PROGRAMS AND PRACTICES SUPPORTING THE HEALTH OF PREGNANT PEOPLE WHO USE DRUGS IN CANADA: CONSIDERATIONS FOR PRIMARY CARE IN ALBERTA

Holly Mathias[1], Lesley Ann Foster[2], Ashleigh Rushton[3]
1. University of Alberta, Edmonton, AB, 2. Queen's University, Kingston, ON, 3. The University of the Fraser Valley, Chilliwack, BC

INTRODUCTION

- 5-6% of pregnant people in North America use unregulated drugs – an urgent public health concern given the ongoing toxic drug crisis.[1]
- Substance use during pregnancy can cause a range of health issues (e.g. low birth weight, maternal morbidity).[2,3]
- Pregnant people who use drugs (PPWUD) face barriers to accessing sexual and reproductive health care during pregnancy (e.g. stigma, lack of availability).[2,3]
- Supporting maternal health care is a global priority through the Sustainable Development Goals.[4]

What programs and practices exist to support PPWUD's access to sexual and reproductive health services in Canada?

METHODS

We conducted a scoping review using Joanna Briggs Institute (JBI) methodology and reported using PRISMA-ScRV.

Included	Excluded
• Primary studies, reviews, text and opinion papers, systematic reviews, dissertation and theses, commentaries, media articles, websites, conference presentations and reports	• Conference abstracts, letters, meeting minutes, blog posts, speeches and/or transcripts from legislative assemblies.
• Illicit drugs (per Health Canada)[5]	• Alcohol, cannabis and tobacco
• Pre, peri and postnatal	• Not available through institutional holdings
• January 2016 - June 2023	
• Population or individual-level program in Canada	
• English or French language	

1. Developed and tested search strategy
2. Conducted search for peer-reviewed and grey literature
3. Double screening of included texts
4. Data extraction
5. Data analysis

RESULTS

Overview

A total of **71 texts** were identified, outlining **46 unique programs**.
8 programs were identified in Alberta

1. Parent-Child Assistance Program (province-wide)
2. Aventa Centre of Excellence for Women with Addiction (Calgary)
3. Rapid Access Addiction Medicine Clinic – Rooming In (Calgary)
4. H.E.R. Pregnancy Program (Edmonton)
5. Health for Two (Edmonton)
6. Aboriginal Prenatal Wellness Program (Maskwacis)
7. EMBRACE (Red Deer)
8. The Women's Program (Red Deer)

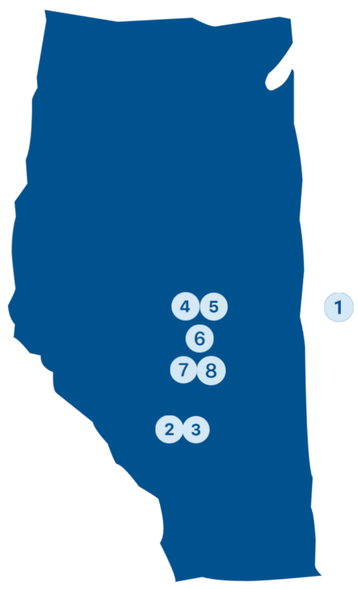

Figure 1: Map of Alberta
This map shows where programs identified in this review are located within the province.

Services Provided in Alberta

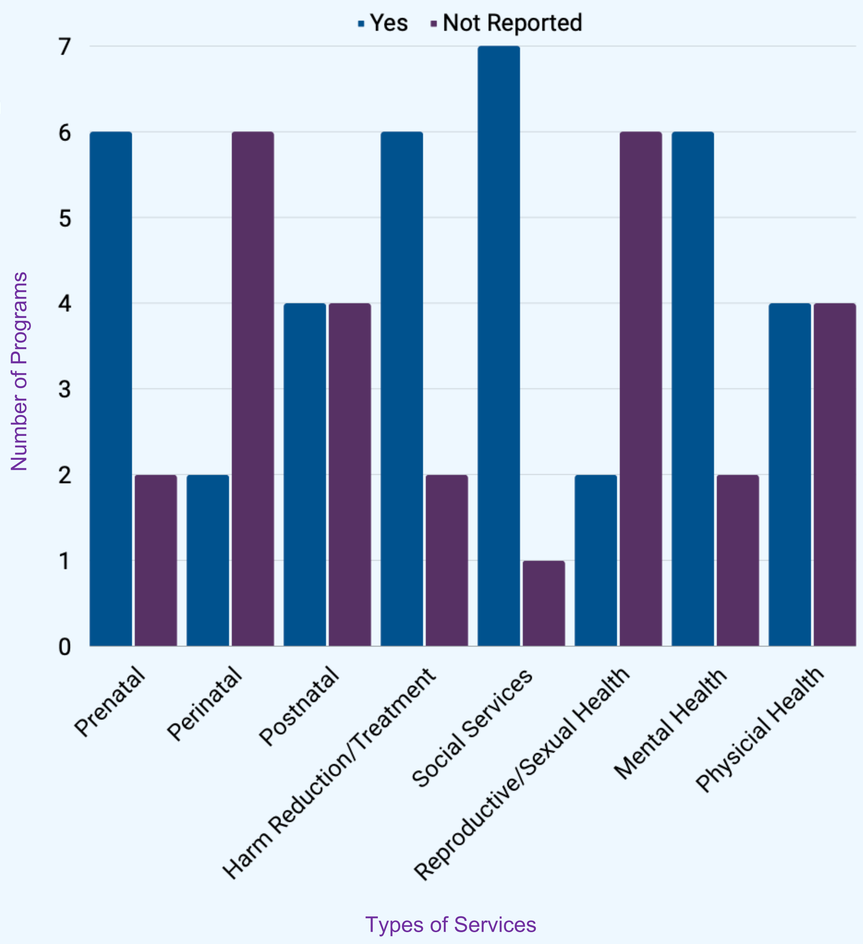

Figure 2: Services Provided by Identified Programs in Alberta

Workforce

3 of the 8 identified programs in Alberta (37.5%) reported employing physicians.

2 of the 8 programs (25%) reported employing people with lived/living experience of substance use.

Service Delivery

Services ranged from being community-based to hospital-based. Most were funded by provincial and federal government agencies (e.g. provincial health authorities, Public Health Agency of Canada).

Helpful Practices

The most reported helpful practices included:

- Providing trauma-informed care
- Utilizing a harm reduction approach
- Integrating cultural practices
- Being non-judgmental
- Providing PPWUD-centered care

Outcomes

Programs reported the following outcomes:

- Keeping mother and baby together
- Supporting parenting skills
- Helping Indigenous women connect to culture
- Reducing substance use

IMPLICATIONS

Most programs in Alberta are in urban areas leaving a large service gap in rural, remote and Northern communities.	→ There may be increased responsibility for family physicians in underserved communities to manage clients' pregnancies.
Indigenous peoples are disproportionately impacted by the toxic drug crisis and maternal health concerns, yet few services exist for this population.	→ More Indigenous-led services and programs are needed. Family physicians may seek to collaborate with Indigenous communities or undertake cultural safety training to best support this population.
Few programs offer specific sexual and reproductive health care (e.g., contraception, family planning, fertility treatment, access to abortion).	→ A greater range of services are needed to support reproductive justice and autonomy. Family physicians may wish to consider how to supplement these gaps in services.
Few of the programs involved direct care from a family physician.	→ Programs should consider how best to integrate (and remunerate) family physicians to augment care for PPWUD.

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Questions? Comments? hmathias@ualberta.ca