Environmental Scan of Prenatal Services for Marginalized Women in Alberta: Specialized Services

MARGINALIZED WOMEN WORKING GROUP

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Acknowledgments

Thank you to members of the Marginalized Women Working Group:


Special thanks to the interview participants:

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Acronyms

AHS: Alberta Health Services
CPNP: Canadian Prenatal Nutrition Program
ESL: English as a Second Language
FASD: Fetal Alcohol Spectrum Disorder
LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
MNCY: Maternal Newborn Child and Youth
MWWG: Marginalized Women Working Group
OB/GYN: Obstetrician/Gynaecologist
PCN: Primary Care Network
SCN: Strategic Clinical Network
Executive Summary

Introduction: The Marginalized Women Working Group was formed by the Maternal Newborn Child and Youth Strategic Clinical Network to examine the availability and access to prenatal care services for marginalized women in Alberta. This environmental scan has been conducted to determine what prenatal services currently exist for marginalized women in Alberta and identify any gaps or opportunities that may be present. Structured phone interviews with key service providers were used to collect data; data was analyzed using a mixed methods approach.

Results: 62 individuals/programs were contacted and 49 phone interviews were completed, for an overall response rate of 79%. A wide range of different service providers from all five AHS Zones participated in the scan. Several strengths were noted in existing services: a strong provincial network of non-profit agencies and Canadian Perinatal Nutrition Programs, specialized maternity services offering tailored prenatal care, and several regional prenatal service networks. A provincial overview of findings indicated there are significant gaps and needs in the following areas: 1) addictions and mental health services, 2) affordable/supportive housing, 3) income/employment support, 4) primary care services, 5) care provider education, 6) newcomer services, and 7) transportation. Several distinct themes were noted by location: Remote/Rural (poor access to health services), Small Urban (growing marginalized populations, limited specialized services), Large Urban (Capacity issues), and Correctional Centres (transient populations, limited time for prenatal care provision). Looking at the data from an AHS Zone perspective revealed several unique needs and priorities: North (lack of services and isolation issues), Edmonton (need for an immigrant prenatal program), Central (need for specialized maternity services), Calgary (lack of outreach support workers); South (need for more primary care providers and supportive housing for pregnant women). Lastly, participants identified several innovative programming examples for marginalized pregnant women in Alberta or elsewhere.

Conclusion: Findings from this environmental scan are compared with results from a recent literature review conducted by the Marginalized Women Working Group. Findings are noted to be closely correlated – particularly the need to tailor services for marginalized women and the need to address the root causes of marginalization. Preliminary recommendations for this environmental scan are: 1) Create regional prenatal networks, 2) Expand specialized maternity services, and 3) Support current services.
Section 1: Introduction

Background, Purpose & Report Focus, Definition of Marginalized, Identified Sub-Groups, Objectives
Background

The **Marginalized Women Working Group** was formed by the Maternal Newborn Child and Youth (MNCY) Strategic Clinical Network to examine availability and access to prenatal care services for marginalized women in Alberta.

The **primary intent** of the Marginalized Women Working Group is to address the MNCY Strategic Clinical Network’s identified strategic priority:

> Develop, implement, and evaluate innovative approaches to support obstetrical care and access for rural, Indigenous and marginalized populations. (1)

**Outcome:** Members of the Marginalized Women Working Group will use results from a previous literature review and this environmental scan to identify initiatives and make key recommendations to improve prenatal services for marginalized women in Alberta.

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Purpose & Report Focus

The **purpose** of the environmental scan is to determine what prenatal services currently exist for marginalized women in Alberta and identify any gaps or opportunities that may be present.

This environmental scan was designed to help inform the following **research questions:**

1. What services are currently available for marginalized pregnant women?
2. What gaps currently exist in services?
3. Are there programs/resources already in existence that could be replicated?
4. Are there new and innovative ideas that can be implemented to address gaps?

This report will **focus on specialized services** for marginalized women and marginalized pregnant women.
“Marginalized groups can be defined as ‘populations outside of our mainstream society’ (1) and are highly vulnerable populations that get excluded from national or international policy making forums. Some of the groups commonly identified are homeless, substance users, refugees, minority groups, sex workers, immigrants and women in remote locations. Many of these women face significant barriers to accessing prenatal services and face health inequalities (1).” (2)
Identified Sub-Groups

Based on findings from the MWWG literature review (1), this environmental scan focused on specialized prenatal services for the following marginalized sub-groups:

- **Homeless**
- **Street-Involved**
- **Substance Users**
- **Mentally Ill**
- **Incarcerated**
- **Youth**
- **Low-Income**
- **Immigrants & Refugees**
- **Sex Workers**
- **Women experiencing domestic violence**
- **Women in remote and rural locations**

**Note:** Prenatal services exclusive to Indigenous women were not included in this environmental scan, as other SCN work is currently being done in that area.

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Objectives

The main objectives of this environmental scan report are to:

- Provide a provincial inventory of specialized prenatal services for marginalized women.
- Present and discuss findings from key informant interviews.
- Make preliminary recommendations for strategic planning and prioritizing.
Section 2: Methods

Phone Interviews, Sampling Strategy, Invitations to Participate, Data Collection, Data Analysis
Phone Interviews

- Phone interviews were chosen as the primary data collection method due to geographical, time and resource factors.

- A structured interview script was used for all phone interviews (see Appendix A).

- The interview script was developed using the MWWG research questions to guide inquiry (see slide 8).

- The interview script was reviewed by members of the working group to ensure clarity and consistency with the MWWG research questions.
Sampling Strategy

Snowball sampling was used to identify key informants, using the following sources:

**MWWG Referrals:** Referrals from working group members

**AHS Directories:** AHS Organizational Charts & Healthy Parents, Healthy Children directories

**Internet Searches:** Google, Bing, InformAlberta, Public Health Agency of Canada, municipal websites

**Key Informant Referrals:** Referrals from interview participants
Invitations to Participate

- Identified informants were contacted by email and asked to participate in a phone interview.
- Follow-up emails were sent if the identified informant did not respond within 2-3 weeks.
- Identified informants were contacted by email a maximum of 2-3 times before being marked as not participating.
Data Collection

- Participants were provided with a list of example questions prior to the interview.
- When possible and prior to the interview, the interviewer reviewed the organization/agency websites for background information and service listings.
- Interviews were recorded by both written and typed notes.
- Participants were given the option to review the notes after the interview to ensure accuracy.
- Participants were also given the opportunity to provide the interviewer with brochures, reports, evaluations, etc.
Data Analysis

Raw interview data was analyzed using a mixed-methods approach:

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsoft Office Excel was used to record, organize and analyze quantitative data.</td>
<td>Coding was used to categorize qualitative interview data and determine themes.</td>
</tr>
<tr>
<td>Descriptive statistics, counts and simple graphics analysis are used in this report.</td>
<td>Microsoft Office Excel was used to organize coded qualitative data.</td>
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</tbody>
</table>
Section 3: Results & Discussion

Key Informant Interviews, Interviews by Location, Interviews by Service Type, Demographics, Existing Services, Provincial Overview, Identified Needs by Location, Identified Needs by AHS Zone, Innovative Programming
Key Informant Interviews

- Structured phone interviews were conducted from October 5 – November 10, 2017
- 62 individuals/agencies were contacted for interviews (See Appendix B)
- 49 phone interviews were completed
- **Overall response rate = 79%**
- Response rate by AHS Zone:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Contacted</th>
<th>Completed</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>5/11</td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>Edmonton</td>
<td>10/15</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Central</td>
<td>9/9</td>
<td></td>
<td>100%</td>
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<tr>
<td>Calgary</td>
<td>18/18</td>
<td></td>
<td>100%</td>
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<tr>
<td>South</td>
<td>4/6</td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Provincial</td>
<td>3/3</td>
<td></td>
<td>100%</td>
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</table>
Interviews by Location

**AHS Zone**
- North: 10%
- Edmonton: 25%
- Central: 18%
- Calgary: 37%
- South: 8%
- Provincial: 2%

**Location Type**
- Large Urban: 46%
- Small Urban: 18%
- Rural: 25%
- Remote: 4%
- Provincial: 7%
Interviews by Service Type

- High Risk Populations: 6
- Pregnancy Support Services: 5
- Prenatal Nutrition/Home Visitation: 16
- Specialized Primary Care: 4
- Supportive Housing: 4
- Immigrant/Refugee: 3
- Youth: 4
- Addictions: 4
- Corrections: 3

Non-profit = 23
CPNP = 16
AHS = 8
Alberta FASD = 2
Catholic Family Service = 1
Primary Care Network = 1
Midwifery = 1
Demographics

People:
- Executive Directors, Program Directors
- Program Coordinators, Program Managers, Team Leads
- Registered Nurses, Nurse Practitioners, Midwives, Social Workers, Dieticians
- Group Facilitators, Case Workers, Access Workers

Where?
- Grande Prairie, Fort McMurray, High Prairie, Slave Lake
- Edmonton and area
- Red Deer, Edson, Rocky Mountain House, Camrose, Drayton Valley, Wetaskiwin
- Calgary and area, Strathmore
- Medicine Hat, Lethbridge

Who?
What?

