



# H.E.R. PREGNANCY PROGRAM

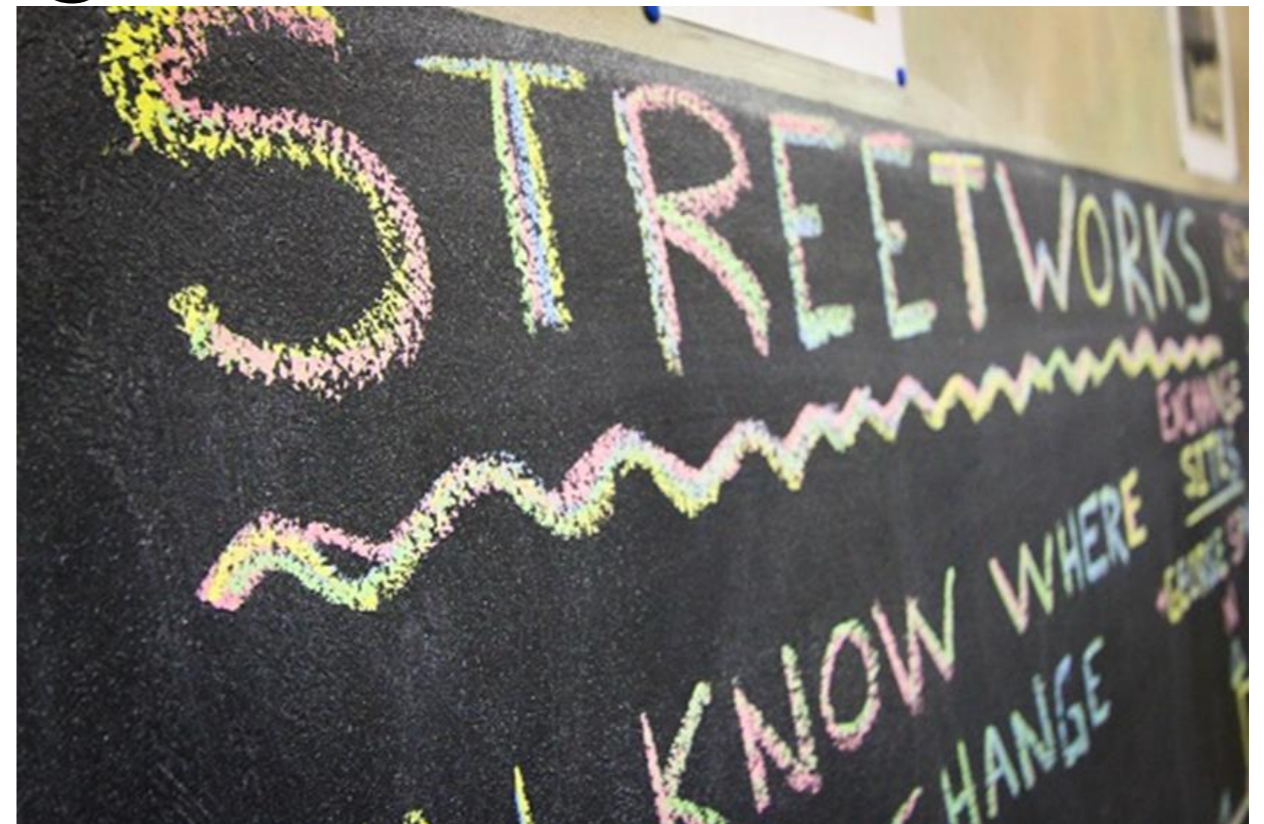
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Healthy. Empowered. Resilient.

# OUTLINE

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- Streetworks
- Harm Reduction & the Standards of Practice
- H.E.R. Pregnancy Program
- Questions



# STREETWORKS

- Only needle exchange program in Edmonton
- Main office situated at Boyle Street Community Services
- 1989 (Needleworks) created
  - 2.25 million needles in 2016/2017
- Funding – 2/3 Provincial HIV funding, 1/3 AHS
- 15+ fixed sites (Boyle Street, Boyle McCauley Health Centre, STD Centre, HIV Edmonton...)
- **Harm-Reduction focused**



# STANDARDS OF PRACTICE FOR COMMUNITY HEALTH NURSES = HARM REDUCTION PRINCIPLES

- 1: Health Promotion
- 2: Prevention and Health Protection
- 3: Health Maintenance, Restoration and Palliation
- 4: Professional Relationships
- 5: Capacity Building
- 6: Access and Equity
- 7: Professional Responsibility and Accountability

# WHAT IS THE H.E.R. PROGRAM?

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- Subprogram of Streetworks, within Boyle Street Community Services
- Started in 2005 as *Women in the Shadows*
- Funded by Alberta Health, renewed every 3 years
- Follow up and support up to 6 months post delivery (same goes if there was a termination or miscarriage)
- Harm Reduction focused
- Focused on the woman; with the belief that a **healthy woman = a healthy baby**

- **Mission:** To assist and empower street-involved pregnant and reproductive women to access non-judgmental health and social supports from a harm reduction-based, multidisciplinary team. All involved women are to be supported in accessing prenatal care, appropriate community resources, birth control and, if necessary, collaborative Children's Services supports.
- **Vision:** Safer and healthier women and babies.

