



Group Prenatal Care in Sheshatshiu
Proof of Concept/Our Journey So Far -
fun, folly, or a little of both?

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Sheshatshiu, Labrador, NL



Map of Labrador, Canada, showing various towns and bays. Key locations marked include Cape Chidley, Ungava Bay, Torngat Mts., Repulse Bay, Happy Valley-Goose Bay, Sheshatshiu, Happy Valley-Goose Bay, Caribou, L'Anse-au-Loup, Battle Harbour, and other communities. The map also shows the Atlantic Ocean and the border with Quebec.

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Mani Ashini Health Centre, Sheshatshiu



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About Sheshatshiu

- ♦ An Innu community 40 km from Goose Bay. Population 1500.
- ♦ Birth rate increasing: 36% increase from 2012 - 2015
- ♦ Most women do access prenatal care: 43/51 in the first trimester EP1
- ♦ 51 births in 2017-18: 24 smoked, 11 had diabetes, 12 were under 20, 1 breastfed for 6 months
- ♦ Infant mortality rate: 17.8 per 1000 live births (National average: 5.3)
- ♦ Drug & alcohol use, smoking during pregnancy 4-6 times Canadian rates (Innu Round Table, 2014)

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Why Sheshatshiu for this project?

- ♦ My observation was that Innu patients rarely on their own and I wondered if group care would be more suitable culturally
- ♦ Health Canada officials had expressed interest in the model at meetings with health professionals in the community
- ♦ The Public Health nurses working in the community were interested - they were not reaching their target population with prenatal education
- ♦ Not much existing literature on Group Prenatal Care in Indigenous communities
- ♦ I thought it would be fun!

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Slide 5

EP1 1 breastfed for 6 months - does this mean only one patient breastfed, and for 6 months? Or only one patient breastfed for a period of 6 months (ie others did less?)

Emily Philpott, 3/28/2019

“The nurses here make you feel very comfortable, it’s like a family atmosphere, that’s how I found it. The nurse I had, she had a lot of concern for me. Every time I saw her, she was asking me how I was doing. Every time I needed something she was right there, she had the information right there, she was very educated, very welcoming. She tended to a lot of the needs that I had.”

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What are Group Prenatal Appointments?

- iProgram Name: Centering Pregnancy
 - EP2
- Health Assessment
 - One-on-one with provider
 - Engage women in their own self-care
- Interactive Learning
 - Engaging activities
 - Facilitated
- Community Building
 - Friendships
 - Support system
 - One prenatal’s patient’s question is another prenatal’s patient’s question

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Slide 8

EP2 I changed this slide top be about Group appointments (more generally) so you are introducing the concept -- you talk about the program in more detail later. But this is a quick intro before you get into the individual interviews, and then you go back to CP and discuss this at length

Emily Philpott, 3/28/2019

EP3

The Literature on Group Prenatal Visits: *Not a Panacea (But it's no worse)*

- Preterm Birth: No effect according to Cochrane review 2015.
 - In African American populations there was a significant reduction.
- Some effect on post-partum family planning
- Increased knowledge
- In adolescents: increased self-esteem, increased compliance with visits, adequate weight gain, postpartum contraception & breast-feeding, and a decrease in rapid repeat pregnancy.
 - However, attendance is poor and drop out rates are high.
- Cost effectiveness in the US requires a practice of more than 200: not our reality!!
- Providers tend to derive professional satisfaction and improved relationships with their patients

Mazzoni, S. E., & Carter, E. B. (2017). Group prenatal care. *American Journal of Obstetrics and Gynecology*, 216(6), 552-556.

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Individual Prenatal Care Interviews — *Questions*

- **6 women** in the community who received **individual prenatal care appointments** were interviewed
- Examples of questions asked:
 - 1) Do you feel as though group prenatal care, as opposed to individual care, would benefit your community?
 - 2) Do you think you would feel comfortable receiving certain aspects of prenatal care in a group setting? Why or why not?
 - 3) Do you feel that social support during a pregnancy is important?
 - 4) What challenges have you experienced yourself, or seen other women experience, when trying to access prenatal care?
 - 5) What did you like about your prenatal care?
 - 6) What did you do to stay healthy during your last pregnancy?

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Slide 9

EP3 I put this slide next, because again it is introducing the concept of group prenatal acts.

Emily Philpott, 3/28/2019

Individual Prenatal Care Interview — *Results*

Themes that emerged in the interviews included:

- 1) Isolation in pregnancy
- 2) Desire to have support from other women
- 3) Values of Community and Connection during prenatal care
- 4) Substance Use
- 5) Relationships and Social Supports
- 6) Education during Pregnancy
- 7) Barriers to Appointments

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Potential Barriers to Group Prenatal Care

- 1) Shyness
- 2) Some people may prefer individual setting
- 3) Some aspects of care may be better in the individual setting
- 4) Some topics may be uncomfortable for some people. (Ex.: Substance use)

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Will a group prenatal program meet community needs?

- Majority of the participant responses to prenatal groups were **positive**
- They considered **group-based care a solution to loneliness** experienced by many during pregnancy – Participants demonstrated strong desire to have **support from other pregnant women**
- Participants considered group prenatal classes a **preferred method to acquire knowledge** during pregnancy – **learning** from one another
- **Connectedness and community** were also themes as the participants valued the care they received in the community setting and liked feeling connected to their healthcare professionals.