Types of Services:

- Practical Support/Supplies
- Outreach/Home Visitation
- Prenatal Nutrition
- Transportation
- Prenatal Education
- Counselling
- Housing Assistance
- Housing
- Low Risk Prenatal Care
- Free Doula Services
- Addictions Treatment
- High Risk Prenatal Care

Services Offered by Interviewed Programs
I. Existing Services

Alberta has an extensive array of prenatal services across the province, with many innovative programs and staff who dedicatedly serve the needs of marginalized women in their communities. Several **distinctive strengths** were noted:

- **Canadian Perinatal Nutrition Programs (CPNP)** funded by the Public Health Agency of Canada provide a widespread network of over 25 prenatal support programs in cities and towns across Alberta. These programs offer nutritional and social support services for at-risk pregnant women. Many of these programs have operated in their communities for over 15 years and have in-depth knowledge of the their community needs and resources.

- Many basic needs such as housing, food and support services are provided by **Non-Profit Organizations** in Alberta. There are many different types of non-profit organizations that deliver long and short-term support for vulnerable pregnant women. These organizations help fill critical gaps in health and social services, and many have partnerships with the Alberta Government and Alberta Health Services.

- There are several **Specialized Maternity Services** in Alberta that provide tailored prenatal care for a wide variety of marginalized women. These programs deliver evidence-based and innovative services that target the unique needs of vulnerable pregnant women.

- Several regions in Alberta have developed **Prenatal Service Networks**. These networks provide an excellent way for service providers to connect, share resources, examine community needs and plan strategically. Regions in Alberta with these prenatal networks reported greater inter-agency communication and referrals.
**PROGRAMS INTERVIEWED**

Please see Appendix C for program summaries

<table>
<thead>
<tr>
<th>North (5)</th>
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<tbody>
<tr>
<td>Fort McMurray Food for Two</td>
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<tr>
<td>High Prairie Good Start/Children’s Resource Council</td>
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<tr>
<td>Slave Lake Healthy Choices for Moms &amp; Babes</td>
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<tr>
<td>Grande Prairie Pregnancy Care Centre</td>
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<tr>
<td>Grand Prairie Pregnant &amp; Parenting Teen Program</td>
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<tr>
<th>Edmonton (10)</th>
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<tbody>
<tr>
<td>Boyle McCauley Health Centre Women’s Clinic</td>
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<tr>
<td>Centre to End All Sexual Exploitation (CEASE)</td>
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<tr>
<td>Elizabeth Fry Society</td>
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<tr>
<td>Health for Two</td>
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<tr>
<td>Healthy, Empowered, Resilient (HER) Pregnancy Program</td>
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<tr>
<td>Multicultural Health Brokers Cooperative</td>
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<td>Edmonton Parent-Child Assistance Program</td>
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<tr>
<td>Edmonton Pregnancy Care Centre</td>
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<td>Pregnancy Pathways</td>
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<tr>
<td>Terra Centre</td>
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<tr>
<th>Calgary (18)</th>
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<tbody>
<tr>
<td>The Alex Youth Health Centre</td>
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<tr>
<td>Aventa Centre</td>
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<tr>
<td>Best Beginning</td>
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<tr>
<td>CUPS Women’s Clinic</td>
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<tr>
<td>Elizabeth House</td>
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<tr>
<td>Emma House</td>
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<tr>
<td>Enhanced Services for Women Calgary</td>
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<tr>
<td>Healthy Babies Network</td>
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<tr>
<td>Healthy Moms, Healthy Babies</td>
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<td>HIV Community Link Shift Program</td>
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<tr>
<td>Immigrant Services: Healthy Start Calgary</td>
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<tr>
<td>Inn From the Cold</td>
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<tr>
<td>Louise Dean Centre</td>
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<tr>
<td>Mosaic PCN &amp; Refugee Clinic</td>
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<tr>
<td>Calgary Pregnancy Care Centre</td>
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<tr>
<td>Prenatal Outreach Support Team (POST)</td>
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<tr>
<td>Red Community Midwives</td>
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<tr>
<td>Servants Anonymous Society</td>
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<td>Strathmore Growing Opportunities Program</td>
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<tr>
<th>Central (9)</th>
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<tbody>
<tr>
<td>Rocky Mountain House Baby Biz</td>
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<tr>
<td>Red Deer Building Incredible Babies</td>
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<tr>
<td>Central Alberta Pregnancy Care Centre &amp; Maternity Home</td>
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<tr>
<td>Drayton Valley Nutritious Beginnings</td>
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<tr>
<td>Wetaskiwin Nutritious Beginnings/Public Health</td>
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<tr>
<td>Red Deer Nutrition Services</td>
</tr>
<tr>
<td>Camrose TIPS Nutrition Program &amp; Parent-Child Assistance Program</td>
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<tr>
<td>Red Deer Turning Point Women’s Program</td>
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<tr>
<td>Edson Women Infant Nutrition</td>
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<th>South (4)</th>
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<tbody>
<tr>
<td>Medicine Hat Best Babies Program</td>
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<tr>
<td>Better Beginnings Program</td>
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<tr>
<td>Pregnancy Care Centre Lethbridge</td>
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<tr>
<td>Medicine Hat Public Health</td>
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<th>Provincial (3)</th>
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<tbody>
<tr>
<td>Alberta Parent-Child Assistance Program Council</td>
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<tr>
<td>Edmonton Remand Centre</td>
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<tr>
<td>Fort Saskatchewan Correctional Centre</td>
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Existing Services
II. Provincial Overview

Several overall themes were identified when looking at the interview data from a provincial lens. These themes demonstrate several key needs for marginalized women in Alberta: Addictions/Mental Health, Housing, Income/Employment, Primary Care Services, Care Provider Education, Newcomer Services, and Transportation.

These identified themes closely align with the social determinants of health and provide a good picture of what barriers and social inequities marginalized women in Alberta encounter in their daily lives.

Interviews with participants revealed that access to supportive services is critical for ensuring good maternity outcomes for marginalized women. Most importantly, marginalized populations need services that are flexible, non-judgmental, and tailored to their unique needs.
Addictions/Mental Health

63% of participants identified that more Addictions and Mental Health services are needed for marginalized pregnant women.

**Key Words:**
- Outreach (11)
- Addictions (10)
- Mental Health (10)

**Outreach:** Participants identified outreach services as particularly useful for identifying and connecting with high-risk women. Home visitation was considered a critical component of most outreach services. Outreach activities were considered central to building relationships and trust with clients and creating long-term change.

**Addictions:** There was an identified need for more addictions detox and treatment facilities across the province. In particular, the need for treatment facilities to be more family-centred (i.e. allow women to bring their children). Participants identified current gaps in community follow-up services upon release from treatment (case management). Also concerns with criminalization of addiction, as it is a barrier for women seeking help (i.e. fear of child apprehension, incarceration).

**Mental Health:** Identified issues in rural and immigrant communities with isolation and postpartum depression. Mental health services need to be more FASD-informed. Current issues with waitlists/timely access in many areas. Identified need for childcare during counselling appointments. System gaps noted in transition from adolescent to adult counselling and case management services.
Housing

57% of participants identified Housing as a significant need for marginalized pregnant women.

**Affordable:** As many marginalized women have low incomes, a substantial need for affordable housing was identified. High rental costs in Alberta mean that many women are at risk for homelessness. “Couch-surfing” was identified as a common issue, particularly for pregnant youth. Women often live in unsafe situations because they can’t afford to move out on their own.

**Supportive:** A significant need for more supportive housing was identified for this population. Marginalized women need housing with access to support staff and wraparound services (life skills/parenting education, counselling, childcare). Issues with waitlists and stay limits (i.e. 6 months postpartum) for current supportive housing.

