



# **Caring for Pregnant and Newly Parenting Women Using Substances**

***From Visioning To Reality Forum***

**June 24, 2019  
FORUM REPORT**

## Acknowledgements

We respectfully acknowledge that we work, live, and play on the unceded, traditional and ancestral territories of the Coast Salish People, specifically the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and səliłwətaʔt (Tsleil- waututh) Nations. We thank Elder Roberta Price (Coast Salish Snuneymuxw and Cowichan Nations) and Elder Glida Morgan (Tla'amin Nations) for their strength, insights and contributions to the Forum.

The *From Visioning to Reality Forum: Caring for Pregnant and Newly Parenting Women Using Substances* was hosted by the Provincial Health Services Authority – BC Women's Hospital & Health Centre through the Provincial Perinatal Substance Use Project. Funding was provided by Health Canada through the BC Ministry of Health and the BC Ministry for Mental Health & Addiction.

The organizers extend their gratitude to the more than 130 participants who shared their expertise and insights on the components of a perinatal substance use continuum of care.

The Forum was made possible by many individuals and organizations. Special thanks to the Provincial Perinatal Substance Use Project Team and Forum organizers:

- Cheryl Davies, Chief Operating Officer at BC Women's Hospital & Executive Sponsor for Provincial Perinatal Substance Use Project
- Denise Bradshaw, Director, Provincial Health Initiatives, BC Women's Hospital & Director, Provincial Perinatal Substance Use Project
- Stacey Boon, Senior Provincial Education Lead, Provincial Perinatal Substance Use Project
- Pamela Joshi, Project Manager, Provincial Perinatal Substance Use Project
- Dr. Annabel Mead, Clinical Assistant Professor, UBC; Director, BCCSU Addiction Medicine Fellowship Program; Addiction Medicine Consultant, St. Paul's Hospital; Medical Lead, Provincial Perinatal Substance Use Project
- Jeane Riley, Indigenous Healing and Wellness Lead, Provincial Perinatal Substance Use Project
- Akash Sidhu, Project Coordinator, Provincial Perinatal Substance Use Project

Thanks to all the panelists who shared their vision and experiences during the Indigenous Cultural Safety panel and the Community Services panel. Deep gratitude to the women with lived experience who shared their stories – Caren Morris Jones, Hawkfeather Peterson and Heather Cameron.

Acknowledgement of the additional support provided by the UBC Interprofessional Continuing Education team for conference preparation and organization, Julie Hamilton for facilitation, Sam Bradd for live graphic recording, Maureen McBride for note-taking, Penelope Hutchison for report writing, Peggy Cady for report design and the Sheraton Vancouver Airport Hotel for hosting the event.

\* A note about gender and sexual orientation terminology: In this document the term pregnant women is used. We acknowledge the need to be inclusive of transgender individuals who are pregnant, and respect those who wish to continue to be called women. We encourage all providers to respectfully and non-judgmentally ask all pregnant people about their preference for how they wish to be addressed and to recognize that a participant's gender identity may differ from their anatomical, physiological or genetic assignment. We also encourage providers to not assume the gender and sexual orientation of the partners of those who are pregnant.

# Caring for Pregnant and Newly Parenting Women Using Substances: From Visioning To Reality Forum

## Executive Summary

The *From Visioning to Reality Forum: Caring for Pregnant and Newly Parenting Women Using Substances* saw more than 130 health care and allied professionals gather on June 24, 2019 in Richmond, British Columbia (BC) to learn about various initiatives underway since the June 2018 *Ensuring Best Care and Supports to Pregnant and Newly Parenting Women with Opioid Use Challenges Visioning Workshop*; and to provide expertise and input into the development of a blueprint for a provincial perinatal substance use continuum of care for pregnant and newly parenting women.

## Provincial Perinatal Substance Use Project

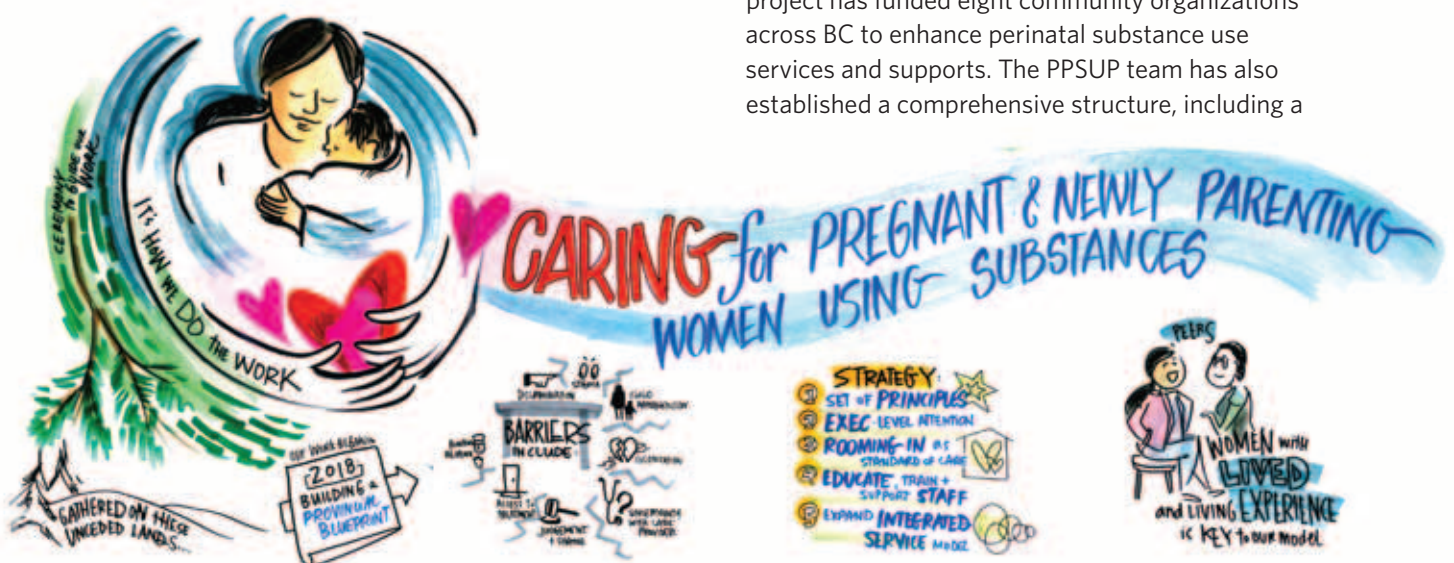
Following the June 2018 Visioning Workshop, BC Women's Hospital and Health Centre (BC Women's) established the Provincial Perinatal Substance Use Project (PPSUP). Funding for the three-year project (2018/2019 - 2020/2021) has been provided by Health Canada through the BC Ministry of Health and BC Ministry of Mental Health and Addictions.

The main project deliverables are to:

1. Establish a provincial blueprint for a perinatal substance use continuum of care including the renewal of the FIR model of care (acute care design);
2. Develop a knowledge exchange and training plan for perinatal substance use; and
3. Develop an evaluation framework and blueprint implementation guidance.

The project's ultimate deliverable is a blueprint for a perinatal substance use continuum of care. The Blueprint will be a high-level planning document, offering evidence-informed acute care and community operational and planning considerations across the continuum. The aim is to share and build on current knowledge and practices, and as a living document, the goal is for the blueprint to incorporate new knowledge as it emerges. Most importantly, the document will be informed by women with lived and living experience.

Since the PPSUP's launch in November 2018, the project has funded eight community organizations across BC to enhance perinatal substance use services and supports. The PPSUP team has also established a comprehensive structure, including a



Provincial Steering Committee, and working groups on Clinical/Operations and Knowledge Exchange and Training. Regional Health Working Groups are also in the process of being created to provide input on gaps and opportunities within each region.

