



Partners in Inner-city Integrated Prenatal Care (PIIPC): *Initiatives to Reduce Inequities in the use of Prenatal Care in Winnipeg Health Region*

The Partners in Inner-City Integrated Prenatal Care (PIIPC) project consists of four inter-related initiatives that aim to reduce inequities in use of prenatal care (PNC) in the Winnipeg Health Region. According to a 2009 national survey, Manitoba had the highest proportion of women who report not getting PNC as early as they wanted and a high proportion of women who initiated PNC after the first trimester (*What Mothers Say: The Canadian Maternity Experiences Survey*, Public Health Agency of Canada, 2009). As well, a recent population-based study of PNC in Manitoba (Heaman et al.) found that the Winnipeg community areas of Downtown (15.1%), Point Douglas (21.1%) and Inkster (11.5%) had rates of inadequate PNC that were significantly higher than the Winnipeg rate (7.9%). These community areas are also areas with a high proportion of Aboriginal people, ranging from 16%-29% of the total population (Statistics Canada Census, 2006).

This project builds on knowledge gained from a previous study that investigated barriers and facilitators women in inner-city neighborhoods perceived as influencing their utilization of PNC. The PIIPC project was developed by Winnipeg Regional Health Authority (WRHA) decision-makers working in the areas of public health, primary care, and women's health, as well as representatives from Healthy Child Manitoba, Manitoba Health, and the Assembly of Manitoba Chiefs, in collaboration with researchers from the University of Manitoba. The proposal to evaluate this project, *Reducing inequities in access to and use of prenatal care in the Winnipeg Health Region through health system improvement*, has been funded by the Canadian Institutes for Health Research (CIHR) for a period of three years (2012-2015), with partnership funding from the Manitoba Health Research Council (MHRC). The health services initiatives and the evaluation components of the research project have incorporated input from many different agencies. Representatives sit on one or more of the following groups: Research Team, Advisory Committee, Community Based Prenatal Care Working Group, Street Outreach Working Group and the Social Marketing Working Group. Additional programs and agencies will be involved as the initiative develops and evolves.

The project began in the fall of 2012 and is expected to run until March 2015. Evaluation of the project and its outcomes will be monitored by members of the research team. The research question is: What is the effectiveness of implementing new health system improvement initiatives in reducing inequities in access to and use of PNC in the Winnipeg Health Region?

The PIIPC project is comprised of four inter-related initiatives:

1. Community Based Prenatal Care Initiative

The Community Based Prenatal Care Initiative is a multidisciplinary collaborative approach to integrate primary prenatal care in seven existing Community Based Prenatal Programs dispersed throughout the inner-city:

- Freight House Community Centre (1-200 Isabel Street)
- Magnus Eliason Recreation Centre (2nd floor, 439 Langside Street)
- West Broadway –Crossways In Common (102-222 Furby Street)
- Hope Centre (240 Powers Street.)
- Trinity Place Church (265 Flora Avenue)
- Wolseley Family Place (691 Wolseley Avenue)
- Four Feathers-Gilbert Park (1- 45A Gilbert Avenue)

These prenatal programs are provincially funded through Healthy Child Manitoba’s Healthy Baby program and/or jointly federally and provincially funded through the Canada Prenatal Nutrition Program and Healthy Baby program (e.g. Healthy Start for Mom and Me). For more information, refer to <http://www.gov.mb.ca/healthychild/healthybaby/intro.html>.

Women attending these selected prenatal program groups in the inner-city of Winnipeg are offered enhanced prenatal care through assessment of their use of an existing health care provider (HCP) for PNC, encouragement of PNC early and often, and supplementation of PNC with “check ups” by a midwife at the groups. If a woman does not have a HCP, she is assisted in either getting a HCP or offered PNC by the midwife (through a shared care or full midwifery model depending on choice and risk factors) at the prenatal program group being attended. Guidelines have been developed to ensure a high standard of practice and avoid duplication of services. Clinical issues that arise are addressed with follow-up by the most appropriate HCP.

The educational portion of the prenatal program groups is enhanced to encourage early and regular PNC. Facilitators, such as bus tickets, and incentives form an important component of this initiative. A hand-held “Pregnancy Passport” is given to all women participating in the initiative. The Pregnancy Passport can be used by all HCPs and the woman herself to record tests performed, results, progress of the pregnancy, appointments, other services being accessed and other information. Midwives working out of Mount Carmel Clinic and the Downtown Access Centre are the midwives involved in this initiative.