**Family:** Several participants noted the need for safe housing options for families with low incomes, mental health, addictions issues. Participants identified that few safe housing options are available for women with partners/children who are housing insecure. In particular, families need safe housing away from downtown areas.

**Key Words:**
- Affordable (10)
- Supportive (7)
- Safe (7)
- Long-term (5)
- Family (5)
- Youth (1)
40% of participants identified the need for more income and employment support for marginalized pregnant women.

**Income:** Participants identified poverty as a major issue for marginalized women. Many can’t afford basic things like mobile phones, baby supplies, maternity clothing, and prenatal vitamins. Often, marginalized women’s only sources of income are from partners, family, child tax benefits, or welfare.

**Food insecurity:** Significant identified need for more food support services. Many women need to access food coupons, food box programs and local food banks. Current services that offer food supplements/coupons are having difficulty keeping up with demand. Issues identified with food banks having limited opening hours (i.e. 1x/month) and strict pick-up times.

**Employment:** Many marginalized women have difficulty finding employment, particularly when pregnant. Identified need for affordable daycare so women with children can work and support themselves. Incarcerated women have difficulty finding employment opportunities after release.
38% of participants identified gaps in primary care and maternity care services for marginalized women.

**Primary Care:** Several participants identified issues with a regional lack of primary care physicians, OB/GYNs and pediatricians. Identified as a barrier to early prenatal care. Several participants identified need for rural maternity services so women can deliver in their own communities.

**Specialized Maternity:** Identified need for specialized maternity services for marginalized women. Specialized maternity care that includes wraparound/tailored/flexible services, cultural/language services, and interdisciplinary teams.

**Sexual Health:** Access to birth control was identified as a major issue for these populations. Many women can’t afford birth control. Identified issues with marginalized women accessing/affording long-term birth control. Identified need for more sexual health services in rural areas. Regional gaps in abortion services were also identified.

**Midwifery:** Midwifery care was identified as needed service for marginalized populations. Current issues identified with funding and midwife groups accessing support services.

**Key Words:**
- Primary Care (7)
- Specialized Maternity (4)
- Sexual Health (3)
- Rural Maternity (2)
- Midwifery (2)
- Abortion (2)
30% of participants identified the need for more awareness education and training for care providers who work with marginalized pregnant women.

**Awareness:** There was an identified need for care providers to be more aware of the effects of post-traumatic stress, FASD, substance use in pregnancy, and inter-generational trauma/abuse. Identified need for more specialized training to address the unique needs of youth and LGBTQ persons.

**Approach:** Many participants pointed to the need for more trauma-informed, culturally-informed, non-judgmental, and compassionate care from providers. Harm-reduction and family-centred approaches are needed to meet the needs of marginalized populations.

**Practice:** Recommendations for practice included providing more flexible services where women are not penalized for missing appointments. Identified need for universal prenatal screening to assess for marginalization factors, sex work history, substance use. There was a demonstrated need for practice guidelines and standardized curriculum for care providers.
Newcomer Services

24% of participants identified the need for more specialized services for immigrant and refugee women.

**Support:** Current specialized immigrant services report they operate at over-capacity due to steady population growth. Services spend much time navigating the immigration and refugee system. Many refugees/immigrants need counselling to address past trauma. High incidence of poverty and isolation. Women often work multiple jobs/shift work while pregnant – difficult to attend prenatal appointments.

**Uninsured:** Several participants identified a system gap for women who don’t have provincial health insurance (i.e. failed sponsorship, illegal immigration). Without insurance or refugee certificates, many services not available (social supports, ESL classes). Very hard to get health and social services for free for this population.

**Language:** Language was identified as a significant barrier in providing quality prenatal services. Language line services available, but expensive and programs often say they can’t afford them. Underuse of language line services observed in hospital. Programs need access to more multi-language educational resources. Issues with isolation for women who can’t speak English.
Transportation

of participants identified transportation as a significant barrier for marginalized pregnant women.

Key Word: Transportation (11)

**Accessing Services:** Many participants found lack of affordable and reliable transportation a major barrier for marginalized women in accessing health and social services. Issues with women missing important appointments due to transportation issues. Participants identified cost of transportation as a significant barrier, with women needing bus tickets/taxi vouchers to attend programs.

**Rural:** In rural and remote areas, timely access to hospitals in emergencies or for delivery was an issue. Rural and remote areas also had fewer transportation options (i.e. transit).

**Isolation:** Poor access to affordable and reliable transportation was identified to increase the risk of social isolation and poor mental health outcomes.
## Other Identified Needs

**System:**
- Inter-agency communication (4)
- Coordination of care (2)
- Continuity of care (1)

**Support:**
- Isolation (2)
- Childcare (4)
- Peer support (2)
- Legal support (1)
- Case management

**Services:**
- Doula (2)
- Youth engagement (2)
- Partner/family services (2)
- Professionals/clinicians (1)
- Lactation consultation (1)

**Resources:**
- Domestic violence resources (2)
- Social support resources (1)
- Updated cultural education resources (1)
- Marijuana use in pregnancy resources (1)

**Education:**
- Nutrition education (3)
- Flexible prenatal education (2)
- Rural prenatal education (1)
- Life skills education (1)
III. Identified Needs by Location

Several distinct themes were noted when data was organized by remote/rural, small urban, large urban, and correctional services. These themes point to how needs and services vary widely by location and population.

Participants in remote and rural locations noted greater levels of informal support (family, community) but reported women often had poor access to health and social services. Transportation to services was noted as a significant barrier for women living in these locations.

Participants in small urban cities identified capacity issues due to rapidly growing populations. Also noted was the increasing number of high-needs, complex clients who require intensive case management and follow up services. Most small urban areas lacked the specialized maternity services needed to address the unique needs of marginalized populations.

Large urban cities identified issues with capacity and waitlists. While there was a wide array of specialized services available, most programs report operating at over-capacity and with insufficient funding and staffing.

Correctional services identified challenges with the transient and high risk nature of incarcerated populations. Incarceration provided way to get women connected with resources, but short stays limited prenatal care provision. Common gaps upon release include employment, parenting and life skills education, and affordable housing.
Remote/Rural

High Prairie, Slave Lake, Edson, Rocky Mountain House, Camrose, Drayton Valley, Wetaskiwin, Strathmore

**Services**
- Addictions/Mental Health (7)
- Transportation (5)
- Maternity Care (4)
- Food/Income support (3)
- Prenatal/Nutrition Education (3)
- Outreach (3)
- Childcare (2)
- Immigrant Services
- Youth Services

**Other**
- Affordable housing (4)
- Isolation/Engagement (2)
- Care Provider Education
- Cultural resources
- Domestic Violence Resources
- Inter-agency communication
- Youth engagement

**Themes**

Access to addictions and mental health services is currently hindered by waitlists, poor quality of services, transportation issues, and lack of childcare during appointments. Seeing higher rates of postpartum depression for women in living in isolated locations. Women need to leave their communities for addictions treatment facilities.

Housing is a major issue for many remote/rural women who have low incomes.

Many remote and rural communities lack maternity services and women need to leave communities late in pregnancy to give birth. Identified need for more prenatal nutrition services in rural areas. Issues with women not attending prenatal appointments/prenatal classes due to lack of reliable and affordable transportation.

Childcare services are generally lacking and expensive in small communities, negatively impacting women’s ability to work and secure an income.

Youth engagement is a concern for remote/rural communities. Programs finding it difficult to connect with pregnant youth and link them to services. Identified issue with pregnant youth leaving rural/remote communities to access specialized services in the city.
**Small Urban**

Grande Prairie, Fort McMurray, Red Deer, Lethbridge, Medicine Hat

### Housing
Affordable/Supportive Housing (7)

### Services
- Addictions/Mental Health Services (4)
- Primary Care/Specialized Maternity (4)
- Sexual Health/Abortion Services (3)
- Immigrant services (2)
- Case Management Services
- Family counselling services
- Income Support
- Legal Support
- Lactation Consultation Services
- Prenatal Nutrition Services
- Transportation

### Other
- Flexible Prenatal Education (2)
- Inter-Agency Communication/Coordination of care (2)
- Domestic Violence resources
- Health Care Provider Education
- Marijuana education resources

### Themes

**Significant need for affordable housing options for women living in smaller cities.**
Low vacancy rates and high cost of renting. Limited long-term supportive housing programs for pregnant women. No housing programs for pregnant women with current substance use.