The PPSUP has also formed partnerships with multiple agencies and organizations, including Indigenous health programs throughout the province, the Ministry of Children and Family Development (MCFD) and delegated Aboriginal Agencies in BC, BC Housing, and with community health and social services programs. More than 150 provincial stakeholders are involved with the PPSUP's work.

## Blueprint Recommendations

The Blueprint's components include foundational, clinical/operational and cross sectoral engagement elements, with separate but overlapping sections for acute care and community programs. Forum participants provided input into elements of the blueprint, noting where they want to see strengthened approaches and supports for pregnant and newly parenting women using substances.

Recommendations explored for inclusion in the blueprint were:



- **People** – Expand interdisciplinary team composition to include Indigenous advocates, family physicians, addiction medicine, midwives, nutrition services, legal support workers, counsellors and housing support workers, paid peer supports and peer navigators and highly specialized roles where possible (system navigators, designated social workers, first responders)
- **Processes** – Provide consistent and high quality care including strong, clear communication and strengths based documentation within and across teams, acute and community care and other sectors involved in caring for pregnant and newly parenting women using substances
- **Practices** – Provide wrap around services and supports and options for the women to engage however they choose; Include safe and supportive family housing; Have strong rapport building and relational practices and culturally safe approaches placing primacy on Indigenous cultural safety practice
- **Principles** – Expand upon the nine guiding principles of the project related to how services are delivered such as compassionate and supportive transitions; expanding mother-baby togetherness to be explicit about zero child removals as a goal; including service-related principles to improve and increase access (low barrier, drop-in)
- **Professional Development:** Focus on principle based practice (Indigenous Cultural Safety, Trauma and Violence Informed Practice, Compassionate Care), as well as practical education such as difficult conversations and supporting women to make informed decisions, planning and navigating system transitions



## Cross-Cutting Themes

Key cross-cutting themes repeatedly arose during the Forum, with participants calling for their integration within the design of the blueprint's continuum of care.

- **Indigenous Cultural Safety** – Culturally safe programs and services are a necessity, built on the development of trusting relationships, and must be available at all touchpoints across the continuum. Cultural safety is to be defined by Indigenous people, with their engagement in service development from direct service to executive leadership groups.
- **Women with lived and living experience** – All aspects of the continuum of care need to include and be informed by women with lived and living experience, where women with lived experience act as peer support and navigators walking alongside other women throughout their journey.
- **Housing** – Access to supportive housing through better linkages with the housing sector or the incorporation of housing support advocates as team members within perinatal programs be incorporated within the continuum of care.
- **Zero Child Removals** – The focus of all programs and services should be to keep families together, with the objective to reduce the number of child removals with ultimate goal to realize zero child removals.

## Next Steps

There is much work ahead to transform to a system of care where pregnant and newly parenting women using substances and their families can receive culturally safe, evidence informed, appropriate and accessible care throughout the province. Yet the ideas and commitment shown by participants at the Visioning to Reality Forum 2019 demonstrate change is possible.

The PPSUP team will take the learnings from the Forum back to project committees and working groups to support the development of the blueprint for a perinatal substance use continuum of care. Consultation and collaboration with provincial stakeholders are the PPSUP's key objectives throughout 2019 and 2020 as it works towards its final goal of creating a provincial blueprint for a perinatal substance use continuum of care.

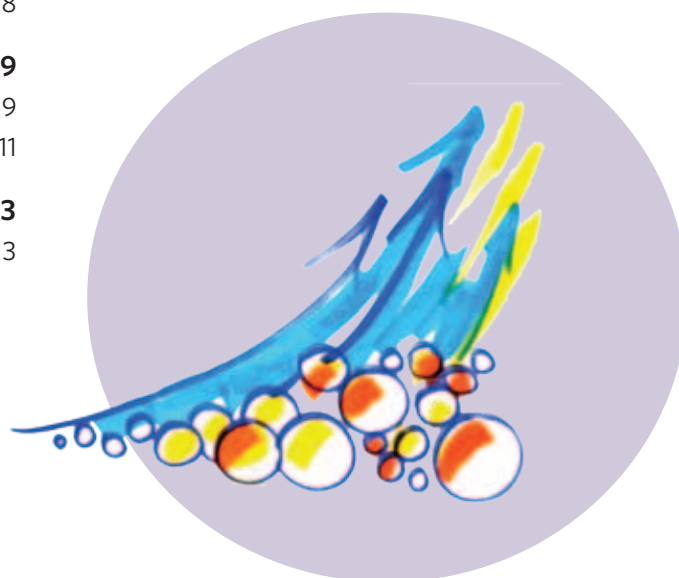
Work on the blueprint's development is ongoing, with a focus during the next year on gathering input and developing the acute and community care components of the blueprint, with a particular emphasis on evidence, accessibility, transitions, gaps and effectiveness.

Work will continue with regional working groups to determine regional gaps in services and supports, as well as looking for opportunities to incorporate innovative practices and demonstration projects. Input and feedback from the committees, working groups and provincial stakeholders will continue as the document takes shape throughout the next year. Expected completion of the blueprint is by the Fall/ Winter 2020.



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# CARING for PREGNANT & NEWLY PARENTING WOMEN USING SUBSTANCES



## PART 1: Forum Overview

On June 24, 2019, more than 130 health care leaders and professionals convened in Richmond, British Columbia (BC) for the *From Visioning to Reality Forum: Caring for Pregnant and Newly Parenting Women Using Substances*. The Forum was an opportunity to update participants on initiatives underway since the June 2018 *Ensuring Best Care and Supports to Pregnant and Newly Parenting Women with Opioid Use Challenges Visioning Workshop*.

The Forum opened with a traditional Indigenous welcome and the singing of the Women's Warrior song led by Elder Roberta Price, Elder Glida Morgan, Lucy Barney and Jeane Riley. The morning set the context of perinatal substance use in BC and updated participants on the progress of provincial stakeholder collaborations to implement recommendations from the June 2018 Visioning Workshop.

The afternoon sessions shared the stories of women with lived and living experience, and provided an opportunity for Forum participants to inform the development of the blueprint for a perinatal substance use continuum of care in BC.

Indigenous cultural safety (ICS) was infused throughout the day, with a strong ceremonial aspect embedded in the Forum programming. Women, especially those with lived and living experience, were at the centre of the Forum, their voices and experiences integral to creating a future in which pregnant and newly parenting women using substances and their infants reliably and consistently receive evidence-informed care in a context of respect and safety.

See *Appendix A* for the Forum agenda.

## Context

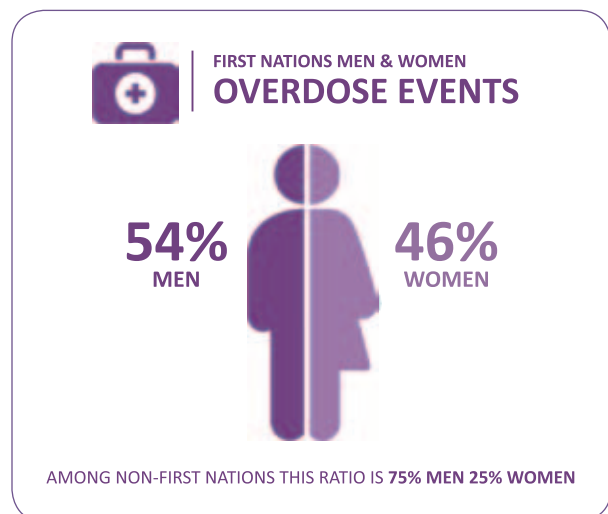
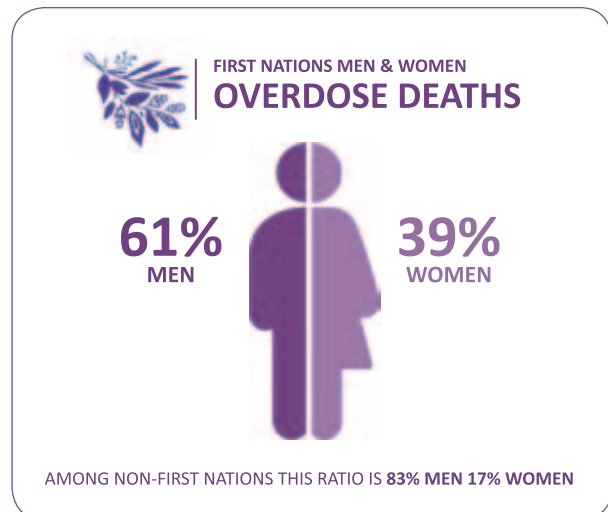
On April 14, 2016, BC declared a public health emergency due to the number of deaths related to a poisoned drug supply. Three years later, the province continues to experience loss of life related to opioid overdoses, with more than 4,000 British Columbians dying from opioid overdoses since the public health emergency declaration.