2. Street Outreach Initiative

Healthy Sexuality and Harm Reduction staff, who provide outreach with Street Connections will expedite direct access to PNC (24/7) for marginalized pregnant women using a non-judgmental harm reduction approach. Street Connections is a mobile van service staffed by outreach workers and public health nurses that has provided outreach, information, counseling, advocacy and referral for over 20 years. Through this new initiative, when Street Connections providers encounter a pregnant woman, they initiate care consistent with the requirements of a first prenatal visit and provide the “Pregnancy Passport.” If a woman has a current HCP, she is encouraged to attend PNC with that provider. When a woman does not have a HCP, Street Connections staff work with her and HCPs at Women’s Hospital to facilitate access to PNC, as well as arrange attendance at ambulatory care, triage unit, or fetal assessment unit, as appropriate. Street Connections providers document care on the Manitoba Prenatal Record and send it to Women’s Hospital where a plan of care is developed. Likewise, Women’s Hospital staff forward a report of care provided to Street Connections, resulting in a new process to foster communication between HCPs.

3. Facilitated Access Initiative

This component originated as an extension of the first two initiatives. Through this initiative, women who present at Women's Hospital (Obstetrical Triage Unit, Ambulatory Care, or Admitting) with no PNC, at risk of inadequate PNC, or looking for PNC are referred to the Women's Hospital-PIIPC Contact who is currently a Clinical Nurse Specialist (CNS). Women presenting to the Triage Unit with no PNC have their PNC initiated and documented on the Manitoba Prenatal Record, and receive the Pregnancy Passport. The Triage Unit staff, encourage and arrange ongoing PNC with the woman's own HCP or a HCP in ambulatory care at Women's Hospital, and arrange an appointment with the fetal assessment unit as appropriate. Once the woman is connected with the Women's Hospital-PIIPC Contact, prenatal care and appointments are arranged to meet the needs of the pregnant woman.

Sage House is a program of Mount Carmel Clinic that provides health and outreach services for street-involved women. Pregnant women who present to the nurse practitioners at Sage House and who are at risk of inadequate prenatal care are offered facilitated access to prenatal care through the PIIPC project by the midwives at Mount Carmel Clinic or health care providers at Women's Hospital. In addition, pregnant women who live in the three inner-city neighborhoods of Point Douglas, Downtown and Inkster, and who are at risk of inadequate prenatal care, may be referred to the midwives involved in the PIIPC project or health care providers at Women's Hospital, to receive facilitated access to care. These women are encouraged to attend any of the seven Community Based Prenatal Programs. The PIIPC project aims to provide flexible timely care by reducing typical barriers that women may face.

All women who receive prenatal care through the PIIPC Project are given the "Pregnancy Passport". Facilitators (bus tickets/taxi slips) and incentives, such as food vouchers and ultrasound photos of the fetus are incorporated to promote participation by pregnant women in PNC.

4. Social Marketing Initiative

A previous study identified that, for some inner-city women, barriers to accessing prenatal care included not being aware of where to access care and/or not valuing the importance of prenatal care. Recognizing that the Community Based Prenatal Care Initiative and the Street Outreach Initiative will not reach all women within the focused population, a social marketing campaign is being implemented to complement the other strategies. The aims of this social marketing campaign are:

- 1) Promote the importance of initiating and continuing PNC, and
- 2) Facilitate early access to PNC services by providing information on points of service.

A working group is guiding the development of this campaign in consultation with stakeholders. The first phase of the social marketing campaign was launched on February 11, 2013 and consisted of mapping posters in transit shelters and radio advertisements on Streetz 104.7 FM for a period of 1 month. A second phase of the campaign started October 14, 2013. Ongoing components of the campaign include community posters, an information phone line [204-942-BABY (2229)] and a website (www.thiswaytoahealthybaby.com).

For more information on the following initiatives, please contact the following:

Community-Based Prenatal Care Initiative:

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Ms. Tamara Hes, Program & Policy Consultant, Healthy Baby Program, Healthy Child Manitoba, (204) 945-3610

Ms. Margaret Kozlowski, Director, Family Medicine-Primary Care Community, WRHA, (204) 940-8571

Dr. Margaret Morris, Medical Director, Women's Health Program, WRHA, (204) 787-3175

Street Outreach Initiative:

Ms. Lisa Merrill, Clinical Nurse Specialist, Women's Health Program, Health Sciences Centre, (204) 787-2612, or Pager (204)787-7243 #6353.

Ms. Kim Bailey, Team Manager, Healthy Sexuality and Harm Reduction, WRHA, (204) 223-0020

Dr. Margaret Morris, Medical Director, Women's Health Program, WRHA, (204) 787-3175

Facilitated Access Initiative:

Ms. Lisa Merrill, Clinical Nurse Specialist, Women's Health Program, Health Sciences Centre, (204) 787-2612 or Pager (204)787-7243 #6353.

Ms. Kelly Klick, WRHA Midwife, Mount Carmel Clinic, Winnipeg, (204) 589-9412 Ext.6

Social Marketing Initiative

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CIHR-Funded Research Project

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Information about the PIIPC Project is also accessible through:

WRHA website: <http://www.wrha.mb.ca/community/publichealth/piipc/index.php>

and

<http://www.thiswaytoahealthybaby.com>.