Lack of addictions/mental health services and treatment facilities; seeing more substance use during pregnancy - issues with substance-exposed infants.

Lack of specialized women’s health services in small cities – youth, immigrant, street-involved. Current services not addressing unique needs.

Limited abortion services available in small cities – women often sent to large urban centres for terminations.

Small urban areas more likely to not have prenatal networks – less sharing of resources, poor communication between community and acute services.
Identified Needs by Location

Large Urban  Edmonton, Calgary

**Housing**
- Supportive/Affordable/Family (14)

**Services**
- Addictions/Mental Health Services (12)
- Income support (11)
- Immigrant/Language services (9)
- Transportation (3)
- Doula services (2)
- Childcare services (2)
- Peer support services (2)
- Specialized Maternity Services (2)
- Midwife services (2)
- Accessible/Flexible Services
- Clinician services
- Youth Outreach Services

**Other**
- Care Provider Education (11)
- Inter-Agency Communication (2)
- Continuity/Coordination of Care (2)
- Screening programs (2)
- Life Skills Education

**Themes**

Housing is the biggest identified need in large urban centres. Current waitlists for affordable, safe housing for families with addictions/mental health issues. Identified need for more long-term, supportive, transitional housing programs for pregnant women.

More addictions/mental health services needed, in particular more outreach/case management services. Long waitlists for counselling. Current gaps exist for youth transitioning to adult mental health services.

Poverty identified as an issue for many marginalized populations in large cities. Women need income support for food, baby supplies, clothing and transportation.

More education and training is needed for providers who care for marginalized populations. More services need to use harm-reduction and trauma-informed care approaches. More flexible and less-judgmental services are needed.

Growing immigrant populations in large cities, many programs are operating over-capacity and struggling to meet needs. Limited specialized services are available for pregnant immigrant women. Isolation a big issue – more outreach services needed to connect with immigrant women.

Several programs stressed the need not to duplicate services in large urban areas - many great programs currently meeting identified needs that just need more support to expand their capacity.
Corrections

Edmonton Remand Centre; Fort Saskatchewan Correctional Centre; Edmonton Elizabeth Fry Society

Services
Release Planning Services
Addictions Services
Mental Health Services
Midwife/Doula Services
Childcare Services
Employment/Income Support

Other
Affordable Housing
Birth Control Access
Care Provider Education

Themes

Correctional services identified significant gaps in housing and employment in the community when women are released. Quality release planning was identified as a priority and a new provincial initiative is in place to help address this need.

New women’s health clinic has opened at the Edmonton Remand Centre and will soon open at Fort Saskatchewan Correctional Centre. Considered a significant step forward for addressing the primary health needs of this population.

Free and accessible birth control was identified as a priority need for this population.

Birth support, prenatal education and specialized maternity care were identified as needs for this population. Community services offered parenting classes and life skills education upon release, with access to affordable childcare services.
IV. Identified Needs by AHS Zone

Interview data was organized into the five Alberta Health Services Zone divisions to examine regional themes. Each zone has a unique makeup of populations and services resulting in different assets and unique needs.

During interviews, participants often identified specific priorities or had special requests on behalf of their communities and/or programs. These specified needs and requests are listed and discussed in the following slides.
North Zone
Slave Lake, Grande Prairie, High Prairie, Fort McMurray

Specific Priorities/Requests:
Grande Prairie: Pregnant and Parenting Teen program partnership with AHS
High Prairie: Obstetrical & neonatal services; culturally friendly health resources
Fort McMurray: More OB/GYNs and pediatricians

Themes
Interview participants in the North Zone indicated there was a general deficiency of health services and social resources for marginalized women living in northern areas. There was also a general lack of service awareness and engagement – marginalized populations were often considered “hard to reach.”

There were specific concerns in remote communities around isolation and poor transportation options to health services. Women have to leave their communities to deliver in hospital. Current issues with substance use in pregnancy and substance-exposed infants – issue with discharging infants to communities with symptoms of withdrawal.

Some identified issues with inter-agency communication and sharing of resources.

Services
Addictions/Mental Health (2)
Income Support
Prenatal Care
Primary Care
Outreach
Sexual Health
Transportation
Prenatal Nutrition

Housing
Affordable housing (2)

Youth
Housing for pregnant youth
Youth Engagement
Youth Case Management

Other
Inter-Agency Communication
Isolation/engagement
Cultural education resources
Free birth control
Edmonton Zone

Edmonton and area; Edmonton Remand Centre; Fort Saskatchewan Correctional Centre

Specific Priorities/Requests:
- Urban Edmonton: Specialized Immigrant & Refugee Maternity Services
- Corrections: Birth control access

Themes
The new Pregnancy Pathways program was identified as a much-needed service in the area and is expected to help fill a large need for supportive housing for pregnant women.

Identified need for more trauma-informed and flexible health and social services.

Current issues with serving the growing immigrant and refugee populations in the Edmonton area. Health for Two reports that almost half of their clients are newcomers and that specialized maternity services are needed to address this population’s unique needs.

Correctional services in the Edmonton area indicated it was difficult to find affordable housing and employment for women upon release.

Identified Needs by AHS Zone

Services
- Addictions/Mental Health (5)
- Food/Income Support (3)
- Immigrant/Language (4)
- Doula (2)
- Transportation (2)
- Employment Support
- Childcare
- Midwife
- Rural Primary & Social Services
- Specialized Maternity

Housing
- Supportive Housing (4)
- Affordable/Family Housing (3)

Education
- Care Provider Education (7)

Other
- Birth Control Access
- Corrections Release Planning
- Inter-Agency Communication
Central Zone
Red Deer, Rocky Mountain House, Edson, Camrose, Wetaskiwin, Drayton Valley

Specific Priorities/Requests:
Red Deer: Termination services; addictions treatment facility; specialized prenatal services for high-risk populations
Rural: Prenatal education classes; primary care providers and maternity services; outreach programs

Themes
Interview participants in the Central Zone indicated an overall trend of more high-needs pregnant women in the region. Many women are presenting with complex social, mental health and addictions issue, and need more case management and support services.

Participants also noted a lack of specialized maternity clinics and termination services. Identified need for an addictions treatment facility and termination services in the Central Zone.

Almost no affordable or supportive housing; current maternity housing limited to non-substance using clients.

Rural areas in central Alberta expressed concern around the limited availability of primary/maternity care, prenatal education, and community outreach services.

Services
Transportation Services (4)
Mental Health Services (3)
Addictions Treatment Services (3)
Outreach Services (3)
Childcare Services (2)
Food/Income Support Services (2)
Partner/Family Services (2)
Rural Primary Care Services (3)
Abortion Services
Rural Prenatal Education
Specialized Maternity Services
Uninsured Immigrant Services

Housing
Affordable Housing (5)
Supportive Housing (2)

Other
Health Care Provider Education (2)
Coordination of Care
Domestic Violence resources
Inter-Agency Communication
Youth Engagement
Calgary Zone
Calgary, Strathmore and area

Specific Priorities/Requests:
Calgary Urban: Outreach support workers (Enhanced Services for Women program); expand CUPS prenatal program capacity; increase support services for Red Community Midwives
Strathmore: Teen/Sexual health clinic; AHS partnership with local CPNP program

Themes
Interview participants in the Calgary Zone indicated significant needs for more mental health and addictions services, particularly outreach services. Outreach services recently cut – big gap now.

Newcomer outreach services are needed to connect with isolated immigrant and refugee women.

More food, income and housing support is needed to address increasing poverty rate - women can’t afford basic living expenses.

More long-term supportive/affordable housing needed for pregnant women – current waitlists and limitations on length of stay.

Increasing demand for specialized prenatal clinic services in Calgary – programs currently working at or over capacity. Midwifery groups need more support with outreach/social issues and support services.

Services
Food/Income Support (6)
Outreach (6)
Immigrant/Language (4)
Un-Insured Immigrant (2)
Transportation (2)
Mental Health (2)
Peer Support (2)
Addictions Treatment (2)
Accessible/Flexible Case Management
Childcare
Employment Support
Prenatal & Nutrition Education
Professional/ Clinician Specialized Maternity
Youth

Housing
Long-term supportive housing (4)
Affordable housing (5)

Other
Health Care Provider Education (4)
Continuity/Coordination of Care (2)
Universal Sex Work/Risk Screening (2)
Inter-Agency Communication
Midwifery Support/Resources
South Zone  Lethbridge and SW Alberta, Medicine Hat and SE Alberta

Specific Needs/Requests:
Medicine Hat: Primary care providers; free prenatal vitamins; flexible prenatal education resources
Lethbridge: Maternity home

Themes
Interview participants in the South Zone identified issues with a lack of primary care providers which is a barrier to early pregnancy prenatal care and referral to support services.