Indigenous and First Nations women, families and communities are disproportionately impacted by opioid overdose events and deaths. First Nations Health Authority data reports that in 2018, among First Nations people, First Nations women experience overdose events and overdose related deaths at a higher rate than non-First Nations women.

## Barriers to Seeking Support and Services

**Cheryl Davies**, Chief Operating Officer (COO) of BC Women's, set the stage for the Forum with her opening remarks, situating perinatal substance use within the broader public health opioid overdose crisis. She suggested what started as a public health emergency has become a long-term crisis requiring a significant response.

Davies said women using substances while pregnant or newly parenting face significant barriers to seeking services throughout their prenatal and postpartum journey. Attitudes towards pregnant women using substances, long-term impacts of colonization, racism and discrimination, limited access to treatment, inadequate responses and punitive and legal consequences all create major challenges to accessing services and supports.

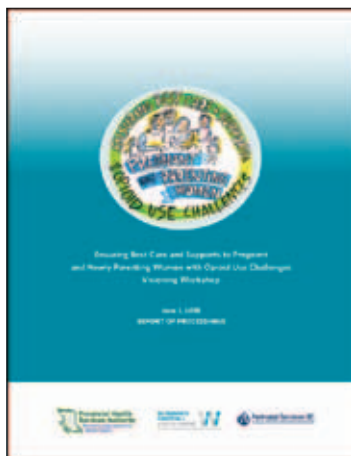




## Visioning Workshop 2018

In June 2018, the Provincial Health Services Authority (PHSA) hosted *Ensuring Best Care and Supports to Pregnant and Newly Parenting Women with Opioid Use Challenges Visioning Workshop*. The workshop culminated in five recommendations, along with regional specific priorities, focused on specific practices and system level actions to improve the care of pregnant and newly parenting women with substance challenges. The recommendations were to:

1. Establish a set of principles for providing care for women using substances in pregnancy.
2. Garner executive level attention and support for perinatal substance use.
3. Make rooming-in a provincial standard of care.
4. Educate, train and support health professionals and others in evidence-based practices.
5. Expand integrated service models.



### Project Goal

**To establish a provincial blueprint for a perinatal substance use continuum of care for pregnant and newly parenting women.**

## Provincial Perinatal Substance Use Project

Following on the Visioning Workshop 2018, BC Women's established the Provincial Perinatal Substance Use Project (PPSUP), with three-year funding (2018/2019 – 2020/2021) from Health Canada through the BC Ministry of Health and BC Ministry of Mental Health and Addictions.

Through collaboration and engagement with more than 150 provincial stakeholders, progress is being made on the five Visioning Workshop recommendations. The PPSUP's main project goal is to establish a provincial blueprint for a perinatal substance use continuum of care for pregnant and newly parenting women.



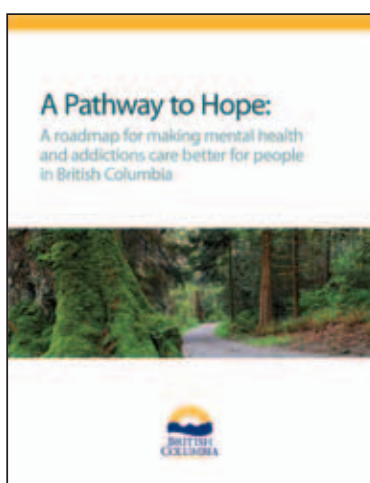
## Provincial Updates

### BC Ministry of Mental Health and Addiction

The BC Ministry of Mental Health and Addictions (MMHA) was established in 2017 with two mandates:

- Develop an immediate response to the opioid overdose public health emergency.
- Develop a strategy to transform the mental health and addiction system.

**Joanne MacMillan**, Director of Child and Youth Planning and Partnerships with MMHA, shared that a strategy has been developed for mental health and addiction services and supports. This strategy involved extensive engagement processes to hear from people with lived experience, young adults, service providers and families as well as First Nations, Métis and urban Indigenous organizations. The resulting strategy, *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*, ([https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap\\_2019web-5.pdf](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf)) sets out the government's 10-year vision for mental health and substance use care.



The *Pathway to Hope* strategy's four focus areas involve actions with Indigenous people, children, youth and young adults, and adult substance users. Strategy initiatives involve an increased emphasis on prevention, promotion and early intervention; integrated and coordinated care; embedding principles of care (trauma-informed, culturally safe), and strengthening leadership, governance and accountability. Supporting pregnant and newly parenting women using substances is embedded as a priority within the strategy for improved wellness for children, youth and young adults

### Provincial Perinatal Substance Use Project

**Denise Bradshaw**, Director, Provincial Health Initiatives at BC Women's, summarized the PPSUP's progress since its inception in November 2018.

### Guiding Principles

The project's initiatives are led by a set of nine guiding principles, informed by work being done from around the province and by women with lived and living experience.



## Project Deliverables

The main deliverables of the PPSUP's work are to:

1. Establish a provincial blueprint for a perinatal substance use continuum of care including the renewal of the FIR model of care (acute care design);
2. Develop a knowledge exchange and training plan for perinatal substance use; and
3. Develop an evaluation framework and blueprint implementation guidance.

The project's ultimate deliverable is a blueprint for a perinatal substance use continuum of care. The Blueprint will be a living document, based on evidence and informed by women with lived and living experience. The document will be adaptable as new knowledge emerges, supporting care providers and teams to work across the continuum and access the information they need to deliver seamless care.

Evolving practices and evidence, and evolving demographics and changes in substance use prompted the FIR Program at BC Women's to engage with PPSUP to develop an aspirational model of care. The renewed model will strengthen and enhance FIR's care delivery, and offer acute care design considerations to inform the blueprint.

## Project Team and Structure

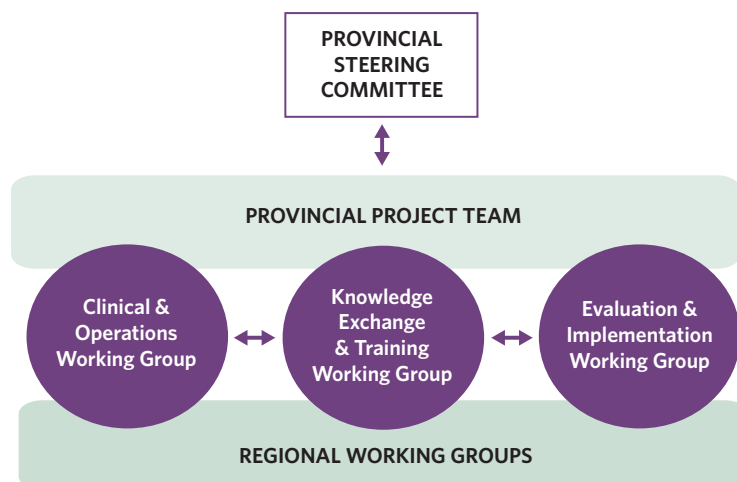
A project team (see *Appendix B*), based at BC Women's, is leading the PPSUP initiative. Women with lived and living experience are integral members of the project team, and their experiences and perspectives are guiding system design.

