



## **PROJECT SUMMARY**



## MATERNAL ADDICTIONS CONTINUUM OF CARE PROJECT SUMMARY

### Project Summary:

- This project proposes to **develop and implement a coordinated framework** for maternal addictions care for five First Nations communities in the Shibogama Health Authority (SHA).
- **SHA will work collaboratively to develop this framework with our partner Sioux Lookout Meno Ya Win Health Centre (SLMHC) and its relevant departments:** Community Counselling and Addictions Services (CCAS), the Prenatal Clinic, Maternal Child and Addictions Services, and the Maternal Child Centre of Excellence for Education.
- This framework will be inclusive of all maternal addictions with a focus on prescription drugs.
- It will coordinate interagency policies and develop protocols.
- It will also introduce change management approaches in existing maternal and addictions services both in isolated northern communities and at SLMHC by developing a clinical pathway for seamless care for pregnant women with addictions issues and their families.
- This project will **pilot** the clinical pathway in five Shibogama communities. The project will also **document important lessons** about maternal addictions program integration which will be **transferrable** across Ontario.
- This project will directly **benefit pregnant and postpartum women with addictions**, most of whom are in an age set of 30 or younger. However it will also significantly impact the nuclear **families** of these women, including newborns, other children in the family and husbands or partners. The project has extended family impacts in that traditionally in Shibogama communities grandparents often end up caring for the children of dysfunctional parents, parents too immobilized by their drug addictions to care for their own children.



### Deliverables:

- ❖ Develop an understanding of the existing services and gaps.
- ❖ Research, document and implement best practice guidelines across organizations including shared policies and protocols that address community needs.
- ❖ Develop a framework for maternal addictions that will enable prenatal to access the coordinated system from any point. Addictions and health care workers at the community and hospital level will all understand the protocols and how they personally fit into the framework.
- ❖ **Community workers will be supported** in their roles to assist in the early identification and to provide early support to pregnant women with addictions issues and their families.
- ❖ **Addicted women will be tracked through this system** and their newborn babies will be flagged for additional support at birth and beyond.
- ❖ Principles included in the framework will be **early identification** in the community, **coordinated plan of care, choices for women** and **open access points**.
- ❖ A **coordinated framework** for maternal addictions care will be developed for five Shibogama First Nations in collaboration with SLMHC and its relevant departments: CCAS, Prenatal Clinic, and the Addictions Withdrawal Unit.
- ❖ **Shared protocols** will be developed across organizations for **addictions treatment and care for pregnant women with addictions issues and their families**.
- ❖ Local northern health workers will receive **ongoing training** regarding maternal addictions through the process which is a recognized need in the Shibogama communities.
- ❖ A **case management system** will be established with protocols for pregnant women with addictions issues from the **point of intake** (whether at the community or hospital level) to after care. The project will develop a **seamless clinical pathway** for the maternal addicted person and her family to enable access to the most appropriate care for her needs along the continuum. This system will span organizations both on and off reserve.
- ❖ An **ongoing interdisciplinary Maternal Addictions Advisory Group** will be established comprised of provincial, federal, and First Nation service providers including addictions and maternal specialists, community nurses and First Nations health worker such as NNADAP workers, Healthy Baby program workers, CHR's, Health Directors and Shibogama Health Authority. This group will **provide direction** throughout the project and a core committee of the Group will continue to function after the project concludes.



### **Objectives:**

Project objectives, which align with HSIF priorities, include integration activities, partnership collaboration and comprehensive health planning between First Nations, provincial and federal organizations. The following project objectives illustrate this:

- A coordinated framework for maternal addictions care will be developed for five Shibogama First Nations in collaboration with SLMHC and its relevant departments. The framework will be inclusive of all addictions with a special focus on prescription drugs. (The latter point also addresses the Trilateral First Nations Health Seniors Officials Committee priority.)
- Shared protocols will be developed across organizations for addictions treatment and care for pregnant women with addictions issues and their families.
- A case management system will be established with protocols for pregnant women with addictions issues from the point of intake (whether at the community or hospital level) to after care. The project will develop a seamless clinical pathway for the pregnant women with addictions issues and her family to enable access to the most appropriate care for her needs along the continuum. This system will span organizations both on and off reserve.
- An ongoing interdisciplinary Maternal Addictions Advisory Group will be established comprised of provincial, federal, and First Nations service providers including addictions and maternal health specialists, community nurses and First Nations health workers such as NNDAP workers, Healthy Baby program workers, CHRs, Health Directors and Shibogama Health Authority. This group will provide direction throughout the project and a core committee of the Group will continue to function after the project concludes.



## Outcomes:

Expected outcomes for the medium and long term for the project include:

- Earlier identification of pregnant women with addictions issues and support provided for them and their families
- Lower rates of maternal addictions for women from Shibogama communities due to increased education, awareness and supportive initiatives
- Reduced number of newborns who suffer withdrawal symptoms at birth
- Reduced hospital stays for delivering mothers and their newborns
- Better collaboration and communication between maternal addictions service providers
- Improved birth experiences, improved family support through pregnancy and at birth, lower rates of child welfare intervention
- Increased number of full term births, fewer referrals of pregnant women with addictions issues to tertiary hospitals
- More compliance with best practice standards of care around addictions and maternal care, e.g. best practice initiatives include babies staying with moms
- Communications between addiction service providers are improved across organizations
- Improved attitudes of health care providers towards pregnant women with addictions issues
- Community workers receive maternal addictions training and are better prepared to support pregnant women with addictions issues and their families to reduce levels of addiction before and after their birth experience. A system is in place for community workers who are new to their jobs to access training and support
- More prevention and aftercare support programs put in place at the community level due to increased training and support of local workers
- A case management system in place enabling providers from different organizations and jurisdictions to share information on pregnant women with addictions issues and their families
- Decreases in Shibogama community maternal/infant deaths; premature deliveries; C-section rates; post-partum depression rates; anti-natal complications.