Need for more specialized primary care services that can identify and address risks and needs of women experiencing marginalization.

Identified need for more addictions and mental health services. Needing more education focus as seeing more substance use in pregnancy and infants with high neo-natal abstinence scores.

No supportive housing programs for pregnant women – identified as a significant gap for Southern Alberta.

Services
Addictions/Mental Health (4)
Prenatal Education (2)
Primary Care (2)
Immigrant Services
Income/Employment Support (2)
Lactation
Legal Support

Education Resources
Health Care Provider
Life Skills
Marijuana
Prenatal Nutrition

Other
Long-term Housing (2)
Domestic Violence resources
Participants were asked to give examples of new or innovative programs in Alberta or elsewhere that are doing exemplary work meeting the needs of marginalized women. Responses signified there are many different programs and initiatives that have found unique and inventive ways to address identified needs.

Within Alberta, supportive housing programs such as Pregnancy Pathways were often noted due to their comprehensive services and ability to meet the housing needs of vulnerable pregnant women. Several specialized maternity programs such as CUPS Women’s Clinic were mentioned as providing excellent prenatal care services for marginalized women. Income-support resources like baby boxes were noted by participants as helpful in addressing basic needs. There were numerous examples cited of creative community initiatives that volunteers and organizations have developed to address needs in specific communities.

Outside Alberta, participants identified some specialized pregnancy programs and services that have helped address the needs of marginalized pregnant women in British Columbia. In Ontario, recent work has been done to develop refugee curriculum and training programs targeted for health care providers. Successful implementation of group prenatal care models were noted in Norway.

Please see the next slide for a complete listing of identified programs.
IDENTIFIED PROGRAMS & SERVICES

Housing:
Edmonton Pregnancy Pathways (4)
Central Alberta Pregnancy Care Centre Maternity Home (4)
Inn from the Cold Journey House (2)
Emma House
Southern Alberta Co-operative Housing Association
Alberta Housing First Initiative

Specialized Maternity Care:
Healthy, Empowered, Resilient (HER) Pregnancy Program (3)
Red Deer Turning Point Program (2)
Calgary Urban Project Society (CUPS) Women’s Clinic (2)
Midwifery programs for marginalized populations (2)
The Alex Centering Pregnancy Program
Calgary Prenatal Outreach Support Team (POST)
Indigenous Birth of Alberta
Edmonton Health for Two

Primary Care:
The Alex Community Health Bus
Primary Care Network Low Risk Group (Camrose)
Alberta Remand Centres Women’s Health Clinics
In-hospital Social Workers (Central Alberta)
Refugee care curriculum - Dr. Kevin Pottie

Income Support:
Calgary low-income transit pass
Baby Box program
Made by Momma (Calgary)

General Support:
Louise Dean School Dad’s Programs (2)
Prenatal Peer Support groups (Norway)
Families Matter Calgary
Prenatal Education for marginalized women (Calgary)
Calgary NeighbourLink
Edmonton Family Centre
Kokom Kisewatisowin Society

Addictions/Mental Health:
Sheway (Vancouver)
Fir Square hospital program (BC Women’s Hospital)
Herway Home (Victoria)
Terra Centre Mental Health Community Coordinator

Other:
Rural teleconferencing system (Camrose)
Court Programs
Makami College (Calgary & Edmonton)
Volunteer driver program (Strathmore)
Edmonton Second Story Program

Innovative Programming

Within Alberta
Outside Alberta
Section 4: Conclusion

Literature Review, Limitations, Preliminary Recommendations, Conclusion
A literature review on prenatal care access barriers for marginalized populations was conducted in the Summer/Fall of 2017 for the Marginalized Women Working Group (1).

- **Purpose of the literature review:**
  - Examine the common barriers marginalized women encounter when accessing prenatal services.
  - Search for programs, initiatives and strategies that address the unique needs of marginalized women.

- **Populations included in literature review:**
  - Immigrant and refugee women
  - Incarcerated women
  - Female substance users
  - Female sex workers

The following slides compare strategies and programs found in the literature review with findings and program examples from this environmental scan.

### Immigrants & Refugees

<table>
<thead>
<tr>
<th>Literature Review Findings</th>
<th>Similar Program/Service in Alberta?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer support services (strong evidence)</td>
<td>Yes: Multicultural Health Brokers Cooperative offers peer support for immigrant/refugee women.</td>
</tr>
<tr>
<td>Group prenatal care models (strong evidence)</td>
<td>Yes: The Alex Centering Pregnancy Program uses this model and is open to immigrant/refugee clients.</td>
</tr>
<tr>
<td>Health care provider training</td>
<td>No examples found for this population. Identified widespread need; current care provider training is inconsistent.</td>
</tr>
<tr>
<td>Home visitation</td>
<td>Yes: Red Community Midwifes offer home-based prenatal care services for this population.</td>
</tr>
<tr>
<td>Mobile health clinics</td>
<td>Yes: The Alex offers Health and Dental Community Bus services for at risk populations (although not targeted at immigrant/refugee populations)</td>
</tr>
<tr>
<td>Sexual &amp; reproductive education (strong evidence)</td>
<td>Yes: Mosaic PCN Women’s Clinic and Refugee Clinic offer prenatal and sexual health services.</td>
</tr>
<tr>
<td>Stress-reduction programs</td>
<td>Yes: Immigrant Services offers free prenatal yoga classes through the Healthy Start Calgary program.</td>
</tr>
<tr>
<td>Re-imbursement of travel costs</td>
<td>Yes: Numerous programs provide transit tickets, taxi vouchers and transportation support services. The City of Calgary has recently started offering a low-income monthly transit pass.</td>
</tr>
</tbody>
</table>
## Literature Review Comparison

**Incarcerated**

<table>
<thead>
<tr>
<th>Literature Review Findings</th>
<th>Similar Program/Service in Alberta?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth education classes</td>
<td>Yes: Fort Saskatchewan Correctional Centre offers on-site prenatal education classes for inmates.</td>
</tr>
<tr>
<td>Doula support</td>
<td>No examples found for this population. While considered a positive idea, barriers included security concerns, short length of stay in remand and correctional centres, and cost of doula services.</td>
</tr>
<tr>
<td>Collaborative case management</td>
<td>No examples found for this population. Identified need for better release planning – new provincial release program has been implemented.</td>
</tr>
<tr>
<td>Prison nurseries</td>
<td>No examples found. Considered a great idea, but major issues to consider around security, infant safety, and staffing. Centres in Manitoba and B.C. have had nursery programs in the past.</td>
</tr>
<tr>
<td>Residential parenting programs</td>
<td>No examples found. Currently no space for separate unit in correctional/remand centres; significant security and infant/child safety concerns.</td>
</tr>
<tr>
<td>Access to contraception</td>
<td>No examples found. Major identified need for this population. Edmonton Remand Centre has a Women’s Health Clinic on-site, plans for same at Fort Saskatchewan Correctional Centre. Women have issues with affording contraception - identified need but no funding available.</td>
</tr>
</tbody>
</table>
### Literature Review Comparison

#### Substance Users

<table>
<thead>
<tr>
<th>Literature Review Findings</th>
<th>Similar Program/Service in Alberta?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to contraception/abortion</strong> <em>(strong evidence)</em></td>
<td>Yes: Sexual Health Clinics provide free contraception for youth. Abortion services available in Alberta, but current issues with regional gaps.</td>
</tr>
<tr>
<td>Comprehensive treatment services</td>
<td>Yes: Addictions treatment facilities in Alberta do offer tailored treatment for pregnant women; identified lack of family-centred care (family residential programs) and regional service gaps.</td>
</tr>
<tr>
<td>Timely access to treatment</td>
<td>Yes: Addictions treatment facilities and services offered priority access for pregnant women.</td>
</tr>
<tr>
<td>Support groups</td>
<td>No examples found for this population.</td>
</tr>
<tr>
<td>Universal screening <em>(limited evidence)</em></td>
<td>No: Identified need for universal screening program to assess for alcohol/substance use; current screening is done individually in prenatal appointments and hospital encounters (no information on consistency)</td>
</tr>
<tr>
<td>Prescription monitoring programs <em>(limited evidence)</em></td>
<td>No examples found in this study.</td>
</tr>
<tr>
<td>Clinical process standardization <em>(limited evidence)</em></td>
<td>No examples found. Identified need for more care provider education for this population. Identified need for more awareness around substance use in pregnancy and follow-up for substance-exposed infants.</td>
</tr>
</tbody>
</table>
## Literature Review Comparison