The PPSUP's structure involves more than 150 stakeholders from across the province and includes a Provincial Steering Committee, consisting of stakeholders from across BC who provide leadership, guidance and oversight of progress in relation to Project goals. The structure also includes three working groups:

- **Clinical and Operations:** shares evidence informed practices and learning, the journeys of women with lived and living experience that they encounter and support the implementation of evidence-informed practices
- **Knowledge Exchange and Training:** considers education opportunities and gaps in practice and performance supports to provide evidence-informed care, and ensures knowledge exchange and training are sustainable.
- **Evaluation and Implementation:** launching in January 2020, develops guidance to support the evaluation of the continuum of care.

### Provincial Perinatal Substance Use Project

#### Organizational Chart



## Project Milestones

Since the PPSUP's launch in November 2018, the team has met a number of key milestones, including launching project committees and working groups, developing a communications plan, identifying provincial education offerings, initiating the design of the renewed model of care for FIR and initiating an Indigenous Cultural Safety Journey for the project. A key milestone has been the funding of eight community organizations in BC to enhance and expand services and supports for pregnant and parenting women using substances across the province. These include Sheway and Maxxine Wright Community Health Centre in Vancouver Coastal and Fraser regions; Her Way Home and Pathways to Healing on Vancouver Island; Harmony House in Northern BC; Family Tree Family Centre and Karis Support Society in the interior; and the BC Association for Pregnancy Outreach Programs.

Engaging women with lived and living experience participating as project team members has been central to this work. Relationships have also been

formed with Indigenous health organizations throughout the province, such as the PHSA Indigenous Health, First Nations Health Authority (FNHA) BC Association of Friendship Centres and Seabird Island Health Centre. Additional partnerships are being cultivated with BC Housing, the Ministry of Children and Family Development (MCFD) and Delegated Aboriginal Agencies (DAA). Community partnerships and learning continues to grow across the province.

In addition to PPSUP project working groups, five regional working groups are informing the blueprint by exploring current services and identifying gaps within community and acute care. While the working groups are at different developmental stages, many are already demonstrating expanded and improved collaborations with stakeholders and progress towards improving services and supports.



# Blueprint for a Provincial Perinatal Substance Use Continuum

**Dr. Annabel Mead**, PPSUP Medical Lead, detailed the work in progress to create a blueprint for a provincial perinatal substance use continuum of care. As a high-level planning document, the blueprint will describe acute care and community clinical considerations across the perinatal substance use continuum of care. The aim is to share and build on the knowledge and practices that currently exist, with a focus on improving accessibility, transitions, application of evidence informed practices and reducing gaps in care and services.

Knowledge Exchange and Training Work in Progress includes the development of a provincial Rooming-In Guideline and the development of training for Eat Sleep Console – the non-pharmacological management of neonatal abstinence syndrome.

The PPSUP is also supporting enhancement of the BC Centre for Substance Use - Addiction Care and Treatment Online Certificate to develop content and modules specific to perinatal substance use and working with the BC Centre for Disease Control's (BCCDC) peer support work by unpacking gendered

aspects of peer support. The PPSUP is exploring opportunities to engage with MCFD regarding child welfare approaches to pregnant and parenting women using substances.

## Addiction Medicine Work in Progress

Work in progress in the acute care setting is happening on multiple fronts. As part of the model of care renewal, FIR is in the process of enhancing programming to integrate health, wellness and recovery oriented approaches. In addition to the renewal of the FIR model of care, FIR is developing an access protocol to streamline and ensure equitable access to FIR.

The increase in injectable opioid agonist therapy programs in the community is highlighting the need to offer iOAT in acute care settings. FIR and BC Women's are exploring opportunities to offer iOAT, as well as looking at expanded treatment options on how medications are administered in inpatient care (e.g. buprenorphine, naltrexone, Kadian).





The PPSUP is looking at the range of settings where addiction medicine can offer expertise to inform the blueprint. The availability of new pharmacotherapies such as buprenorphine implants, iOAT, and sustained release oral morphine (SROM) can play a role in supporting postnatal care and potentially during pregnancy as well. These pharmacotherapies delivered in new ways may help with medication compliance and support women's continued engagement in care.

Addiction medicine physicians can also contribute to the development of integrated program models as these health care professionals are used to working in interprofessional team settings and can advocate for 'one-stop shop' approaches to care. The PPSUP is looking at the role of addiction medicine in maternal care and how wrap-around supports and treatment can be provided for women from pregnancy through the postpartum period.

## Transitions and Access to Care

The PPSUP and its provincial stakeholders have identified access to care and transitions between community and acute care and through the postpartum period as critically important. Pregnancy is often associated with an increase in motivation to decrease or stop using substances, and highlights the need to ensure access to a full range of appropriate therapeutic options. When women are discharged from acute care in the postpartum period, they are vulnerable to relapse and overdose, particularly if their infant is removed. Full supports need to be in place that include obstetrical follow-up, substance use treatment and supports in appropriate settings, breastfeeding and parenting supports, and supportive housing – all with the aim of keeping mothers and babies together.

Emerging best practices in prevention and early intervention include putting systems in place to offer pregnancy screening in all settings where women who use substances access supports including overdose prevention sites. This is because the vast majority of pregnancies among women using substances are unplanned. Early screening and intervention as well as the provision of appropriate contraception, provided in a women-centered, trauma-informed and culturally safe manner, are aspects the PPSUP is seeking to include within the blueprint.



## Panel Discussions

### Indigenous Cultural Safety Panel

Indigenous cultural safety is a foundational element and guiding principle in the provision of care to the perinatal substance-using population and was the focus of a Forum panel.

The First Nations Health Authority (FNHA) defines cultural safety as “an outcome based on the special engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination where people feel safe when they are receiving health care”.

PHSA’s Sanya’as Indigenous Cultural Safety training describes cultural safety as “fostering a climate where the unique history of Indigenous Peoples is recognized and respected in order to provide appropriate care and services in an equitable and safe way without discrimination”.

Panel moderator **Jeane Riley**, Indigenous Health and Wellness Lead, PPSUP, asked panelists:

- What does Indigenous cultural safety look like to you?
- How does perinatal care fit into that vision?
- What have you learned about relationship-building in your own practice, work or life?



**Elder Roberta Price**, Coast Salish Snuneymuxw and Cowichan Nations, advises cultural safety exists when an Indigenous person can walk into a clinic, emergency department or hospital and feel safe, be fully respected and cared for like everyone else. Elder Roberta said it's about creating trusting relationships first, in a respectful way by introducing yourself, asking permission to be in a person's space when approaching a woman in care, and finding out who they are as people first. Most importantly, Elder Roberta said, "Indigenous cultural safety starts with us, being heavily involved, from the front line right up to the top".

**Stacy Turcotte**, Aboriginal Cultural Safety Educator, Interior Health, said cultural safety is about examining and identifying personal biases, whatever our world view or cultural lens. If an individual understands what their lens is, it's important to interrupt and examine one's personal lens from the other side, as that will support healthy exchanges in a health care setting.

