



**18th Canadian Collaborative  
Mental Health Care Conference (2017)**

*Connecting People in Need with Care*

June 2 and 3, 2017 | Delta City Centre, Ottawa, Ontario

The ORACLE Collaborative Pathway- For Pregnant People who  
use Substances

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# PRESENTER DISCLOSURE

## Presenters:

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## Relationships with commercial interests:

Grants/Research Support: None

Speakers Bureau/Honoraria: None

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Other: None



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# LEARNING OBJECTIVES

1. Describe the unique needs of pregnant people who use substances, including systemic barriers to care;
2. Discuss a novel collaborative care pathway that integrates specialized additions services, comprehensive community based antennal care, outreach nursing, midwifery, and specialist obstetric services to optimize care of pregnant people who use substances;
3. Describe the importance of inter-institution and inter-professional collaboration to promote positive outcomes for pregnant people who use substances.



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# Overall Objective of Pathway

To provide holistic perinatal care for pregnant people who use substances, with a harm reduction approach.

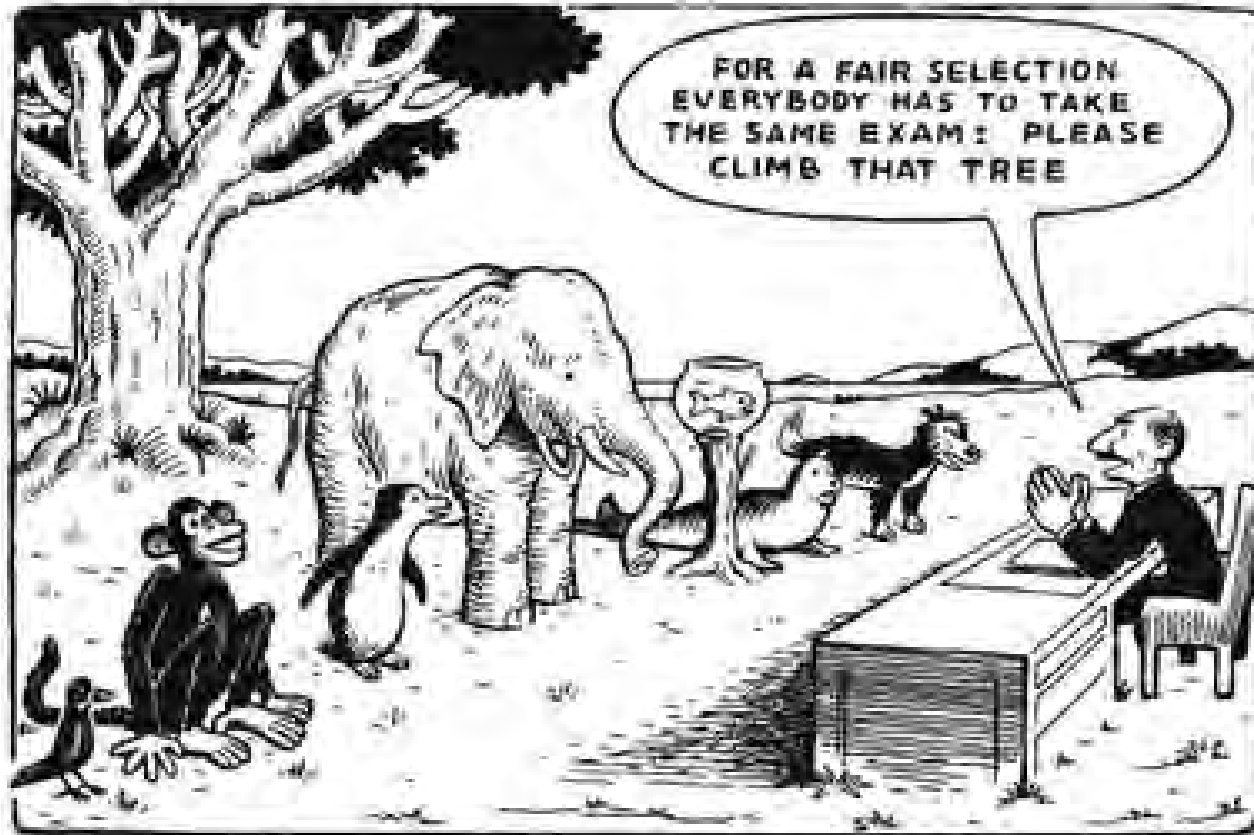
To facilitate collaboration between addiction treatment services, community-based antenatal care, outreach nursing, midwifery and specialist obstetric services



# Incidence of substance use in pregnancy

- Data from Canadian cities suggest that approximately 2% of people use illicit drugs during their pregnancies (up to 11% if including cannabis) [1,2] and 12% use Tobacco and 10.7 % use Alcohol [3].
- In Champlain LHN the Better Outcomes Registry & Network (BORN) (2014-2015) found 0.25% of mothers reported cocaine use, close to 0.25% used methadone, and 0.75% reported other opioid use [4].
- There is also evidence of an upward trend in substance use: a study published in March of 2017 observes a 16-fold increase in infants born to opioid dependent women in Ontario from 2002 to 2014 [5].