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The Program – *Centering Pregnancy*

- Women same gestational age grouped together
- Maximum of 10-12 women per group
- 10 group appointments over the gestational period
- Meet for 90-120 minutes
- Encourage women to record their own:
 - weight, gestational age, and blood pressure
- Short 1:1 'belly checks' in group room (behind screen)

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Partners

- Labrador-Grenfell Health: (2 Nurses and 2 Doctors)
- Innu Round Table Secretariat (Child health coordinator)
- Social Health (Innu Child Health Coordinator)
- Primary Health (Public Health Nurses: SIFN)
- International Grenfell Association (Grant for summer student)
- Clinical Stabilization Fund (Start up grant for training and evaluation)
- 6for6: a Rural Research training program through Memorial University that gave me the opportunity to plan this endeavor.

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Funding

Newfoundland & Labrador Medical Association

- \$38,998.24

Innu Trust Fund

- \$65,000

HSIF

- \$17,144

FNIHB CDC

- \$17,070

Band Council

Provided us with furniture

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Centering Pregnancy Room



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Program Goals

- ♦ To empower pregnant Innu mothers in Sheshatshiu to take ownership of their health through group appointment-facilitated healthcare, education and community maternal support networks and thus improve maternal child health.
- ♦ To have a collaborative approach to prenatal care for Sheshatshiu pregnant women.
- ♦ In reduce siloed care in a small community.
- ♦ To have women form deep connections with each other through shared experiences that lead to peer-to-peer support networks.
- ♦ To have Innu elders bring the cultural, values and traditions to the Centered Pregnancy model of care

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Our Experience

- Trained 11 People by the Centering Health Institute in Fall 2017:
 - 2 Family Doctors, 3 Regional Nurses, 2 Public Health Nurses, 1 PCA, 2 Innu Parental Support Workers and 1 Administrator
- January 2018 started first group.
- Planned intake for every 2 months
- Intake now quarterly
 - Modified due to low numbers

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Our Numbers

- | | |
|---------------------------------|------------|
| • Total Groups | 3 |
| • # who attended only 1 session | 8 |
| • #attended 2 or more sessions | 27 |
| • Total women | Approx. 60 |

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Attendance for Individual Care Apts.

Based on: Random sample of 20 Sheshatshiu patients who had routine prenatal care

- ◆ 20% No Show Rate
- ◆ Large number of booked appointments during pregnancy: (8-26)

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Interviews with Women who participated in Centering Pregnancy

- ◆ Interviews with 8 women who attended Centering Pregnancy
- ◆ Invited to attend interview, voluntarily
- ◆ 3 Primis
- ◆ 7 Innu women & 1 Inuk woman

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Centering Pregnancy Interviews - Questions

- Tell me a bit about yourself and your last pregnancy.
- What did you do to stay healthy during your last pregnancy? How did group prenatal care help you stay healthy during your last pregnancy? What do you feel are the characteristics/indicators of a healthy pregnancy?
- Do you feel that social support during a pregnancy is important? Please explain why you feel this way. Can you think of a time during your pregnancy that you relied on social support or needed better social support? (Maybe if having a bad day)
- Please describe your overall experience with CenteringPregnancy. Were you satisfied with your experience? If so, why were you satisfied? Can you think of an example of a time you received satisfactory/good care? If not, what would you like to see changed? Can you think of a time you received unsatisfactory/bad care?
- Where there any specific challenges that you experienced when participating in CenteringPregnancy? How did you cope with/resolve the problem?
- Did you feel comfortable receiving certain aspects of prenatal care in a group setting? If not, what aspects made you feel uncomfortable? Can you think of a time when you were uncomfortable in your group care session? What aspects do you think are best received in a group? What about as an individual? Do you feel as though the continuance of group prenatal care would benefit your community? Why or why not? How do you think group prenatal care has impacted your community/pregnant women in your community thus far? Is there anything else you would like to add? Anything else we should ask?

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Thematic analysis of Group Prenatal care participants

- The most predominant takeaway across the interviews was **the ways in which the class provided various forms of social support**. When asked at the beginning of an interview how, generally, they felt about the Centering Pregnancy program, four of the 8 women interviewed immediately said that they liked it because they appreciated being able to spend time with other women, particularly the other pregnant women. This shows that for many, the social aspect was the primary thing they took away from the group, beyond the educational/medical aspects.

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3 Classes of Support (Most of it peer to peer)

- Companionship in Group
- Emotional support
- Tangible/Practical support
- Information/Learning from one another
- Safe space

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Attendance: 12 women enrolled in Centering, compared

Centering Pregnancy		Individual appointments	
Average No Shows	20%	Average No Shows	24%
Average Attendance	42%	Average Attendance	76%

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Lessons learned

- Not for everyone: My hope had been that Group Prenatals would replace individual. Our experience has been that it is an adjunct for most.
- Jurisdictional issues and personalities: Is there a cure for these?
- While my focus has been on the medical and informational aspects of prenatal care, even within the group setting, the group actually serves this role to some extent but mostly it is the social and emotional peer support that matters.
- It's a work in progress: constantly modifying and tweaking the model. Ie. Intake quarterly instead of monthly

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References

- Catling, C., Medley, N., Foureur, M., Ryan, C., Leap, N., Teate, A., & Homer, C. S. (2015). Group versus conventional antenatal care for women (Review). *Cochrane Database of Systematic Reviews*, (2). <http://doi.org/10.1002/14651858.CD007622.pub3.www.cochranelibrary.com>
- Health Canada Community-based Reporting Template Section A: Healthy Child Development. 2017-18. Sheshatshiu Innu First Nation. 2018 (unpublished)
- Hildeband, Emily; Munro, C. (2016). *Report of Chart Audit of Diabetics in Pregnancy in Labrador Health Centre (unpublished)*.
- Mazzoni, S. E., & Carter, E. B. (2017). Group prenatal care. *American Journal of Obstetrics and Gynecology*, 216(6), 552–556. <http://doi.org/10.1016/j.ajog.2017.02.006>
- Ash, E., Fry, J (2018) presentation to FNIHB Nurses Professional Development conference. (unpublished work)

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