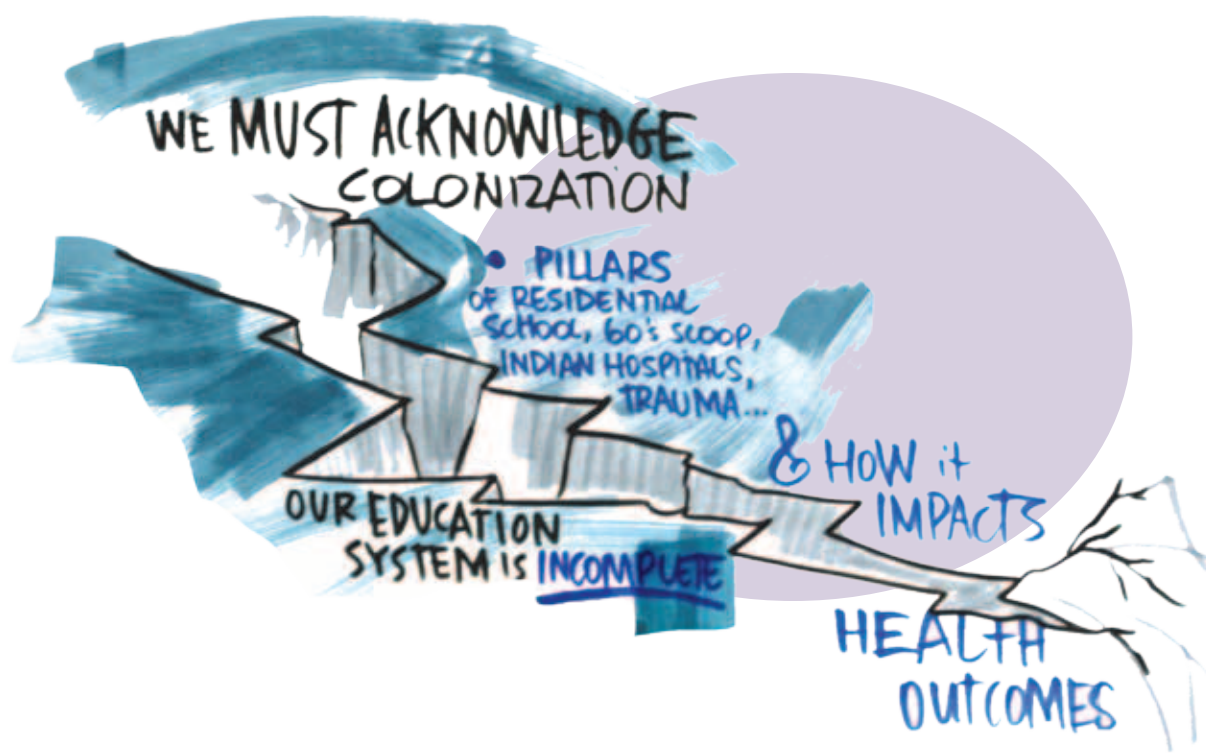
Stacy indicated it's the recipient of care who is the one who defines if the care is culturally safe. It's up to the person receiving care to determine if it feels safe and to decide what they want and if they want culture brought into the care. She said cultural safety is about situating person to place and that culture is different from person to person, family to family and nation to nation. Stacy also stressed the need to acknowledge the history of colonization and the need to understand where the health outcomes and inequities for Indigenous people come from in order to work through them. The current education system is missing an Indigenous cultural lens that can help correct information and biases. "We are all one, we are connected, and when we all come together as one, we will do things in a good way."

**Brooke Bobb-Reid**, Maternal Child Health Lead, Kwiyo:s & Indigenous Birth Doula, Seabird Island Health Department, talked about the need to hold space and consider what it's like for a woman to enter intimate health care spaces, given Indigenous history. She said we need to be aware that we all have a story that we carry with us and it's important as providers to be genuine and build trust, especially in smaller communities where health care workers live and work in community with their recipients of care.

Brooke stressed the need for health care workers to have a solid foundation of education in Indigenous culture and practices. In Indigenous communities, knowledge is passed down orally, not written, and information is not given unless it is earned. Hence, providers need to ask questions second and build relationships first. Having an advocate to support Indigenous women who do not have a voice is helpful such as embedding Indigenous Elders and staff on program teams.

**Toni Winteroff**, FASD Community Engagement Coordinator, Sto:lo Nation Services Agency, said there is no one way or one cultural teaching to give, and one must move gently within the teachings. Assumptions should not be made about addiction, alcohol use and living circumstances when First Nations women access health care services. "Ideally we are able to say 'I will walk with you and stay with you as long as you need me to,'" said Toni.

Toni reiterated that due to past negative encounters in the health system, there may be deep distrust among Indigenous people. At any first meeting, focus on building trusting relationships. She said while time constraints in the system make this challenging, it's important to meet a woman where she is at and not push faster than a woman is ready and balancing that with being ready to support her once she is ready.



## Community Services Panel

A number of programs around the province offer services to women and families to help create, foster and sustain relationships in their communities. The Community Services Panel, moderated by **Stacey Boon**, Senior Provincial Education Leader, PPSUP, gave Forum participants an opportunity to learn about the work of these organizations.

**Geri Pauls**, Co-Executive Director and **Liz Matheson**, Parenting Program Coordinator at Karis Support Society, Kelowna, described Karis as a family-based housing support service with private rooms and beds for 38 women. The program began in 2008 to fill service gaps arising from the lack of support for women who came through the local women's shelter, especially for pregnant and newly parenting women with infants. Karis dedicates 11 of its 38 rooms to perinatal women and their young children. Long-term housing, food and all essential services are part of the first stage of programming, including the trauma-informed Fit4Defense program. Women who decide to stay longer can move upstairs into suites where they have access to community supports.

Geri and Liz said Karis aims to walk with women through 'whatever pain brought them there'. The program is endeavouring to become culturally safe, learning to build relationships with women, ask women what they need to feel safe and incorporate more blanket ceremonies, smudging and dancing in full regalia



**Susan Wright**, Executive Director and **Krista Lussier**, Board Member represented Family Tree Family Centre, Kamloops Family Resource Society on the panel. Susan spoke about her lived experience and starting Family Tree in 2006 as a small drop-in program. The aim was to give women a safe environment to talk about what was going on for them and support them at appointments. The program worked to create relationships in the community and quickly expanded, moving to a larger location in 2008, then again in 2014 to its current home.

Family Tree has a multidisciplinary team, with an infant development worker, mental health and addiction counsellor, peers and advocacy workers to support women. The key to the program is its focus on ongoing support and mentorship – there are no intake or outtake dates. Susan and Krista emphasize, it's simply women helping women and inviting professionals in to provide community support.



**Maria Brouwer**, Coordinator, Harmony House and **Dr. Sheona Mitchell-Foster**, Obstetrician/ Gynecologist, Northern Medical Program, University of British Columbia (UBC), described the work of Harmony House. Harmony House, based in Prince George, BC, started in 2017 and provides safe, 24/7 staffed housing for six pregnant or newly parenting women and their children. The organization offers wrap-around care and access to community and acute care services for women using substances in pregnancy and the postpartum period.

Women live at Harmony House for as long as they need, sometimes up to 18 months. The program is comprehensive and offers different services everyday, from *Love Hurts* (healthy boundaries and wellness) to Alcohol or Narcotics Anonymous, to Elder teas and Indigenous cultural story-sharing. Taking a harm reduction approach, Harmony House seeks to walk beside women through their journey, supporting women through relapse to help them reach their goals.

The Northern region is challenged, however, by a lack of beds. With only six beds, women often have to stay at a transition house while waiting for space to open up at Harmony House. Maria and Sheona also noted challenges partnering collaboratively with MCFD and with acute care services where keeping moms and babies together have yet to become embedded in hospital practices.



## Discussion

Panel members talked about the trend towards more women choosing iOAT, especially among younger women. There was also discussion and challenging assumptions that a women cannot parent unless they are abstinent.