### Sex Workers

<table>
<thead>
<tr>
<th>Literature Review Findings</th>
<th>Similar Program/Service in Alberta?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tailored Services</td>
<td>Yes: Several programs currently offer tailored, harm-reduction services for this population - CUPS Prenatal Program, HER Pregnancy Program; Turning Point Women’s Program, Servants Anonymous, Shift Calgary.</td>
</tr>
<tr>
<td>Access to contraception</td>
<td>Yes: Sexual Health Clinics currently offer free contraception for youth; Shift Calgary provides free safer sex supplies &amp; low-cost contraception referrals.</td>
</tr>
<tr>
<td>Policy changes</td>
<td>No examples found. Identified need for universal sex work screening in health care and social services. Identified issue with this population not seeking care due to fear of criminalization or child protective services involvement. Identified need to decriminalize sex workers.</td>
</tr>
<tr>
<td>Online/phone support (limited evidence)</td>
<td>No examples found for this population.</td>
</tr>
</tbody>
</table>
Literature Review Recommendations

The MWWG literature review concluded with the following priorities/recommendations:

- Tailor services for vulnerable populations
- Address the root causes of marginalization
- Evaluate existing services

Findings from this environmental scan closely correlate with the literature review conclusions:

- Services that offer tailored/specialized approaches were generally regarded by participants as effective to address the unique needs of marginalized pregnant women.

- Service providers indicated a strong awareness of how the social determinants of health can affect prenatal care and pregnancy outcomes in Alberta. Basic needs such as housing, income, and access to health services were identified as major barriers for marginalized women.
Limitations

- This environmental scan is not comprehensive; not all specialized prenatal services in Alberta were included in interviews. No all specialized prenatal services in Alberta may have been identified.

- Qualitative data was obtained through interview participants; expert opinion is generally ranked low in evidence hierarchies.

- This scan has a limited rural and remote perspective; more specialized services were found in urban areas and urban areas had a better response rate.

- Researcher bias; all data was collected and analyzed by one person.

- Participant bias; participants often identified priority needs similar to the type of services they already provide (i.e. nutrition program identifying the need for more nutrition services, housing program identifying need for more housing services).
Preliminary Recommendations

Create Regional Prenatal Networks

• Current prenatal networks in Alberta encourage communication and collaboration between prenatal service providers, and help increase regional service capacity and strategic planning initiatives. Several regions in the province could benefit from the creation and strengthening of such networks.

Expand Specialized Maternity Services

• Specialized maternity services in the province (i.e. supportive housing, prenatal clinics) that provide tailored and wraparound care are recognized as a great referral resource for marginalized women. Several areas of Alberta do not have access to these specialized services and would benefit from their creation.
• Non-specialized services need more training to strengthen their provision of care for marginalized women. There is a current lack of standardized training curriculum (trauma-informed, culturally-informed) available for care providers – development of such materials and programming would help to address this gap in care.

Support Current Services

• Many programs identified a critical need for increased funding and staffing support to meet the demands of growing populations. A greater partnership focus by AHS will help strengthen current community and program capacity.
Conclusion

This environmental scan report demonstrates the excellent network of specialized services in Alberta that care for marginalized pregnant women. **Current strengths** include agency engagement and responsiveness, innovative and creative programming, and a strong sense of commitment to serving the needs of vulnerable women.

**Services could be further strengthened** with the creation of regional prenatal networks, expansion of specialized maternity services, and more AHS partnership and support for current programs.

**Next steps** for the working group include:

Surveying prenatal care providers in Alberta (Primary Care Networks and Maternity Clinics)

Consulting members of the Alberta Council of Women’s Shelters
Appendix A – Interview Script

Would you like me to send you a copy of my notes afterwards to look over and make sure everything has been recorded correctly?
Do you have any questions for me before we begin?
I may have a couple questions when I look over my notes - would it be ok to contact you again if needed?
Would you like to have a copy of the final environmental scan sent to you when it is finished?

**Question 1:** Can you tell me about your role/job description and give a brief overview of what your organization does?
(Program Name, Role, Affiliations, Service type, Provincial zone)

**Question 2:** What (if any) services does your organization offer for pregnant women?

**Question 3:** I have several specific questions about your programs/services.
(Target group, referral processes, catchment areas, eligibility requirements, number of women served annually, limitations in service provision, program operating length, program changes since beginning, plans to expand/reduce/change services, reports/evaluations/brochures to share)

**Question 4:** From your perspective, what kinds of programs or services are most needed in your area for marginalized pregnant women?

**Question 5:** Are you aware of any new programs or ideas for improving services for marginalized pregnant women in your area? What about in other areas?

**Question 6:** Do you have any suggestions about other programs or individuals we could contact to include in our interviews?

**Question 7:** Is there anything else I’ve missed that you would like to add or do you have any questions?
# Appendix B – Contact List

<table>
<thead>
<tr>
<th>Provincial - 3/3</th>
<th>North - 5/11</th>
<th>Edmonton - 10/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta Council of Parent-Child Assistance Programs</td>
<td>Grande Prairie Pregnancy Care Centre</td>
<td>HER Pregnancy program</td>
</tr>
<tr>
<td>Edmonton Remand Centre</td>
<td>Slave Lake Healthy Choices</td>
<td>Edmonton Pregnancy Care Centre</td>
</tr>
<tr>
<td>Fort Saskatchewan Correctional Centre</td>
<td>High Prairie Good Start</td>
<td>The Gianna Centre Edmonton</td>
</tr>
<tr>
<td></td>
<td>Fort McMurray Food for Two</td>
<td>Health for Two</td>
</tr>
<tr>
<td></td>
<td>Grande Prairie Babies Best Start</td>
<td>Boyle McCauley Health Centre Women’s Clinic</td>
</tr>
<tr>
<td></td>
<td>High Level A Baby Counts</td>
<td>Edmonton Northeast Community Health Centre</td>
</tr>
<tr>
<td></td>
<td>Cold Lake Healthy Babies</td>
<td>Edmonton Community Perinatal Program</td>
</tr>
<tr>
<td></td>
<td>Westlock Healthy Families Prenatal</td>
<td>Pregnancy Pathways</td>
</tr>
<tr>
<td></td>
<td>Peace River Building Better Babies</td>
<td>Multicultural Health Brokers Cooperative</td>
</tr>
<tr>
<td></td>
<td>Grande Prairie Aurora Home</td>
<td>Edmonton CEASE</td>
</tr>
<tr>
<td></td>
<td>Grand Prairie Pregnant Teen Program</td>
<td>Terra Centre</td>
</tr>
<tr>
<td></td>
<td>Enhanced Services for Women Grande Prairie</td>
<td>Edmonton Adolescent Pregnancy Clinic</td>
</tr>
<tr>
<td></td>
<td>Lakeland 2nd Floor Recovery Centre</td>
<td>Edmonton Braemar School</td>
</tr>
</tbody>
</table>

