PUBLIC HEALTH 2024
23–25 APRIL
HALIFAX

**ABSTRACT SESSION 8 WEDNESDAY 24 APRIL 11:00-12:15 ROOM 506 - 507**

- Vaping in pregnancy: Navigating agency, assessment, and ambivalence — *Nancy Poole*
- Examining evacuation birth policy in Ontario and the influence of health systems' cultures on the provision of maternity care for First Nations Peoples birthing outside of their communities — *Erika Campbell*
- Responding to Indigenous women's stories of reproductive coercion — *Holly McKenzie*
- Comprehensive review of Healthy Families, Healthy Babies perinatal home visiting program — *Laura Brennan*
- Engaging public health in action on substance use in pregnancy — *Nancy Poole*

## Vaping in Pregnancy: Navigating Agency, Assessment, and Ambivalence — Nancy Poole

**Introduction/background:**
While there is a growing body of research on cannabis and nicotine use, there is a notable gap in research aimed at understanding women's experiences with vaping during pregnancy and postpartum. To address this, the Centre of Excellence for Women's Health interviewed women who vape(d) nicotine and/or cannabis during pregnancy/postpartum to better understand women's experiences, patterns of use, considerations regarding vaping during pregnancy and within 2 years postpartum, and to understand resource and information needs.

**Methods:**
22 participants were recruited via social media and semi-structured interviews were conducted on Zoom or by telephone. Participants were either pregnant or in the postpartum. Interviews were conducted by two main interviewers, recorded and transcribed. Data were coded and analyzed using a combined deductive and inductive approach, and principles of abductive analysis applied to the data.

**Results and analysis:**
Three main themes emerged: women's agency in information seeking, approaches to assessing information, and ambivalence regarding vaping practices. Even though women looked for information on the health effects of vaping during pregnancy, they had to make decisions in the context of limited research and guidance. At times, family, friends, partners, and online communities influenced their decisions. There was a lack of consistency in conversations between women and their healthcare providers about vaping. These findings informed the development of two resources: one for women and another to support health care practitioners who work with women who vape during pregnancy/postpartum.

**Conclusions and implications for policy, practice or additional research:**
Understanding women's experiences and motivations for vaping during pregnancy and postpartum is an under-researched area that has immediate implications for women's and fetal/infant health, and in guiding best practices in health services and systems. Recommendations are made for immediate improvements in information, public health and health promotion approaches that recognize women's decision-making processes and reasons for vaping, and provides appropriate, non-stigmatizing information and guidance to women and health care practitioners.

## Examining Evacuation Birth Policy in Ontario and the influence of health systems' cultures on the provision of maternity care for First Nations Peoples birthing outside of their communities – Erika Campbell

**Introduction/background:**
In Canada, First Nations Peoples are subjected to evacuation birth policy, through the First Nation Inuit Health Branch (FNIHB), whereby federally employed nursing personnel arrange transport at 36 weeks' gestation resulting in the relocation of birth outside of their communities. Additionally, racism within healthcare is so pervasive that First Nations strategize around anticipated racism when accessing care or avoid using the health system, which affects maternal and infant health.
My research explores the influence of dominate culture in health institutions within the federal and Ontario health systems on the provision of maternity care provided to First Nations evacuated out of their communities to give birth.

**Methods:**
I conducted a focused ethnography by collecting documentary, survey and interview data. I examined organizational and institutional documents, from provincial hospitals in Ontario, as well as FNIHB pertaining to protocols and policies around evacuation for birth and care for Indigenous Peoples. Semi-structured interviews with 15 maternity care providers were used to explore the influence of beliefs maternity care providers have when providing to First Nations Peoples.

**Results and analysis:**
While data analysis is in its final stages, preliminary results point to several key themes: lack of continuity of care, need for trauma-informed, anti-racist and cultural safe care and education on these practices, and for policy to shift to enable providers to deliever care closer to clients' homes.

**Conclusions and implications for policy, practice or additional research:**
To begin to redress issues of oppression within maternity care for First Nations evacuees, provinival and federal health institutions and systems must support, through policy, practice, and funding changes, the returne of brith back to communities through Indigenous midwifery.

## Responding to Indigenous women's stories of reproductive coercion — Holly McKenzie

**Introduction/background:**
Reproductive coercion has been enacted in various locations globally, both through policy and patterns of healthcare providers' actions. Research specific to the Canadian context has largely focused on historical patterns of coercive sterilization. However, over the last few years, Indigenous (First Nation, Métis and Inuit) women's stories about healthcare providers subjecting them to forced and coerced sterilization have brought this violation of Indigenous women's rights to informed cosent to public consciousness through media coverage, books and articles, reports, and an ongoing class action lawsuit. Grounded in a collaborative, action-oriented study with urban Indigenous women in Winnipeg, Saskatoon and Regina focused on reproductive (in)justice(s), this presentation explores urban Indigenous women's experiences of reproductive coerion in Saskatchewan and Manitoba and policy responses.

