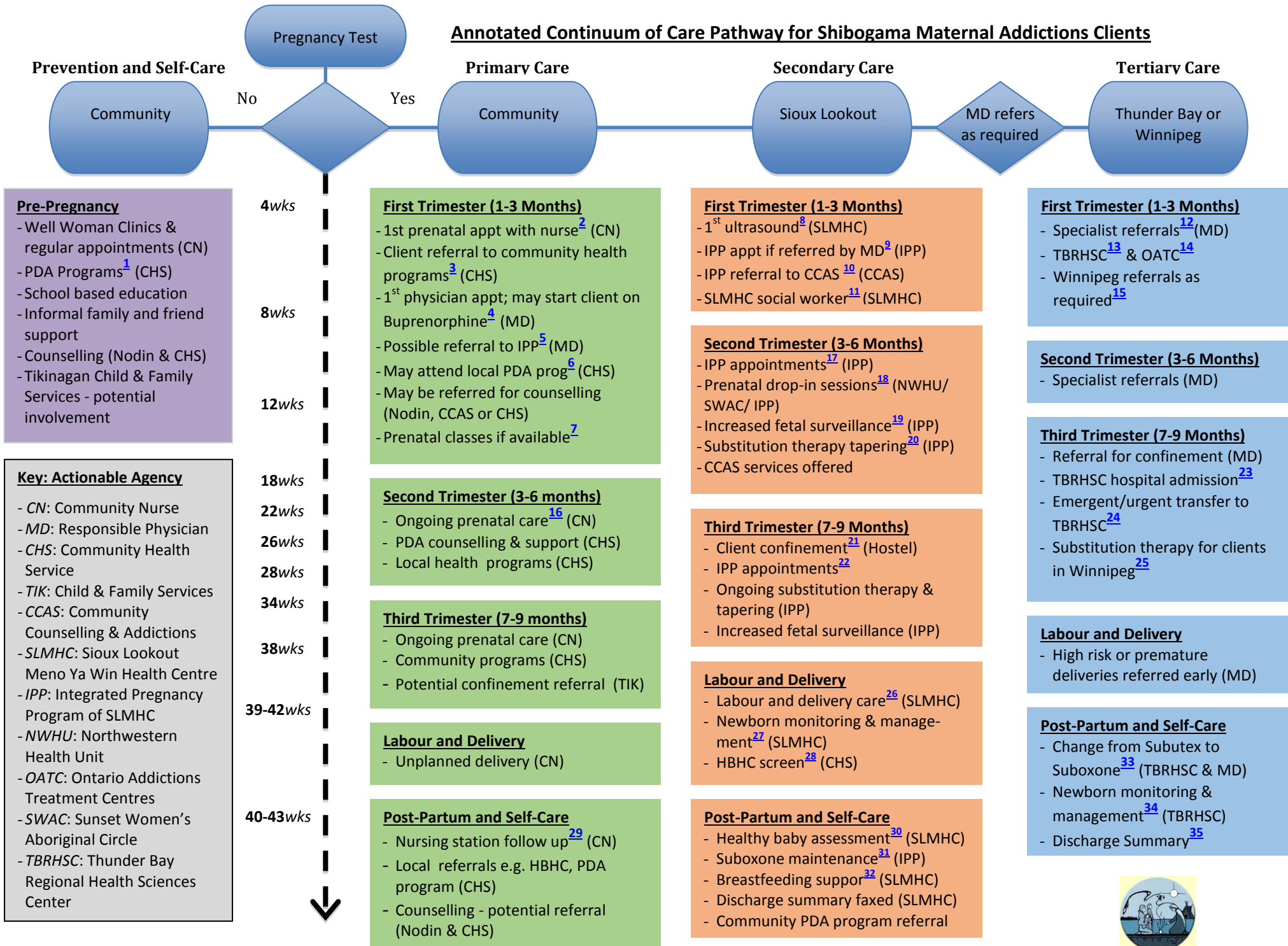


## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients



## ANNOTATION NOTES

### PRE-PREGNANCY

#### Community

- **1\*** Prescription Drug Abuse (PDA) Programs: All four Shibogama communities received Health Canada funding in 2014-15 to continue operating PDA community-based programs (or Suboxone programs). Direct Observation Therapy (DOT) is generally coordinated by community members on week days and often by nurses on weekends and holidays. Most programs provide counselling (individual and group), and organize sharing circles and teaching sessions e.g. self esteem, stress and anger management, parenting, etc. Shibogama provides case management and clinical supervision to counsellors who work in the three health-transferred communities (Kingfisher, Wapekeka and Wunnumin).  
**KASABONIKA PROGRAM** – 807-353-9129. Program has a local coordinator. Maternal addictions clients on Subutex receive their DOT at the nursing station but are encouraged to attend education and counselling sessions with PDA program clients.  
**KINGFISHER PROGRAM** – 807-532-2065. Program has a local coordinator and local worker plus four external counsellors that fly in a week at a time each.  
**WAPEKEKA PROGRAM** - Currently no program coordinator but contact can be made through Health Director, 807-537-2475. Two outside counsellors come in 10 days per month each.
- **WUNNUMIN PROGRAM** – There is a local coordinator and assistant. No phone currently, but can be reached through the Health Director, 442-2559 or 2555. The program makes an effort to have regular counsellors available at various times during the month.
- **TRADITIONAL HEALING PROGRAM** – Shibogama communities have had considerable success operating an annual land-based family healing camp outside of Kingfisher. Families stay in cabins and participate in group activities, e.g. snaring, fishing, netting, learning how to prepare fish and game, etc. Elders are involved in story-telling; teaching about the land, including medicines. Some formal therapy takes place but mostly the camp philosophy is that the land heals.

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### FIRST TRIMESTER

#### Community

- **2\* First prenatal appointment with nurse** - nurse does lab test in clinic to confirm pregnancy; sends urine sample to lab to check for infections; takes client history; gives prenatal vitamins, conducts health teaching. Nurse starts Antenatal 1 and 2 records for patient chart (#1 has history of previous pregnancies and family history; #2 is current pregnancy) and schedules monthly appointments at clinic for first seven months if client remains in community, biweekly from 28-36 weeks, and weekly from 36 weeks to confinement. Women with normal pregnancies are usually sent for confinement at 38 weeks. Clients with addiction problems are often referred earlier for regular follow up at the Integrated Pregnancy Program (IPP) in Sioux Lookout including ultrasounds for fetal surveillance.