**Bold:** Interviewed (49)  
**Blue:** Contacted, no response (13)  
**Italic:** Not contacted (13)
<table>
<thead>
<tr>
<th>Central - 9/9</th>
<th>Calgary - 18/18</th>
<th>South - 4/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Deer Turning Point Women's Program</td>
<td>Prenatal Outreach Support Team (POST)</td>
<td>Lethbridge Pregnancy Care Centre</td>
</tr>
<tr>
<td>Central Alberta Pregnancy Care Centre &amp; CAPCC Maternity Home</td>
<td>Calgary Pregnancy Care Centre</td>
<td>Birthright of Lethbridge</td>
</tr>
<tr>
<td>Edson Women Infant Nutrition</td>
<td>Healthy Moms, Healthy Babies</td>
<td>Medicine Hat Nurture Pregnancy Centre</td>
</tr>
<tr>
<td>Rocky Mountain House Baby Biz</td>
<td>Best Beginning</td>
<td>Best Babies (SE)</td>
</tr>
<tr>
<td>Camrose TIPS Nutrition</td>
<td>Strathmore Growing Opportunities</td>
<td>Better Beginnings (SW)</td>
</tr>
<tr>
<td>Wetaskiwin Nutritious Beginnings</td>
<td>Calgary Healthy Babies Network</td>
<td>Medicine Hat Public Health</td>
</tr>
<tr>
<td>Red Deer Nutrition Services</td>
<td>Mosaic PCN &amp; Refugee Clinic</td>
<td>Lethbridge Victoria Park School</td>
</tr>
<tr>
<td>Drayton Valley Nutritious Beginnings</td>
<td>Calgary Urban Project Society (CUPS) Women's Clinic</td>
<td>Medicine Hat YMCA Young Moms</td>
</tr>
<tr>
<td>Red Deer Building Incredible Babies</td>
<td>Red Community Midwives</td>
<td>First Steps Family Health Home Visitation program</td>
</tr>
<tr>
<td>Stettler CONNECTIONs</td>
<td>Emma House</td>
<td></td>
</tr>
<tr>
<td>Innisfail CONNECTIONs</td>
<td>Inn From the Cold/Journey House</td>
<td></td>
</tr>
<tr>
<td>Hanna Baby Steps (AHS)</td>
<td>Immigrant Services Healthy Start</td>
<td></td>
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<tr>
<td>Enhanced Services for Women Red Deer</td>
<td>Shift Calgary</td>
<td></td>
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<tr>
<td></td>
<td>Servants Anonymous Society</td>
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<td></td>
<td>The Alex Youth Health Centre</td>
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<td></td>
<td>Louise Dean School</td>
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<td></td>
<td>Kara Life Program</td>
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<td></td>
<td>Enhanced Services for Women Calgary</td>
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<td></td>
<td>Aventa</td>
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<tr>
<td>Red Community Midwives</td>
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<tr>
<td></td>
<td>Elizabeth Fry Society Calgary</td>
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<tr>
<td></td>
<td>The Alex Centering Pregnancy</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C – Program Summaries

North Zone

**Food for Two (CPNP).** Catchment: Fort McMurray and area. Annual Clients: 70 Services: Home visitation program, prenatal nutrition counselling, prenatal & postnatal information/support, food coupons, prenatal supplements & vitamin D, transportation, clothing/baby supplies, prenatal classes, housing/employment assistance, socializing opportunities.

**Healthy Choices for Moms and Babes (CPNP).** Catchment: Slave Lake only. Annual Clients: 17 Services: Home visitation program, prenatal nutrition counselling, prenatal & postnatal information/support, food coupons, prenatal supplements & vitamin D, fruit/vegetable program.

**Grande Prairie Pregnant and Parenting Teen Program (Non-profit).** Catchment: 60km around Grande Prairie. Annual Clients: 86 Services: One-on-one and peer support groups; home visitation, childcare, breastfeeding info, counselling, transportation, tutor support, clothing/toy/equipment exchange, referrals, funding for prenatal classes, doula support services.

**Good Start (CPNP).** Catchment: East Prairie (Metis Settlement), Faust, Girouxville, Grouard, Joussard, Kinuso, McLennan, Peavine. Annual Clients: 22 Services: Home visitation program, prenatal nutrition counselling, prenatal & postnatal information/support, food coupons, prenatal supplements & vitamin D, Good Food Box program, maternity clothing, prenatal classes, information/referral resources.


*Not Interviewed* **Lakeland 2nd Floor Recovery Centre (Non-profit).** Location: Cold Lake. Services: 9 beds; women-only, long-term, fee-for-service addictions treatment centre. Pregnant women given priority.
### Edmonton Zone