In addition, panel members said it may be challenging to measure progress when caring for pregnant and newly parenting women using substances if this project, programs and services are measuring outcomes and evidence based on conventional western methodologies. This is due to the fact that upwards of 90% of this population is Indigenous and requires attention to Indigenous wisdom, methodologies and approaches to assess cultural safety. Evaluation outcome measures need to incorporate what Indigenous women see as relevant outcomes and priorities.



## Plenary: Lived Experiences

Elder Roberta Price, Elder Glida Morgan, and Leslie Bonshor (Vancouver Coastal Health) led a blanketing ceremony to honour **Caren Morris-Jones** and **Hawkfeather Peterson**, two women with lived and living experience, for their courage in sharing their experiences and for their continued work with the PPSUP to help guide system design. Both women shared their stories in the video *Women Together. Conquer Stigma. Perinatal Substance Use.* (<https://youtu.be/VIFd5KxNBLk>) The video was screened at the Women Deliver 2019 global conference on gender equality and the health, rights and wellbeing of girls and women in Vancouver (June 3-6, 2019).

The ceremony saw Caren and Hawkfeather stand on fresh cedar boughs and be enfolded in Coast Salish sunset blankets – an expression of the love and protection being wrapped around them. Forum participants were called on to witness the blanketing and share with family, friends and colleagues the importance of the honouring ceremony.



## Key Note Address

**Heather Cameron**, Executive Director, BC Association for Pregnancy Outreach Programs (BCAPOP) and Perinatal Registered Nurse, Interior Health, shared her personal story of recovery, offering a personal and professional perspective of the perinatal system of care.

In 2003, Heather discovered she was pregnant. She connected with Vancouver's Sheway program, receiving health care, food and support until, after rejecting the idea multiple times, she transitioned to the FIR program at BC Women's. She said the most important thing about being at FIR was that she was treated like a pregnant woman, surrounded by other pregnant women. "It was important to be in an environment where I felt like a pregnant woman and mother, regardless of my substance use," Heather said.

Her daughter was born in Kamloops and she took her home after 30 days with no substance use, and she continued this on her own for six months before relapsing and getting pregnant again. She continued to use throughout the second pregnancy without MCFD involvement.

Heather recognized the need for more support for women after the birth of her second child when she tried to access services in Kamloops but found no supports. She reached out for help and Family Tree Family Services and the Mothers in Recovery program was created. She said the Mothers in Recovery came out of knowing about FIR and Sheway and the kind of support that was needed. "I believe the gold standard of care is in Vancouver's Downtown Eastside and this needs to be in all communities," said Heather.

As Executive Director of the BCAPOP, Heather said the goal for the programs is for staff to get comfortable engaging in conversations with women using substances through pregnancy. The first thing in building relationships is being comfortable having those conversations. "Begin by saying 'tell me about your kids' and get her talking – not tell me who had your kids, are they in foster care, etc. Women like to talk about their kids and this opens the door to dialogue. Then you can broach questions about substance use," she said. "All of us should be role modeling this kind of dialogue."

Heather described the need to change the way we measure success – it's not just about women who keep their children. Some are unable or choose not to, and we need to focus on reducing the stigma. "We support staff to become better at engaging, keeping and supporting women in whatever pathway they wish to go down. Whether a woman wants to parent her child, wants to explore open adoption or wants to choose foster parents, we need to respect the fact that it is not everyone's goal to parent children."

The BCAPOP represents more than 60 services. The organization is developing manuals for staff on perinatal substance use and plans to distribute these resources. They are also leading two – half-day trainings in the Fall of 2019 for champions from each BCAPOP program. BCAPOP supports organizations interested in starting pregnancy outreach programs. Heather recommended starting small, even if an organization only has minimal funds, as interest and resources will follow. The important thing is to start by providing a space that offers a feeling of safety – even if it's a picnic table in the park. She closed by saying she's a firm believer in the peer support model – people supporting each other through the journey.



## PART 2: Blueprint Vision

**Pamela Joshi**, PPSUP Project Manager, shared the vision for the Blueprint for a Perinatal Substance Use Continuum of Care. The goal is to create a high-level operational planning document, one that brings together perinatal and substance use-related components and care practices, and explores how they can work together. It's an opportunity to capture the collective work being done throughout the province and to advance and build upon it.

Informed by evidence and leading practices, the Blueprint will incorporate multiple ways of knowing, including Indigenous knowledge and that of people with lived and living experience. Central to the Blueprint's work, and key to its success, will be collaborative dialogue within and between acute care and community-based settings. This includes describing various acute care and community operational considerations, with a particular focus on accessibility, evidence informed practice, transitions, gaps and effectiveness.

### Blueprint Audience

The Blueprint's audience cuts across professions and sectors and will come together to share their learnings and collective wisdom about existing and potential service opportunities. These include, but are not limited to:

- Peers and women with lived and living experience
- Indigenous Health leaders
- Operational leaders
- Clinicians
- Physicians
- Child Welfare
- Project teams
- Health care planners
- Researchers
- Educators
- Policymakers
- Housing Experts



## Blueprint Components

The Blueprint components were informed based on the outcomes of the June 2018 Visioning Workshop as well as ongoing provincial and key informant discussions. The components reflect where stakeholders want to see strengthened practices and supports for pregnant and newly parenting women. They include foundational, clinical and engagement elements, with separate but overlapping elements for acute care, community health services, child welfare and housing.

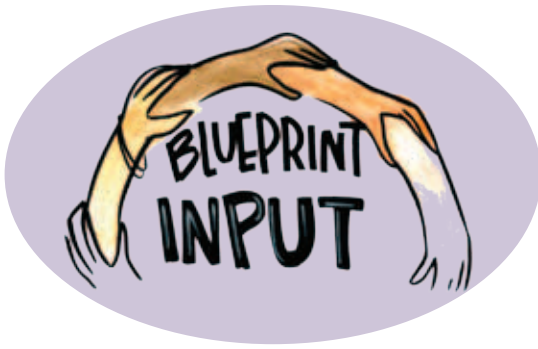
## Blueprint Design

Working sessions saw Forum participants break into groups to focus on the design of five key areas of the Blueprint:

- Interdisciplinary approaches
- Programming
- Transition planning
- Cross-sectoral engagement (MCFD, primary care, housing and income assistance)
- Knowledge exchange, training and education

Led by working group facilitators and guided by key questions, the following section collates the feedback, and provides an analysis based on the lenses of people, practices, processes, principles and professional development.

BLUEPRINT COMPONENTS		
Foundational	Clinical	Engagement
<ul style="list-style-type: none"> <li>▪ Principles of care</li> <li>▪ Engaging peers and women with lived experience</li> <li>▪ Indigenous cultural safety</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interdisciplinary approaches</li> <li>▪ Engagement and stabilization</li> <li>▪ Addiction medicine</li> <li>▪ Programming</li> <li>▪ Transition planning</li> <li>▪ Evidence informed practice</li> <li>▪ Knowledge exchange, training and education</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ministry of Children and Family Development</li> <li>▪ Primary Care</li> <li>▪ Housing</li> </ul>
Acute Care		Community



## People

This section focuses on what interdisciplinary team composition in a range of service settings can look like when providing care for pregnant and parenting women:

- Overall, interdisciplinary teams should include Indigenous advocates, family physicians, midwives, nutrition services, legal support workers, counsellors and housing support workers, paid peer supports and peer navigators.
- There are also opportunities for highly specialized roles and functions such as:
  - A health care provider or navigator following a woman through the journey
  - A non-designated social worker in acute care could help to move towards the goal of zero child removals
  - In rural and remote communities, first responders and individuals stand out as a priority for perinatal substance use training due to the lack of specialized programs in these areas

