

Supporting Substance-Involved Families Across the Perinatal Continuum

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Sponsor Organization: Champlain Maternal Newborn Regional Program

Executive Summary

The overall learning objective for this RNAO Fellowship was to design an outline for an effective interdisciplinary education workshop around supporting substance-involved families across the perinatal continuum. In order to meet this goal, I developed a learning plan with three objectives (Appendix A). The first objective was to increase my knowledge about effective and innovative educational strategies to maximize learning and to support learners. The second objective was to increase my knowledge about evidence-based practices and strategies to support substance-involved families across the perinatal continuum. The third objective was to identify regional, provincial and national initiatives/programs that support substance-involved families across the perinatal continuum. How each of these objectives were met will be discussed in detail individually in subsequent sections of this summary.

OBJECTIVE #1

In order to increase my knowledge around effective and innovative educational strategies, I was able to attend the RNAO workshop “Designing and Delivering Effective Education Programs” in October 2013. I learned a variety of educational theories and strategies which I incorporated into the planning of my education program outline. Additionally, I acquired a new session planning tool and multiple facilitation skills that I will use when developing this workshop as well as future education sessions.

During my fellowship I had opportunities to practice my facilitation skills by developing and delivering two in-services. The first education session was on the subject of increasing awareness of the complexity of addiction in women of childbearing age, enhancing health care provider knowledge of Neonatal Abstinence Syndrome (NAS), and developing greater consistency in scoring of signs and symptoms of NAS. This in-service was a great opportunity to pilot one portion of my proposed workshop.

Eleven NICU nurses and one nurse educator attended this session. The evaluation from attendees was extremely positive with the participants stating the inservice was interesting, informative and interactive and contained up-to-date information. The nurses indicated that the training video used was very useful to their practice as well as the opportunity to practice scoring and discuss similarities and discrepancies in scores with their colleagues. One participant stated that she “appreciated the discussion and increased awareness”.

The second in-service was not pertaining to the topic of substance use but was an opportunity for me to utilize skills that I have developed through this fellowship. My colleague and I jointly revised a presentation that I had previously prepared in order to integrate adult learning

principles and interactive strategies such as polling (e.g. true/false and multiple-choice questions) using I-clicker technology as well as large group discussion. Twenty-three public health nurses and home visitors were in attendance along with the program supervisor. Verbal feedback received identified that participants enjoyed the workshop and appreciated the interactive elements. An email from the supervisor stated that my colleague and I were great facilitators and that staff reported that “it was one of the best workshops they had attended in many years”.

Going forward, I will integrate into the development of future education sessions the effective and innovative educational strategies that I learned through this fellowship to maximize learner engagement. Some examples include choosing ice breakers activities that have a purpose and are respectful of adult learners (i.e. not “mickey mouse”) and finding ways to maximize the sharing of adult learners’ life experiences. Two key lessons that I learned through the RNAO workshop is that the experience of a group is always greater than the experience of the facilitator and that facilitators should never sacrifice process for the delivery of content. This can be achieved by good time management and identifying the content that can be omitted in order to finish a process activity.

OBJECTIVE #2

The second objective was to increase my knowledge about evidence-based practices and strategies to support substance-involved families across the perinatal continuum. The majority of my fellowship activities were focused on gaining a deeper understanding of the complex circumstances leading to addiction as well as the impact of substance use during pregnancy on maternal and fetal/newborn health. I have gained greater knowledge of best practices in supporting families across the perinatal continuum which will be the focus of the educational program I will develop. During the early stages of my review of the literature, the Canadian Centre on Substance Abuse (CCSA) released a comprehensive report entitled “*Substance Abuse in Canada: Licit and Illicit Drug Use During Pregnancy: Maternal, Neonatal and Early Childhood Consequences*” (2013). This report, authored by Loretta Finnegan who is a prominent expert on this topic, provided a concise summary of the current literature. My literature review plan was therefore revised to include a detailed review of this report with a search for additional articles to further my knowledge on outstanding aspects. Given the breadth of information on this topic and my primary role in a knowledge translation for the Champlain Maternal Newborn Regional Program, I needed to identify the priority issues to include in my education plan.

The CCSA report highlighted that stigma is a significant barrier for substance-involved families in seeking timely prenatal care. A comprehensive and seamless provision of care is the ideal model however, this is not easily achieved. The cycle of addiction is complex, and multi-factorial with no quick or easy solutions. Additionally, women experience addiction differently than men. In the event of pregnancy, health care providers are caring for two patients, one who is seen and one who is unseen. Other issues to be considered in my education program include a discussion and exploration of the prevalence of and risk factors for addiction, barriers for accessing health care, and strategies to support substance-involved families.

Through discussions with regional hospital educators, I learned that care of the infant at risk for or experiencing Neonatal Abstinence Syndrome (NAS) continues to be the most pressing education need of perinatal nurses and interprofessional teams. Two neonatologists in the region have requested permission to use a portion of the PowerPoint presentation I developed for education sessions during two annual visits to regional hospitals (Cornwall and Hawkesbury). There is a clear need for continued education on this topic. Care of the newborn at risk for or diagnosed with NAS is therefore a key component of my education program.

OBJECTIVE #3

The third objective was to identify regional, provincial and national initiatives/programs that support substance-involved families across the perinatal continuum. Through my literature review as well as key informant interviews, I have a greater understanding of current services available to perinatal women at the regional, provincial and national levels. The issue of addiction is enormous and reaches all sectors of health and social services. During my fellowship, I was able to conduct eight key informant interviews and one site visit (including a meeting with an interprofessional team), and I participated in multiple education sessions related to this topic (including webinars and conference sessions). Informants were eager to speak with me regarding the services they provide as well as the current gaps in service. I learned that there are very dedicated professionals committed to supporting women who are substance-involved and there are a variety of programs and services available in the Champlain and South East LHINs, however they are limited in their capacity to address the current needs – particularly specialized programs for women during pregnancy. Additional service gaps were identified including inadequate funding for addiction treatment programs overall, given the need, a deficit of in-patient addiction services, and lack of communication between methadone clinics and hospital care providers. There are some excellent and innovative examples of collaboration in the region but this is currently the exception and not the norm. On a positive note, it does appear that recently there has been a slight increase in funding opportunities in the region, which is encouraging. In the last fiscal year, the Royal Ottawa Hospital received special funding for a Regional Opioid Intervention Service and Amethyst Women’s Addiction Centre was funded for an additional ¾ FTE position. As a health and social services system, we need to advocate for the promotion and expansion of programs and services that are comprehensive and evidence-based. Regional efforts should be aligned with provincial initiatives such as the Registered Nurses’ Association of Ontario’s Tobacco Free RNAO Initiative and the Provincial Council for Maternal and Child Health’s Neonatal Abstinence Syndrome Initiative. Through this fellowship I was able to conduct a preliminary review of available resources and identify gaps but further exploration is required. As with any study, the more I learned about the issue, the more questions I had. There are gaps in services but there are also great opportunities. I have been privileged with dedicated time to review the “big picture” of perinatal substance-use and identify steps going forward.

I sincerely thank the Registered Nurses’ Association of Ontario for offering the opportunity to complete this Advanced Clinical Practice Fellowship and for supporting me in this incredible learning journey.