- **3\* Client referral to community health programs:** Each Shibogama community runs its own unique version of federal programs - Canada Prenatal Nutrition Program (CPNP), Maternal and Child Health (MCH); and provincial programs - Aboriginal Healthy Babies Healthy Children (HBHC) and Aboriginal FASD/Child Nutrition Program. Latter funds flow through Nishnawbe Aski Nation (NAN). The following is a brief outline by community:

#### **KASABONIKA**

- Health Director (HD) and Asst HD offices located in the Band Office, 535-2547
- Resource Centre, 535-9757, has full time workers: MCH, HBHC, FASD and Early Childhood Education (ECE)
- Nursing station, 535-1189, has the following workers: CHR, CPNP, Aboriginal Diabetes (ADI), Medication Clerk, Telehealth

#### **KINGFISHER**

- Health Director position is temporarily vacant
- Assistant Health Director is located at the nursing station, 532-2065
- Takes a team approach to Healthy Child Development combining MCH, CPNP, FASD and HBHC funding with the early childhood program; two staff with ECE training operate this program, 532-2470

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### **WAPEKEKA**

- Health offices are located in the Band Office, 537-2475
- One person runs combined MCH, CPNP, HBHC and FASD programs
- CHR and NNADAP workers are located in the nursing station, 537-2320

### **WUNNUMIN**

- Health Director, Assistant HD and health offices located in the Band Office, 442-2559 or 2555
- CHR, ECE worker, and ADI workers are located at the nursing station, 442-2573 Also out of nursing station: one staff person does the combined MCH/CPNP roles and one staff person has the combined HBHC/FASD roles
- Resource Coordinator oversees mental health and addictions programs (not PDA program), 442-1139
- **4\* First physician appointment** - community physician conducts physical exam; consults client about use of alcohol and drugs; may refer client to local PDA program. Physician may apply for Buprenorphine (Subutex) if appropriate. This is done through Health Canada's Special Access program.
- **5\* Possible referral to SLMHC IPP** – community MD will involve the SLMHC Integrated Pregnancy Program (IPP) when he/she wants support with an addiction/ pregnancy client. This can happen at any stage in pregnancy depending on comfort level of MD to manage prenatal addictions care. Some physicians manage all client care; some transfer client to the IPP early in pregnancy. Multiple communications re: follow up planning occur between IPP and community MD/nursing station throughout pregnancy.
- **6\* Client may attend local PDA program** - Client may attend PDA programs and counselling sessions but usually receives daily Subutex at the nursing station.
- **7\* Prenatal classes if available** - none available at this time in Shibogama communities.

### **Sioux Lookout**

- **8\* First ultrasound** – prenats usually have two ultrasounds during a normal pregnancy, the first around 8-16 weeks for dating and second around 18-20 weeks for fetal assessment. Maternal addictions clients usually have monthly ultrasounds during the first and second trimester, with the possibility of increasing frequency in the third trimester.

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### - **9\* Integrated Pregnancy Program (IPP) appointment if referred by community MD**

Client usually stays at hostel during visits (737-3850).