## Processes

This section focuses on how services and supports are organized and delivered for pregnant and newly parenting women and what needs to be in place to ensure quality and consistency of care:

- Among interdisciplinary teams, improving communication and consistent, concise and accessible documentation were identified as key areas needing improvement

- In community and acute care, a clear guidance on who, how and when to report to MCFD is required
- Silos between professions and sectors need to be eliminated, with service providers across the continuum connecting, prenatally where possible and at a woman's discretion, to provide better support
- Better supporting families and increase community involvement by encouraging a 'fostering families' approach
- Consistent advocacy for the women also needs to be in place (e.g. advocacy in income assistance, child welfare, legal rights, etc)



## • PROCESSES

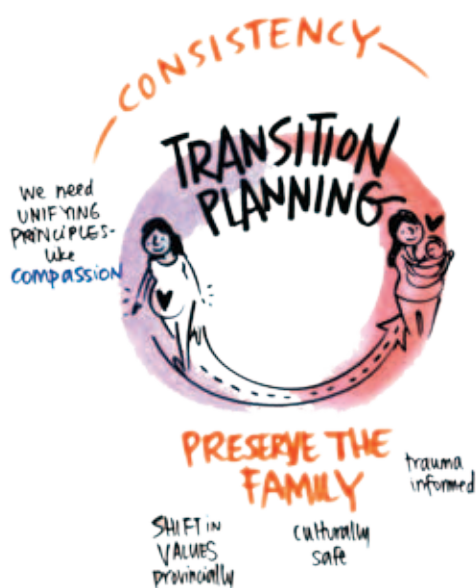
- team members like PEERS/NAVIGATORS must be PAID
- continuity of CARE - with 1 HEALTH CARE PROVIDER. care can't be fragmented
- communication - between team, acute + community. INVOLVE + LEAD BY THE WOMAN! including for documentation
- aiming for ZERO apprehension



## Practices

This section focuses on what needs to be in place at a practice level across disciplines, services and sectors to better support pregnant and newly parenting women using substances on a day to day basis:

- Ensuring safe and supported housing that encompasses and supports the family was deemed imperative, along with integrating or including treatment services in housing plans
- Providing more seamless “one-stop shop” care and present women with an array of services and supports to choose from
- Need to engage clients in respectful, culturally safe conversations by building relationships, sharing real stories that give depth and insight, and by modeling open, non-judgmental dialogue
- Providers need to document client goals, treatment and care from a strengths based approach
- Indigenous cultural safety practice needs to be embedded in day to day work and needs to be informed with input from Indigenous people. Access to culture, Elders, ceremony and other Indigenous ways of healing and wellness are part of ICS in practice. Evaluation from an ICS lens is also needed



## Principles

This section considers principles that are in addition to the nine guiding principles of the project. The principles described here are identified as important when caring for pregnant and parenting women using substances:

- Consider explicitly including zero child removals as a value and principle as part of the project principle - mother/baby togetherness
- Clarify principles for transitions - common values and a set of consistent guiding principles, grounded in compassion
- The experience of the women is central here, having service principles to provide low barrier, drop in care, safe and easy to access and allows women to determine their level of engagement with any service
- Ground services in ethics and ethical decision making

## Professional Development

This section explores what education, training and support is needed from content and practice perspectives when caring for pregnant and newly parenting women using substances and their families:

- Education, training and performance support about how to have discussions about:
  - Ethics and informed decision-making
  - Addressing stigma (e.g. stigma, navigate feelings etc.)
  - Supporting issues of maternal choice
  - Initiate respectful, culturally safe conversations
- Specific education in harm reduction, trauma-informed care, compassion, family support, transition processes
- More face to face training in Indigenous cultural safety is the starting place to create culturally safe spaces. This can be operationalized by having Elders working within teams to share learnings and inform practices.
- Training for MCFD/DAA social workers to better interface between social work, women, their families and communities



### ETHIC

- Grounded in ETHICS + ethical decision making to help staff problem solve, make better decisions, understand bias = Better CARE

### SPHERE OF INFLUENCE

- this work isn't OWNED BY 1 CARE PROVIDER, or ORG, or GROUP - it's BIGGER than FORMAL EDUCATION and is about SYSTEMIC CHANGE

## Cross-Cutting Themes

Common cross-cutting themes arose throughout the day, with speakers, panels and working group discussions emphasizing the need to incorporate these elements within the blueprint.

### Indigenous Cultural Safety

Culturally safe programs and services available at all touchpoints across the continuum were deemed a top priority to improving the system of care for pregnant and newly parenting women and their families. Critical is the provision of cultural safe services as defined by Indigenous people, and with Indigenous peoples engaged from the direct care to the highest executive levels.

### People and Navigators with Lived and Living Experience

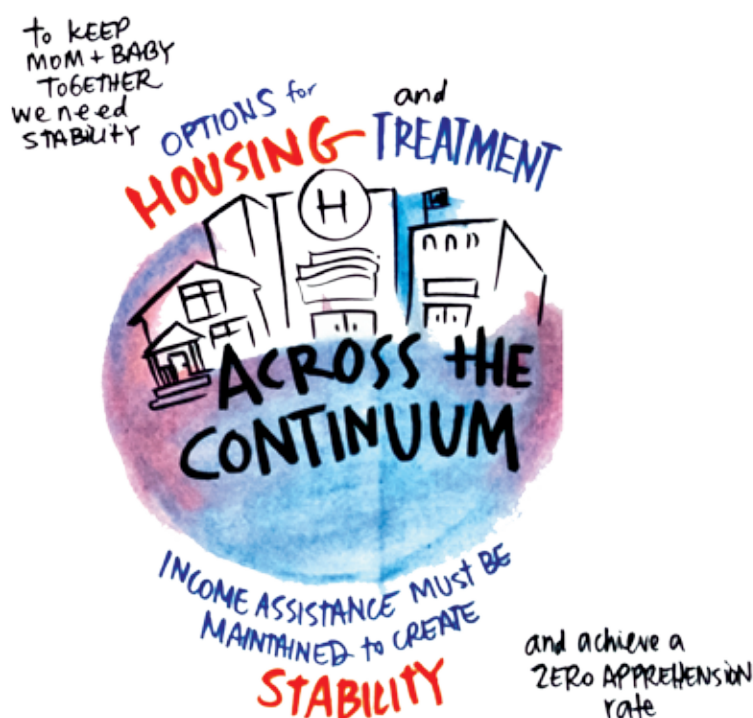
The need to walk alongside women throughout their journey, especially with peers and women with lived experience acting as navigators was noted as critical to engaging and retaining women in programs and services. All aspects of the continuum of care are informed by women with lived and living experience.

### Housing

Access to supportive housing remains a system challenge that needs to examine multiple approaches to housing women and their families. Whether through better linkages with the housing sector or the incorporation of housing support advocates as team members within perinatal programs, addressing housing will help keep families together.

### Zero Child Removals

The theme of keeping families together with a goal of zero child removals cut across all topic areas. Getting involved and supporting women early is one step to reducing the removal rate. Working with MCFD to change practices and to be more collaborative in working with perinatal programs can help. Finally, challenging the assumption that women cannot parent unless they are abstinent plays an important part in transforming the system.