# Systemic and Individual Barriers



# Barriers

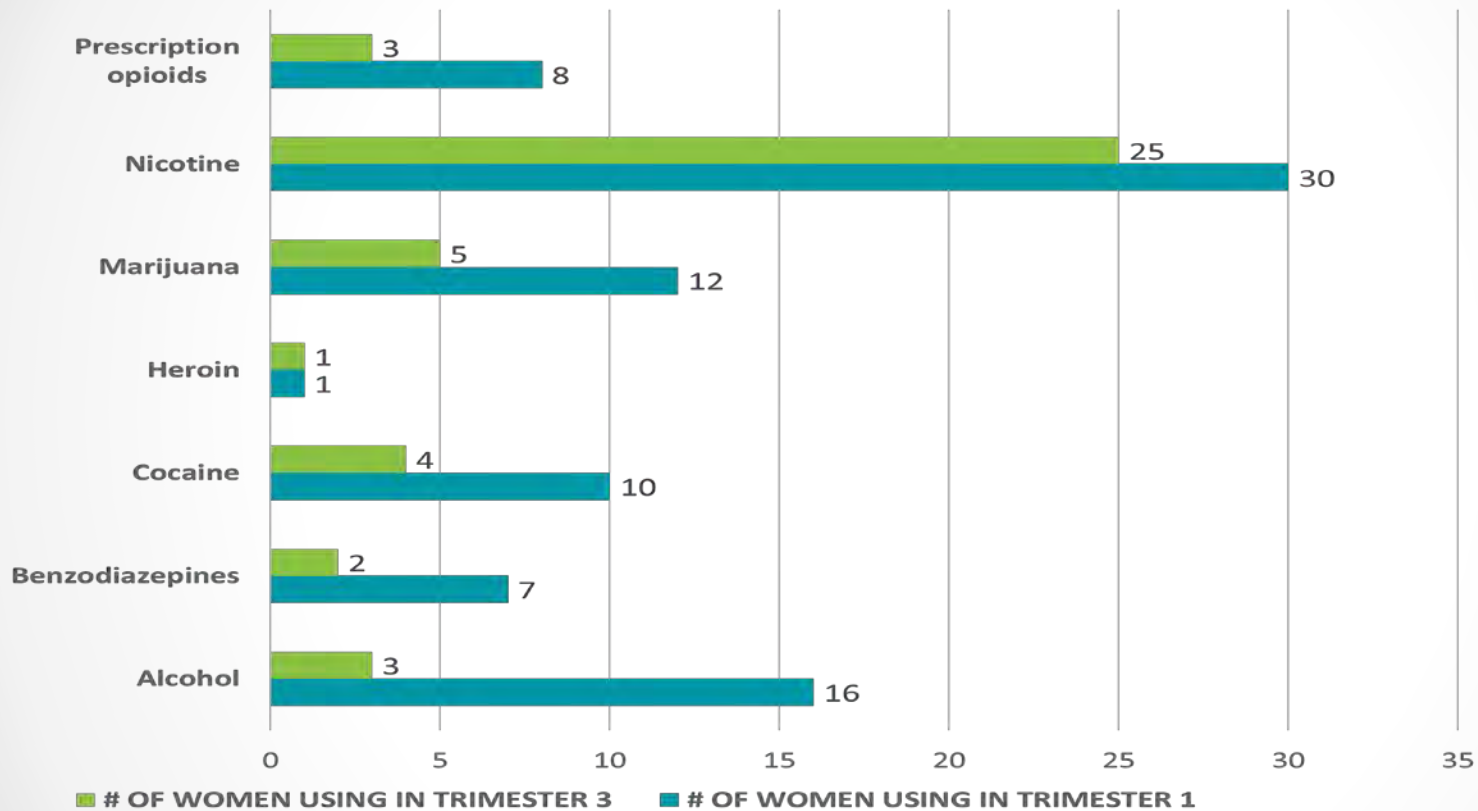
- 1<sup>st</sup> PN visit in ER
- Stigma, judgement
- Difficulty navigating tertiary care system
- Lack of resources (missing identification, no health card, limited access to transportation, unstable housing, difficult to contact, difficulty attending appointments)
- At times medically complicated with multiple specialist appointments, easily fragmented care
- No dedicated provider to initiate Opioid substitution therapy or engage in substance use counselling