IPP completes Induction Package for client at first visit. This includes:

1. IPP Withdrawal Program Assessment Form – outlines demographic info and social history of client, intake date, gestational age and EDC, reason for referral, substance use history, addiction severity, personal support, treatment goals, and treatment plan.
2. Clinical Opiate Withdrawal Scale if appropriate
3. Client signs IPP Patient Agreement outlining her treatment goal and agreement to receive opioid medication from the IPP instead of using opioids from other sources. The agreement outlines conditions for acceptance into the program and commitment that client will be treated respectfully in a confidential non-judgmental manner.

IPP works with client to develop individualized treatment plan: could include self-tapering support; use of non-opioid medications; or direct observation therapy (DOT) of substitution therapy, e.g. long-acting oral morphine, Kadian®; Buprenorphine (Subutex®); or Suboxone®. If client chooses substitution therapy and is not already on Suboxone, client is stabilized in Sioux Lookout (7-10 days), then provided a maintenance dose by DOT until ~20 weeks, followed by gradual controlled tapering down if this is the woman's preference. Client's partner may also be offered substitution therapy. When client returns home, she receives DOT through local PDA program or nursing station.

**IPP Communication Tool:** Opioid Substitution Prescription Communication Sheet is sent by IPP physician to nursing station each time woman returns to home community.

- **10\* IPP referral to CCAS** - or client can make voluntary appointment.
- **11\* SLMHC Social Worker** - SLMHC social worker may assist client with housing application, Tikinagan support or other assistance.

### **Tertiary Care**

- **12\* Specialist referrals as required** to Winnipeg or Thunder Bay. Clients can be referred for higher level of care at any point in pregnancy. As well, some women in eastern communities are referred to Thunder Bay if family support in the city; some women in western communities are referred to Winnipeg for same reason.

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

- **13\* Thunder Bay** - client often stays at Wequedong Lodge, 435 Balmoral St, 807-623-1432 and is transported locally by shuttle. When client is transferred for inpatient care and/or delivery, community physician arranges for Thunder Bay Regional Health Sciences Centre (TBRHSC) to provide daily direct observed therapy (DOT) if client is on substitution therapy. If client is an outpatient, community MD can arrange for **Ontario Addiction Treatment Centre<sup>14\*</sup> (OATC)** to provide direct observed therapy (DOT): OATC North (119 Cumberland St. N, 807 768-2910) or OATC South (White Cedar, 125 Vickers St, 807 622-2900). Processes for making a smoother transfer of Subutex or Suboxone with client from the north to Thunder Bay and back are in development. A draft algorithm and communication tool is being developed to outline process for transferring pregnant women on Subutex or Suboxone to Thunder Bay. The tool is meant to keep all stakeholders updated on client's substitution drug and dose, when her last dose was given, what arrangements have been made in Thunder Bay for her DOT, and what numbers of tabs she is carrying (2 mg and 8 mg). Stakeholders include client's nursing station, TBRHSC Prenatal/Labour Floor or Outpatient Assessment if emergent transfer, OATC and family physician. Demographic information about the client, her family physician, pharmacy and Thunder Bay accepting physician are included. Suboxone/ Subutex guidelines for storage, dispensing, and transferring when client leaves her community are being drafted by Sioux Lookout First Nations Health Authority.
- **15\* Winnipeg** – several hostels and boarding homes for Northwestern Ontario patients including: Ekota Lodge, 561 St Jean Baptiste, 204-233-3902; Lennox Bell Lodge, 60 Pearl St, 204-787-4271; and Nakiska Group, 395 Stradbrook Ave, 204 452-0734 or 204 284-3423.

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### SECOND TRIMESTER

#### **First Nation**

- **16\* Ongoing prenatal care at nursing station** - includes weight check, urine test, fetal measurement, fetal heart check, check on mom's wellbeing, PDA program follow up.

#### **Sioux Lookout**

- **17\* IPP appointments** – depending on treatment plan, severity of client's addiction, and patient preference, client may be sent from community to IPP in Sioux Lookout monthly or as frequently as every two weeks or may have extended periods in Sioux Lookout as an outpatient for support and monitoring.
- **18\* Prenatal drop-in sessions** - representatives from Northwestern Health Unit/Sunset Women's Aboriginal Circle (NWHU/SWAC) are teaming up to provide drop-in sessions for informal prenatal support and information every two weeks at a SLMHC meeting room adjacent to the IPP.
- **19\* Increased fetal surveillance** - ultrasounds are conducted more frequently to monitor fetal development. In second trimester, ultrasounds are monthly; in third trimester, every 1-4 weeks based on clinical factors.
- **20\* Substitution therapy tapering** begins at about 20 weeks if part of client's treatment plan; gradual controlled process. If client on Subutex, client receives DOT daily at IPP Mon-Fri, and on hospital maternity floor on weekends. If client is on Kadian or Suboxone, she receives DOT at Rexall Pharmacy on Front Street 7 days a week.

