfare and the role of peer mentors. The practical manual section provides a step-by-step guide to implementing a peer mentoring program in child welfare. It includes information on recruitment, training, supervision, and evaluation. The manual is intended to be used as a guide and not a strict manual. It is designed to be adapted to the needs of your organization and community.</p>	<p>Practice</p>	<p>Powering Up: Trauma-Informed Leadership from Self to Community YWCA Toronto & Centre of Excellence for Women's Health</p> <p>This workbook was developed in collaboration with women accessing services at the YWCA of Greater Toronto. It supports women to be a proactive part of helping the organizations they are connected to, to become trauma informed. It introduces participants to the principles of trauma-informed leadership, useful for self growth, working on teams that are changing agencies, and in bringing about change in their communities.</p>
	<p>Practice</p>	<p>Oh Shit, I'm Pregnant... Your Guide to Being Pregnant on the Street The Healthy, Empowered, & Resilient (H.E.R.) Pregnancy Program, Streetworks</p> <p>This guide for women includes information on healthy pregnancy, delivery, and after pregnancy for pregnant and parenting women living on the street. It includes information on topics such as nutrition, STIs, talking with hospital staff, and dealing with postpartum depression.</p>

Roundtable Discussion

Through the PSUP project and related studies and collaborations, we in BC have made significant strides in improving our response to/involving pregnant women in care on substance use and related health issues

- What is new about the resource you are/have worked on, that you think will help service providers and policy makers move forward?
 - How have women with lived and living experience guided the development of the resources, and are reflected in the content?
 - What do you see as a key issue or approach that we have yet to take on?
-

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