# H.E.R. TEAM

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- **4 Pregnancy Support Workers:**
  - Women who have an understanding of street life and barriers
  - Provide connections to resources, support, and mentorship
- **1 Social Worker:**
  - Not a Child and Family Services (CFS) worker
  - Helps connect clients with systems that are challenging to work with, and plays an advocacy role
- **2 Registered Nurses:**
  - Provide a broad range of health services including education, testing, assessments, support and bridging the world of health care with the street
  - No direct prenatal care, but help to connect clients to a prenatal care provider

# H.E.R. CLIENTELE

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- Women involved in the street lifestyle
- Working in the sex trade
- Women who use substances
- Women with multiple Child & Family Services involvement
- Women with criminal justice system involvement or gang affiliation
- Multicultural backgrounds
- Highly stressed, undernourished, and homeless
- Often unhealthy or abusive relationships
- Women with pre-existing health problems (i.e. HIV, Hep C, STIs, mental health)



# STIGMA & DISCRIMINATION

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- Often experience high rates of stigma, discrimination and racism
  - *This factors into pregnancy, and things become exponentially more complex for women*
- People tend to focus on the fetus and shame the woman
- People forget that addictions and mental health don't just go away with pregnancy
  - *Pregnancy will make it even harder to discuss substance use*

# REALITIES OF STREET LIFE

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- IDs get lost or stolen
- Contact information frequently changes
- Homelessness – no fixed place to keep belongings/not able to keep many belongings, no consistent bed, no safe space
- High rate of abuse and trauma – sexual, verbal, physical, emotional, systemic, stigma, discrimination
- Difficulties navigating systems
- Previous negative experiences with service providers
- Addictions

# REALITIES OF STREET LIFE

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- Limited nutrition
- Limited incomes
- Cognitive issues- FASD, brain injuries, developmental delays, mental health issues, institutionalization
- Abstinence isn't always realistic
- Street Language – swearing, slang, health literacy
- Never alone – no privacy, lonely when living independently
- Street friends may be unsupportive of positive changes
- Difficulties with trusting relationships

# REALITIES OF STREET LIFE WHEN PREGNANT

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- Fear of Children's Services
- Extreme guilt about lifestyle and environment
- Potentially sexual abuse survivors
- Potentially working in the sex trade
- Poor treatment from health care professionals
- A pregnant woman cannot stay in most homeless shelters during her 3<sup>rd</sup> trimester

# BARRIERS TO PRENATAL CARE

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- Previous negative experiences with health care providers
- Lack of understanding by health care personnel about the realities of street-involved lives
- Fear of judgement by mainstream service providers (race, age, income, addictions, legal issues etc.)
- Services and care often focus on the fetus, with limited woman-specific opportunities
- Labeled as a mother vs. a *woman* who is pregnant
- Lack of knowledge about pregnancy issues, fetal development and the importance of prenatal care

# WHAT WE DO

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- Build relationships
- Outreach
- Non-judgmental environment
- Meeting women where they are at
- Multidisciplinary approach
- Staff with similar past/shared experiences
- Informal setting
- Client-centred and client-driven
- Harm reduction approach
- Health education
- Advocacy
- Incentives

# WHAT OUR PROGRAM OFFERS

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- Pregnancy tests, STI testing and treatment, birth control access, fetal heart rate monitoring
- Consistent weekly drop-ins
- Networking with other agencies
- Referrals to prenatal care and other appointments
- Health education and pregnancy resources
- Mental health, housing, and income support
- Options for women who do not wish to parent or to continue with their pregnancy – termination support, as well as support with miscarriages or stillbirths
- Can attend deliveries if the woman wants
- Inner-city prenatal classes
- Recreational activities

# 10 LESSONS LEARNED

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1. Pregnancy support workers are the most effective way to connect with the women
2. That a Harm Reduction approach is critical
3. Staying woman-focused
4. Being flexible, open, non-judgmental, responsive is crucial
5. Involving Child and Family Services as early as possible (although its not officially allowed)
6. It is a great time to connect with non-pregnant women and address their issues
7. There are many system issues that need to change
8. Post delivery time is difficult
9. The work is extremely emotionally challenging
10. The power of hope is underestimated



# H.E.R. OUTCOMES

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- **April 1, 2018 – September 30, 2018**
- 29 women started with the H.E.R. Program
  - *65% of these women being of First Nations, Inuit, or Metis ethnicity*
- 18 babies born – After delivery:
  - 50% born without NICU admission
  - 73% of women did not leave the hospital against medical advice
  - 41% were breastfeeding their babies
  - 50% had a housing improvement while in our program
  - 91% were parenting, at 2 months post partum, that had planned to parent (where CFS said 95-100% of babies would have been apprehended)



- [From Pregnant and Homeless to Successful Mother](#)





# QUESTIONS?

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Streetworks

10116-105 Ave

Edmonton AB T5H 0K2

780-424-4106 (ext. 210/211)

Twitter: @StreetworksAB

Facebook: Streetworks Edmonton

Linda Pires, BScN, RN

[lpires@boylestreet.org](mailto:lpires@boylestreet.org)