**Methods:**
This collaborative, action-oriented research project was facilitated with 32 Indigenous women, Two-Spirit, trans and allied collaborators from March 2015-2017. This analysis draws on knowledge co-generated through research circles, open-ended interviews, collaborator meetings, as well as a policy and media analysis.

**Results and analysis:**
This analysis demonstrates a pattern of service providers subjecting Indigenous women to coercive practices related to tubal ligation, long-term contraceptives, and abortion in various health and social service settings. However, institutional responses to date have focused on addressing reproductive coercion within the context of postpartum tubal ligations. This analysis also foregrounds techniques Indigenous women use to assert their rights within coercive contexts, including acts of refusal, negotiation and sharing community knowledge.

**Conclusions and implications for policy, practice or additional research:**
This study findings highlight the need for broader public conversations and policy responses to reproductive coercion. In order to cultivate contexts for safe interactions between Indigenous women and service providers, it is integral to expand inclusive, responsive, wholistic and culturally relevant services and transform institutional cultures.

### Comprehensive review of Healthy Families, Healthy Babies perinatal home visiting program — Laura Brennan

**Introduction/program need and objectives:**
Since 1994, New Brunswick (NB) has offered public health programming targeting early childhood as a determinant of health. The latest iteration - Healthy Families, Healthy Babies (HFHB) - offers universal (newborn/toddler screening, breastfeeding promotion and support, and parenting resources) and targeted services (prenatal supplements for low-income clients and perinatal intensive home visiting for at-risk first-time birthing parents) to enhance prenatal outcomes, child health and development and parental life course. A review was initiated to determine if HFHB's meeting its goals and effective approaches for supporting perinatal health.

**Program methods, activities and evaluation:**
A variety of strategies were used to answer these questions: document review; secondary analysis of provincial administrative data; inter- and intra-jurisdictional scans of perinatal home visiting programs, financial benefits, nutrition supplements, and perinatal public health standards; client surveys; stakeholder consultations; root cause analysis; and, literature reviews on perinatal home visiting and best practices to support perinatal health.

**Program results or outcomes:**
Over HFHB's lifetime, NB's low-birth weight and pre-term delivery rates have been stable. The review revealed the prenatal supplement program was not client centered and misaligned with Canada's Food Guide. Literature reviews failed to find robust evidence of the cost-effectiveness of perinatal home visiting programs in Canada. Analysis of provincial administrative data sets showed no impact of participation in post-natal home visiting on child development at 18 month and 4-5 years compared to a matched sample of non-participants. However, participants who breastfed were more likely than matched non-participants to still be breastfeeding at 18-months. Universal toddler screening resulted in nearly 5000 referrals/year to professionals and services to support child health and development.

**Recommendations and implications for practice or additional research:**
The evidence and best practices for public health programming to support perinatal population health has evolved, and long-standing programs should evolve with it. A HFHB Recommendations Working Group has been created to develop recommendations for how NB should support perinatal health going forward.

## Engaging public health in action on substance use in pregnancy — Nancy Poole

**Introduction/ program need and objectives**

In *A Public Health Approach to Substance Use Handbook* (2023), seven key approaches were identified including reducing stigma and discrimination, and linking services. On no issue are these approaches more needed than in the case of substance use in pregnancy. This presentation will describe how these approaches are, and can be, enacted to reach pregnant women and gender diverse individuals who use substances and face a range of health, social and systemic challenges.

**Program methods, activities and evaluation**

The Co-Creating Evidence Evaluation Project was a first-of-its-kind-in-Canada multi-site evaluation of eight community-based programs located across the country that support women in the perinatal period through harm reduction oriented, trauma informed, culturally safe and women centered approaches using a wraparound model. In the research process, 424 client, staff and service partner interviews and program data collected over 18 months were completed. This presentation will introduce a Digital Handbook on Wraparound Programs produced in a final phase of the project, to support the creation, development, ongoing operation, and sustainability of wraparound programs reaching pregnant women and new mothers and their children.

**Program results or outcomes**

Through the development of the Digital Handbook, leaders from the eight program sites, the research team, and members of the FASD Prevention Network from a Women's Determinants of Health Perspective describe how wraparound programming can be delivered. Fifteen modules cover core approaches and key components of evidence-based wraparound program delivery, so that others can initiate, expand and/or refine programming in any location.

**Recommendations and implications for practice or additional research**

The free, interactive Digital Handbook offers topic descriptions, models for practice, links to resources, and reflection and discussion questions on the delivery of wraparound programming useful to program planners, managers and staff, service partners from a variety of health and social sectors, funders, researchers, community members, and families affected by perinatal substance use.