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### THIRD TRIMESTER

#### **First Nation**

- **Ongoing prenatal care at nursing station** until client is sent for confinement – regular nurse and doctor visits start biweekly at 28 weeks, weekly the last month. Most maternal addictions clients are sent out ~34-36 weeks if not earlier.

#### **Sioux Lookout**

- <sup>21\*</sup> **Confinement** - client arrives in Sioux Lookout at ~34-36 weeks depending on complicating factors in the pregnancy. Usually stays at the hostel.
- <sup>22\*</sup> **IPP appointments** – clients have weekly IPP appointments until 38 weeks, then twice weekly until delivery.

#### **Tertiary Care**

##### Thunder Bay

- <sup>23\*</sup> **Hospital admission** - hospital staff give DOT (directly observed therapy) as per orders by TBRHSC admitting physician. Hospital faxes client admission information (Communication Tool) to OATC and nursing station.
- <sup>24\*</sup> **Emergent or urgent transfer from First Nation direct to TBRHSC** – community nurses provide paramedics (or client herself) with substitution therapy supply to transport to hospital. Community MD faxes Communication Tool to TBRHSC Labour & Delivery and to OATC.

##### Winnipeg

- <sup>25\*</sup> **Substitution therapy** - clients receive DOT at an outpatient pharmacy or carry medication with them as arranged by referring physician. When admitted to hospital, staff provide DOT as arranged by community MD with admitting physician.



## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### LABOUR & DELIVERY

#### **First Nation**

- Unplanned deliveries occur on rare occasions, often in the nursing station.

#### **Sioux Lookout**

- <sup>26\*</sup> **SLMHC labour and delivery** – includes two physicians at the birth; promotion of mother-baby skin to skin contact at birth; rooming in of mother and newborn (usually sufficient management of newborn withdrawal with nursing support), and promotion of breastfeeding.
- <sup>27\*</sup> **Newborn monitoring and management** – newborns are monitored for Neonatal Abstinence Syndrome (NAS) if required every 2 hours using the Finnegan scoring system. Medical management of newborn is provided if necessary (rare). In acute NAS cases newborn may be transferred to a Neonatal ICU in Thunder Bay (extremely rare).
- <sup>28\*</sup> **Healthy Babies Healthy Children Screen** is conducted while mom and newborn are still in hospital by a maternity nurse. The screen is intended to identify at-risk families who may benefit from HBHC support after birth, e.g. home visits. Client must consent for information to be shared with the public health unit for follow up. Screens conducted at SLMHC with women from Shibogama communities are faxed to Thunder Bay District Health Unit HBHC Program which faxes them to the client's home community for a follow-up phone call from an HBHC worker after discharge.

#### **Tertiary Care**

- **High risk deliveries** are sent to Thunder Bay or Winnipeg in advance if they are anticipated.

## Annotated Continuum of Care Pathway for Shibogama Maternal Addictions Clients

### POST PARTUM AND SELF-CARE

#### **First Nation**

- **29\*** **Nursing station follow-up** - hospital directs new mom to go to the nursing station within a few days of arriving home. Nurse briefly checks baby, asks mom to bring newborn in at four weeks for complete check-up. Nurse checks c-section wound or delivery tear if applicable. New mom's personal check-up is scheduled for six weeks after birth. Nurse provides breastfeeding support if needed. Baby immunization starts at 8 weeks. Community MD follow up if needed.

#### **Sioux Lookout**

- **30\*** **Healthy baby assessment** - completed by hospital before discharge to hostel. Client may stay in Sioux Lookout a number of days before returning home.
- **31\*** **Suboxone maintenance therapy** - Client may be inducted on Suboxone if the home community has a PDA program. IPP physician writes the first Suboxone prescription to bridge client until arrival in community.
- **32\*** **Breastfeeding support** may be provided by the IPP lactation consultant or maternity staff.
- **Discharge summary** faxed from hospital to nursing station.
- **Referral to community PDA program** by the IPP if client not already in program. Client is encouraged to attend program counselling and teaching sessions even if not on substitution therapy.

#### **Tertiary Care**

- **33\*** **Change from Subutex to Suboxone** - Community physician may advise TBRHSC to change client after birth from Subutex to Suboxone on same dose.
- **34\*** **Newborn monitoring and management** - newborns in Thunder Bay or Winnipeg may have extended stay in Neonatal ICU to monitor withdrawal.
- **35\*** **Discharge Summary** faxed from hospital to community MD when mother and baby leave hospital.