# Harm Reduction in Pregnancy

- Increases engagement in prenatal/postnatal care and addiction services [6]
- Reduces alcohol and drug use [6]
- Reduces health care costs [6]
- Increases the number of babies discharged home with their mothers following birth [6]
- Encourages breastfeeding, early attachment and improves early childhood development outcomes [6]
- Outreach care has been recognized as effective in reducing emergency room visits [7]
- Opioid substitution therapy (i.e. methadone, buprenorphine) reduces illicit opioid use during pregnancy and leads to a net reduction of harm to both parent and fetus [8,9,10]



# CHANGE IN MATERNAL DRUG USE FROM BASELINE TO DELIVERY FOR 34 WOMEN PRESENTING IN THE FIRST TRIMESTER



Ordean A, Kahan M. (2011). Comprehensive treatment program for substance users in a family medicine clinic. *Canadian Family Physician*. vol. 57 no. 11, e430-e435

# Needs

- To be welcomed, encouraged to come back, to be hopeful
- Close follow-up, provider led contacts as necessary
- Accessibility by text
- Well integrated interdisciplinary care team, predictable, cohesive care
- Increased frequency of screening for infection
- Prenatal plan with child protection
- Considering the Social determinants of health
- Addressing basic needs as important as medical needs
- Recovery from trauma, mental illness

# Integrated Prenatal Care using ORACLE Pathway

- Urban Outreach and Obstetrics team
- Substance Use and Concurrent Disorder program
- Department of Maternal Fetal Medicine (MFM) and Division of Midwifery

# Urban Outreach (UO) & Obstetrics Team

## *Centretown Community Health Centre*

- Numerous flexible services encompassing health, wellness, harm reduction, disease prevention, outreach, case management, primary, mental, and prenatal care.
- The interdisciplinary UO and Obstetric team employ a one-stop access model to provide pregnant women with antenatal care (prenatal, obstetrical, and postpartum care) in addition to assistance with complex psychosocial needs.
- Outreach nurses visit both the Cornerstone women's shelter and the YMCA family shelter.
- Existing internal community links to the center's pregnancy/postpartum related groups (ex. Buns in the oven, pregnancy circle, well baby drop in, and lactation consultation)

# Substance Use and Concurrent Disorder program

## *The Royal Ottawa Mental Health Centre*

- Interdisciplinary team, including addiction medicine physicians, psychiatrists, psychologists, social workers, nurses and addiction counselors
- Able to provide services including: medical treatment of withdrawal syndromes, maintenance pharmacotherapy to promote abstinence, addiction medicine consultation, integrated mental health and addiction treatment, and relapse-prevention counseling.
- Pregnant people have prioritized and rapid access to medically supervised withdrawal management beds, outpatient medical withdrawal services, and to an intensive concurrent disorders inpatient/outpatient treatment program when deemed appropriate.

# Department of Maternal Fetal Medicine and Division of Midwifery

## *The Ottawa Hospital*

- Outreach Midwifery services are available for pregnant people who are having difficulty accessing care in more conventional settings.
- Due to the added complexity (medical and social) of substance use in pregnancy, the outreach midwife and MFM specialist work collaboratively to provide care in the community.
- Streamlined access to specialist care at clinically important intervals increases uptake for visits to the Maternal Fetal Care Unit.
- The outreach midwife can provide care at home, at the birth center, on the street, in hospital, at shelters, in the detention center, or in the clinic.

# Inter-institution Collaboration

- Common philosophy
- Warm hand-off - HCP can describe what to expect
- Reassuring to clients that their trusted HCP knows the consultant, and trusts their clinical judgement
- Faster referral process
- Increased knowledge about the services and resources available through other providers.



# Inter-professional Collaboration

- Increased understanding of perspectives of other disciplines
- Culture change within organization happens across disciplines



# What we know anecdotally

- Child Protection partners estimate that 12 newborns who otherwise would have been in foster care are with their parents in the first 18 months of this intervention.
- We are diagnosing and treating STI at outreach visits for people who would otherwise not be presenting for care.
- Parents and babies are now staying together in hospital even when an apprehension is planned.



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# Thank you

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