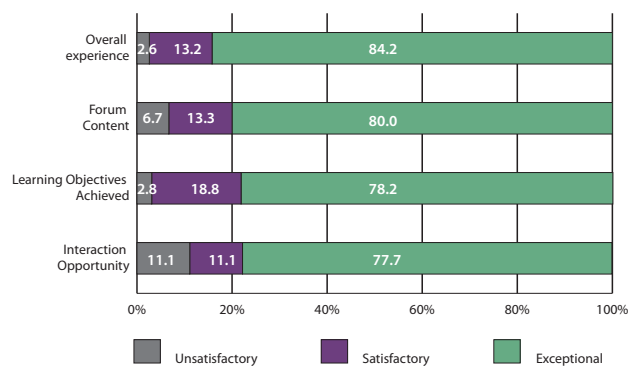
## Forum Evaluation

UBC Interprofessional Continuing Studies conducted evaluation surveys with all forum participants. Participants were asked to rate: their overall experience of forum and panels; the relevance of the forum to their professional practice; the usefulness of the content discussed at the forum; and the opportunity and ability for interactions with other participants in the forum. Evaluation responses were scaled from 1 – 5 where 1 & 2 meant unsatisfactory, 3 meant satisfactory and 4 & 5 exceptional. The results show that overall participants had a positive experience with the content and activities of the day.

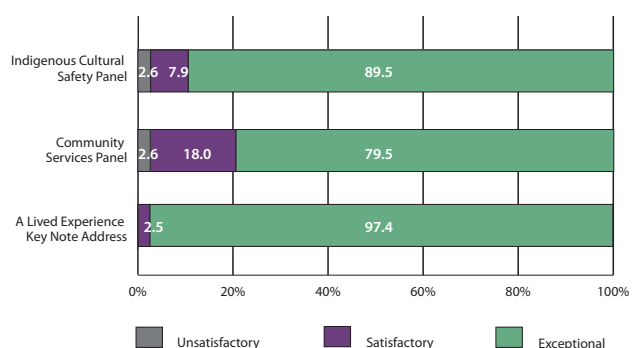
Approximately 97% of participants rated their overall forum experience to be within the two upper response categories. Forum panels received positive feedback. For the Indigenous cultural safety and Community Services panels, respectively 89.5% and 79.5% of participants considered the session to be exceptional. Additionally, 97.4% of participants in the keynote address rated their experience at the top of the response scale.

The majority of qualitative feedback acknowledged the importance and value of Indigenous Cultural Safety and the appreciation for the ceremony that was embedded throughout the day, through activities such as the singing of the Women's Warrior song, a blanketing ceremony to honour women with lived and living experience, the Indigenous cultural safety panel and the storytelling of Elders. The focus on Indigenous cultural safety and ceremony did garner some negative feedback from a small number of participants. Though not a prevalent view, comments related to justifying the focus on Indigenous approaches into the forum. These comments reaffirm the need for the project to continue to work on colonization, addressing racism and discrimination, and embedding Indigenous Cultural Safety as an essential part of this work.

Visioning Forum Full Day Experience



Panel & Plenary Overall Experience



## Next Steps

There is much work ahead to create a system where pregnant and newly parenting women using substances and their families can receive culturally safe, appropriate and accessible care throughout the province. Yet the ideas and commitment shown by participants at the Visioning to Reality Forum demonstrate change is possible. Grounded in the voices and stories of women with lived and living experience, and founded on principles of Indigenous cultural safety, Forum participants made it clear we can and must create a new approach to perinatal substance use services and supports.

With the PPSUP guiding this work, consultation and collaboration with provincial stakeholders will be the project's key objectives throughout 2019 and 2020. The PPSUP will take the learnings and input from the Forum back to its project-related committees and working groups to support the development of a blueprint for a perinatal substance use continuum of care.

Work on the blueprint's development will be ongoing, with a focus on deepening the component sections for acute and community care. Engagement with regional working groups on the blueprint is also a priority, with the PPSUP providing implementation guidance to support the launch of regional groups. The aim is for these working group stakeholders to help determine the gaps and opportunities within their regions. Some communities are already implementing innovative ways to enhance services and build capacity, and these new models can help inform the blueprint's development.

The Blueprint development is ongoing and will be an iterative process. As the document takes shape, its progress will go back to the working groups on a regular basis for further consultation to inform its development. The PPSUP expects to have the deliverable of the blueprint available by the Fall/Winter of 2020.





## Appendix A: Agenda

### Provincial Perinatal Substance Use Project – From Visioning to Reality Forum: Caring for Pregnant and Newly Parenting Women Using Substances

24 June 2019, 0800 - 1600, Sheraton Vancouver Airport, Richmond, BC

ITEM	TIMING	DESCRIPTION	LEAD/MODERATOR
1.0	08:00	Welcome Land Acknowledgement Women Warrior Song	Denise Bradshaw Elder Roberta Price, Elder Glida Morgan & Jeane Riley
2.0	08:45	Opening Remarks Ministry Remarks	Cheryl Davies Joanne MacMillan
3.0	09:00	Provincial Perinatal Substance Use Project Updates	Denise Bradshaw & Dr. Annabel Mead
4.0	09:30	Health Break	
5.0	10:00	Indigenous Cultural Safety Panel: <ul style="list-style-type: none"> <li>▪ <b>Elder Roberta Price</b>, Coast Salish Snuneymuxw and Cowichan Nations</li> <li>▪ <b>Brooke Bobb-Reid</b>, Maternal Child Health Lead, Kwiyo:s &amp; Indigenous Birth Doula, Seabird Island Health Department</li> <li>▪ <b>Stacy Turcotte</b>, Aboriginal Cultural Safety Educator, Interior Health</li> <li>▪ <b>Toni Winterhoff</b>, FASD Community Engagement Coordinator, Sto:lo Nation Services Agency</li> </ul>	Jeane Riley
6.0	11:00	Community Services Panel: <ul style="list-style-type: none"> <li>▪ <b>Maria Brouwer</b>, Coordinator, Harmony House, Northern Health</li> <li>▪ <b>Dr. Sheona Mitchell-Foster</b>, Obstetrician Gynecologist, Northern Medical Program, UBC; Harmony House, Northern Health</li> <li>▪ <b>Geri Pauls</b>, Co-Executive Director, Karis Support Society</li> <li>▪ <b>Liz Matheson</b>, Parenting Program Coordinator, Karis Support Society</li> <li>▪ <b>Susan Wright</b>, Executive Director, Family Tree, Kamloops Resource Society</li> <li>▪ <b>Krista Lussier</b>, Board Member, Family Tree, Kamloops Resource Society</li> </ul>	Stacey Boon
7.0	12:00	Lunch and Networking Honoring Women	Elder Roberta Price & Elder Glida Morgan
8.0	13:00	A Lived Experience: Key Note Address	Akash Sidhu Heather Cameron
9.0	13:45	Breakout Sessions: Blueprint Input	Pamela Joshi
10.0	15:30	Breakout Session Report Back	Julie Hamilton
11.0	15:50	Closing Remarks	Pamela Joshi, Elder Roberta Price

## Appendix B: Project Team

### Provincial Perinatal Substance Use Project

**Cheryl Davies**, Chief Operating Officer BCWH  
& Project Executive Sponsor

**Denise Bradshaw**, Project Director &  
Director, Provincial Health Initiatives, BCWH

**Elder Roberta Price**, Coast Salish Snuneymuxw  
and Cowichan Nations

**Elder Glida Morgan**, Tla'amin Nations

**Stacey Boon**, Senior Provincial Education Lead, BCWH

**Pamela Joshi**, Project Manager, BCWH

**Dr. Annabel Mead**, Clinical Assistant Professor UBC;  
Director, BCCSU Addiction Medicine Fellowship  
Program; Addiction Medicine Consultant, St Paul's  
Hospital & Medical Lead, Provincial Perinatal  
Substance Use Project

**Caren Morris-Jones**, Women with Lived Experience,  
Provincial Perinatal Substance Use Project

**Jeane Riley**, Indigenous Healing and Wellness Lead,  
BCWH

**Sara Pavan**, Specialist, Evaluation and Program  
Design, BCWH

**Hawkfeather Peterson**, Women with Lived  
Experience, Provincial Perinatal Substance Use Project

**Akash Sidhu**, Project Coordinator, BCWH