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Catchment</th>
<th>Annual Clients</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boyle McCauley Health Centre - Women's Health Clinic (Non-profit)</strong></td>
<td>Edmonton</td>
<td>Unsure</td>
<td>Holistic prenatal care until delivery - refer to obstetricians when high risk and for delivery; transportation support</td>
</tr>
<tr>
<td><strong>Health For Two (CPNP)</strong></td>
<td>Edmonton, St. Albert, Strathcona County/Sherwood Park, Fort Saskatchewan, Leduc/Leduc County</td>
<td>3,000</td>
<td>Home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, parenting/relationships classes; food coupons, bus tickets, prenatal supplements &amp; vitamin D, referrals.</td>
</tr>
<tr>
<td><strong>Edmonton and area Fetal Alcohol Network Society - Parent-Child Assistance Program (Non-profit)</strong></td>
<td>Edmonton and area</td>
<td>Unsure</td>
<td>One-on-one mentoring services for pregnant women until 6 months postpartum who have a history of substance abuse or a child with FASD; offer facilitated peer support/networking groups.</td>
</tr>
<tr>
<td><strong>Terra Centre (Non-profit)</strong></td>
<td>Edmonton area</td>
<td>570 women</td>
<td>Partnership with Braemar School, on-site support staffing, learning bursaries, youth leadership program, AHS well-baby clinic, mental health counselling, pediatrician onsite, clothing/baby supplies, youth housing support program, home visitation, family outreach program.</td>
</tr>
<tr>
<td><strong>Centre to End All Sexual Exploitation (CEASE) - Building Blocks for Women and Families</strong></td>
<td>Edmonton area</td>
<td>15-20</td>
<td>Home visitation, personal coaching/support/advocacy, peer support, housing assistance, referrals.</td>
</tr>
<tr>
<td><strong>Healthy, Empowered and Resilient (HER) Pregnancy Program (Non-profit)</strong></td>
<td>Edmonton and area</td>
<td>Unsure</td>
<td>Harm reduction support services for street-involved pregnant women until 6 months postpartum; support workers, nurses, social worker, basic health services, breastfeeding support, housing assistance, advocacy support, agency/university presentations.</td>
</tr>
<tr>
<td><strong>Edmonton Pregnancy Care Centre (Non-profit)</strong></td>
<td>Edmonton/Camrose areas</td>
<td>630</td>
<td>Pregnancy testing, options/peer counselling, clothing/baby supplies, post-abortion counselling, parenting/birth support, prenatal/life skills education, information/referrals, sexual health Jr/High school presentations.</td>
</tr>
<tr>
<td><strong>Pregnancy Pathways (Non-profit)</strong></td>
<td>Edmonton</td>
<td>Projected 30-36 (opened 2017)</td>
<td>Supportive housing - 12 spaces, 24/7 staffing, case management staff, support workers, housing support worker, harm reduction focus, housing up to 6-18 months postpartum.</td>
</tr>
<tr>
<td><strong>Elizabeth Fry Society Edmonton (Non-profit)</strong></td>
<td>Edmonton and area</td>
<td>Unsure</td>
<td>Support services for incarcerated women, traditional indigenous parenting classes, employment assistance, advocacy/education, partner with Health for Two, financial literacy program, housing program for 6 women.</td>
</tr>
<tr>
<td><strong>Multicultural Health Brokers Cooperative (Non-profit)</strong></td>
<td>Edmonton and area</td>
<td>1200-1500</td>
<td>Support workers, one-to-one and group prenatal classes, systems navigation, linguistic support, transportation, doula support, outreach/home visitation.</td>
</tr>
<tr>
<td><strong>Pregnancy Pathways (Non-profit)</strong></td>
<td>Edmonton</td>
<td>30-36 (opened 2017)</td>
<td>Supportive housing - 12 spaces, 24/7 staff, case management staff, support workers, housing support worker, harm reduction focus, housing up to 6-18 months postpartum.</td>
</tr>
<tr>
<td><strong><em>Not Interviewed</em> Adolescent Pregnancy Clinic</strong></td>
<td>Location: Royal Alexandra Hospital Edmonton</td>
<td></td>
<td>Prenatal and post natal care until 6 months postpartum, emotional support, nutrition teaching, community referrals.</td>
</tr>
<tr>
<td><strong><em>Not Interviewed</em> Community Perinatal Program</strong></td>
<td>Location: Edmonton</td>
<td></td>
<td>Prenatal, intra-partum and postpartum health care for at-risk women. Nutrition counselling, transportation, housing, addictions, parenting and other social support.</td>
</tr>
<tr>
<td>Service Provider</td>
<td>Catchment</td>
<td>Annual Clients</td>
<td>Services</td>
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<tr>
<td><strong>The Alex Youth Health Centre (Non-profit).</strong></td>
<td>Calgary area</td>
<td>125-150</td>
<td>Prenatal program with pregnancy, abortion, adoption support for youth under 24; low-risk physicians/ob on site; prenatal and parenting classes; housing, legal and financial support; referrals; baby supplies; prenatal appointment support; home visitation program; transportation, free doula services, general counselling services.</td>
</tr>
<tr>
<td><strong>Emma House (Non-profit).</strong></td>
<td>Calgary mostly, within province, out-of-province</td>
<td>12-20</td>
<td>Supportive housing for women up to 6 months postpartum; space for 8 women; life skills, nutrition, parenting classes; transportation and appointment support; 24/7 support staffing on-site, referral.</td>
</tr>
<tr>
<td><strong>Immigrant Services Calgary Healthy Start Program (CPNP).</strong></td>
<td>Calgary urban</td>
<td>80-100</td>
<td>Prenatal classes on-site with Best Beginnings nurse; access to nurse, dietician, and social worker; food hampers 1x month through Calgary food bank, grocery gift cards, bus tickets, prenatal vitamins; prenatal drop in group with free yoga classes.</td>
</tr>
<tr>
<td><strong>Prenatal Outreach Support Team (AHS).</strong></td>
<td>Calgary urban</td>
<td>about 100</td>
<td>Unique program - integrated services approach: team of outreach coordinators, Calgary police and nurses. Referral-based program, pregnant women automatically referred. Outreach based, work with at risk women to connect them with prenatal supports and resources.</td>
</tr>
<tr>
<td><strong>Aventa: Centre of Excellence for Women With Addictions (Non-profit).</strong></td>
<td>Alberta and Northwest Territories</td>
<td>approx. 70</td>
<td>Total of 65 treatment beds (6 beds funded by NWT; 5 beds reserved for pregnant women). Pregnant women given priority admission.</td>
</tr>
<tr>
<td><strong>Enhanced Services for Women Calgary (AHS).</strong></td>
<td>Calgary and area</td>
<td>none</td>
<td>Outreach counselling and referral service for women with substance abuse issues. Accessible, one-on-one, harm reduction approach. Program currently on hold due to staffing/funding issues. Other programs currently operating in Edmonton, Red Deer, Grande Prairie.</td>
</tr>
<tr>
<td><strong>Inn from the Cold (Non-profit).</strong></td>
<td>Calgary &amp; reserves, inter-provincial, direct immigrants</td>
<td>unsure for pregnant clients</td>
<td>Primary care services and referral to prenatal care - maternity physician on-site; post-partum nurse on site; drop-in prenatal education classes; free doula program, La Leche League support on-site; nutrition classes with Healthy Babies Network; Baby Box program; baby supplies; on-site supportive housing.</td>
</tr>
<tr>
<td><strong>Best Beginning (CPNP).</strong></td>
<td>Calgary Urban</td>
<td>1000</td>
<td>Multidisciplinary team of nurses, social workers and dieticians. Focus on health promotion, lifestyle and children's programs, home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, cooking groups, referrals.</td>
</tr>
<tr>
<td><strong>Healthy Babies Network (CPNP).</strong></td>
<td>Calgary</td>
<td>350</td>
<td>Coordinates the Catholic Family Service team; CPNP nutrition services for local agencies/programs - home visitation, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D. Developed to help bridge postpartum gap for Best Beginnings.</td>
</tr>
<tr>
<td><strong>Louise Dean Centre Counselling and Social Support Services (Catholic Family Service).</strong></td>
<td>Calgary and area, Cochrane, Okotoks</td>
<td>Unsure</td>
<td>Counselling, support, case management for youth up to age 22; home visits and on-site services, educational programs (financial, life skills, parenting), child care services, prenatal/parenting classes, learner benefit program, primary health services and prenatal care on-site.</td>
</tr>
<tr>
<td><strong>Servants Anonymous Society (Non-profit).</strong></td>
<td>Calgary</td>
<td>Unsure</td>
<td>Supportive housing program for pregnant women with history of sex work/exploitation or risk of exploitation; 3 housing spaces available; daycare on site; support staff on site.</td>
</tr>
<tr>
<td>Service Provider</td>
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<td>Annual Clients</td>
<td>Services</td>
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<tr>
<td>Calgary Urban Project Society (CUPS)</td>
<td>Calgary, Brooks, Aventa referrals</td>
<td>203 women, 120 births</td>
<td>Multidisciplinary prenatal team of NPs, GPs, OBs, RNs, addictions counselor, social worker/mental health counselor; methadone treatment; education and parenting programs; prenatal classes with Best Beginning; baby box program. Current perinatal depression/anxiety study - screening done in clinic.</td>
</tr>
<tr>
<td>Healthy Moms Health Babies (CPNP)</td>
<td>Banff, Canmore, Claresholm, High River, Nanton, Black Diamond, Okotoks, Vulcan</td>
<td>140</td>
<td>Home visitation program, one-to-one and group support, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, referrals.</td>
</tr>
<tr>
<td>Mosaic Primary Care Network &amp; Refugee Clinic</td>
<td>Urban East Calgary</td>
<td>50-65 low risk deliveries/month; 10/month at refugee clinic.</td>
<td>Low risk and Obstetrical prenatal care; Refugee Health Clinic (Malborough), Women's Health Clinic (Sunridge), partner with NE Women's Clinic, other PCNs; prenatal nutrition classes; on-site dietician and social worker.</td>
</tr>
<tr>
<td>Growing Opportunities (CPNP)</td>
<td>Strathmore, Wheatland county, east rural counties, Drumheller, Starland county</td>
<td>1200</td>
<td>Pregnancy testing, options counselling, pregnancy health information, advocacy support, clothing/baby supplies, housing assistance, referrals, free prenatal classes.</td>
</tr>
<tr>
<td>Elizabeth House (Non-profit)</td>
<td>Calgary mostly, within province, out-of-province</td>
<td>Unsure</td>
<td>Supportive housing until baby is 2 years old; space for 6 women; caseworker support, counselling services through Catholic Family Services, legal/court support, life skills/nutrition/parenting classes, referrals.</td>
</tr>
<tr>
<td>HIV Community Link - Shift Program (Non-profit)</td>
<td>Calgary</td>
<td>3</td>
<td>Supportive housing until baby is 2 years old; space for 6 women; caseworker support, counselling services through Catholic Family Services, legal/court support, life skills/nutrition/parenting classes, referrals.</td>
</tr>
<tr>
<td>Calgary Pregnancy Care Centre (Non-profit)</td>
<td>Calgary, Strathmore, Airdrie, Okotoks and area</td>
<td>1200</td>
<td>Pregnancy testing, options counselling, pregnancy health information, advocacy support, clothing/baby supplies, housing assistance, referrals, free prenatal classes.</td>
</tr>
<tr>
<td><em>Not Interviewed</em> The Alex Centering Pregnancy Program (Non-profit)</td>
<td>Calgary, Strathmore, Airdrie, Okotoks and area</td>
<td>1200</td>
<td>Pregnancy testing, options counselling, pregnancy health information, advocacy support, clothing/baby supplies, housing assistance, referrals, free prenatal classes.</td>
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<tr>
<td>South Zone</td>
<td>Provincial</td>
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<tr>
<td><strong>Best Babies (CPNP).</strong> Catchment: Medicine Hat, Brooks, Oyen, Bow Island. Annual clients: 235. Services: Home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, social support, prenatal classes, Good Food Box program, community kitchen program.</td>
<td><strong>Lethbridge Pregnancy Care Centre (Non-profit).</strong> Catchment: Lethbridge and area. Annual Clients: 200. Services: Pregnancy testing, options counselling, pregnancy health information, advocacy support, clothing/baby supplies, housing assistance, referrals.</td>
<td></td>
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</tr>
<tr>
<td><strong>South East Public Health (AHS).</strong> Catchment: Medicine Hat, Brooks, Oyen, Bow Island. Annual clients: 1500. Services: Home visitation network, prenatal social determinants of health screening, mental health therapists, sexual and reproductive health programs; prenatal education.</td>
<td><strong>Fort Saskatchewan Correctional Centre.</strong> Overview: Voluntary, women-led prenatal classes on site in partnership with AHS (2-6 women/1x month). Varying amounts of success with classes so far. Prenatal care at Edmonton Community Perinatal Program clinics, usually deliver at Gray Nuns Hospital. Offer breast pumps and milk storage on site.</td>
<td></td>
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</tr>
<tr>
<td><strong>Edmonton Remand Centre.</strong> Overview: Currently follow prenatal protocol for regular obstetrical care. Newly opened Women’s Health Clinic - more holistic focus for incarcerated women. Recent research study done at Edmonton Remand looking at the impact of incarceration and homelessness on women’s health (not pregnancy specific).</td>
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</tbody>
</table>