

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

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MARGINALIZED WOMEN WORKING GROUP

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# Acronyms

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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

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**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

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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.

(1) Maternal Newborn Child and Youth Strategic Clinical Network. (2016). 2017-2020 Transformational Roadmap. Alberta Health Services.

# Purpose & Report Focus

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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.



# MWWG Definition of Marginalized

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***“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)***



(1) Duff P, SJ, CJ, FC, NR, & SK. Sex Work and Motherhood: Social and Structural Barriers to Health and Social Services for Pregnant and Parenting Street and Off-Street Sex Workers. Health care for women international. 2015 February ; 36(9).

(2) Venkataraman, S. (2017). *Prenatal Access Care Barriers – Marginalized Population – Literature Review*. Unpublished, Alberta Health Services/University of Waterloo.

# Identified Sub-Groups

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

*Homeless*

*Low-Income*

*Street-Involved*

*Immigrants & Refugees*

*Substance Users*

*Sex Workers*

*Mentally Ill*

*Women experiencing domestic violence*

*Incarcerated*

*Women in remote and rural locations*

*Youth*

**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.

(1) Venkataraman, S. (2017). *Prenatal Access Care Barriers – Marginalized Population – Literature Review*. Unpublished, Alberta Health Services/University of Waterloo.

# Objectives

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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

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- ❖ 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

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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

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- ❖ 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

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- ❖ 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

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

Quantitative	Qualitative
Microsoft Office Excel was used to record, organize and analyze quantitative data.	Coding was used to categorize qualitative interview data and determine themes.
Descriptive statistics, counts and simple graphics analysis are used in this report.	Microsoft Office Excel was used to organize coded qualitative data.



## 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

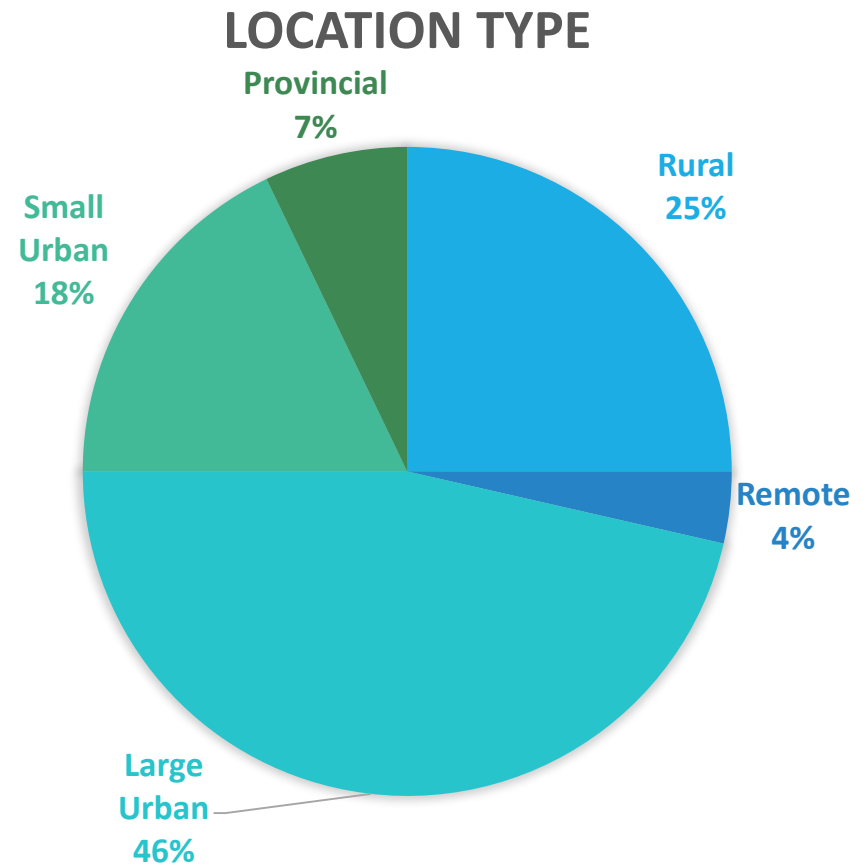
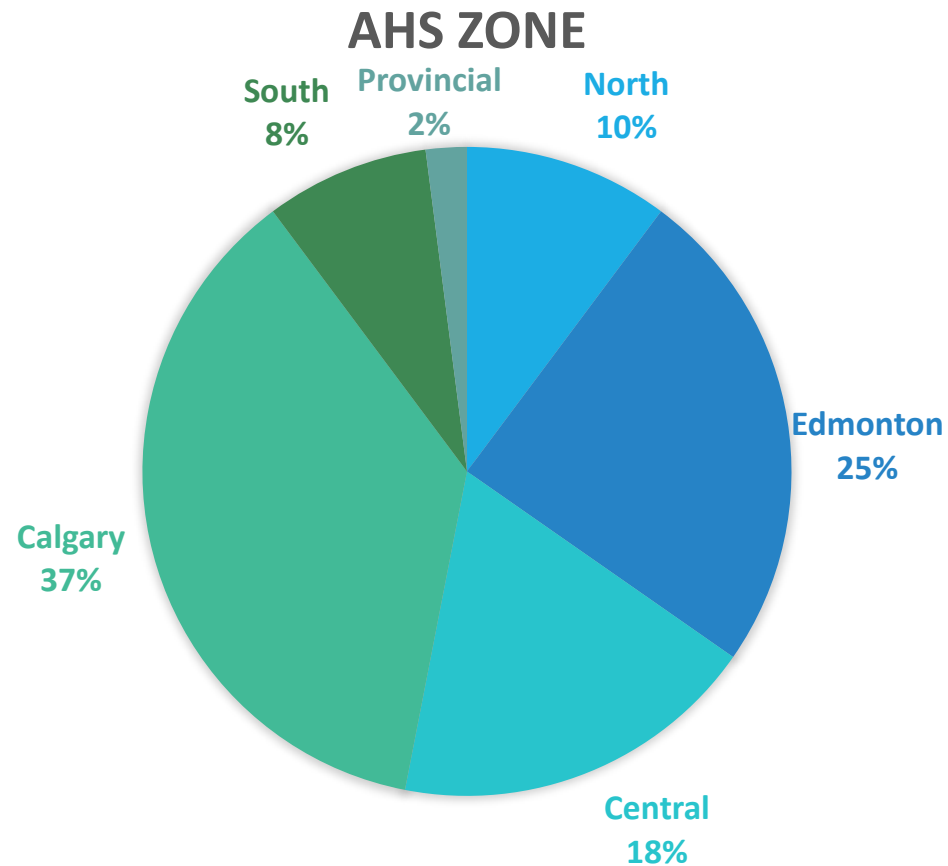
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- ❖ Structured phone interviews were conducted from October 5 – November 10, 2017
- ❖ 62 individuals/agencies were contacted for interviews (See Appendix B)
- ❖ 49 phone interviews were completed
- ❖ **Overall response rate = 79%**
- ❖ Response rate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

North (5/11)	Edmonton (10/15)	Central (9/9)	Calgary (18/18)	South (4/6)	Provincial (3/3)
45%	67%	100%	100%	67%	100%

# Interviews by Location

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# Interviews by Service Type

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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

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## People:

Executive Directors, Program Directors

Program Coordinators, Program Managers, Team Leads

Registered Nurses, Nurse Practitioners, Midwives, Social Workers, Dietitians

Group Facilitators, Case Workers, Access Workers

## Who?

## Where?

## Communities:

Grande Prairie, Fort McMurray, High Prairie, Slave Lake

Edmonton and area

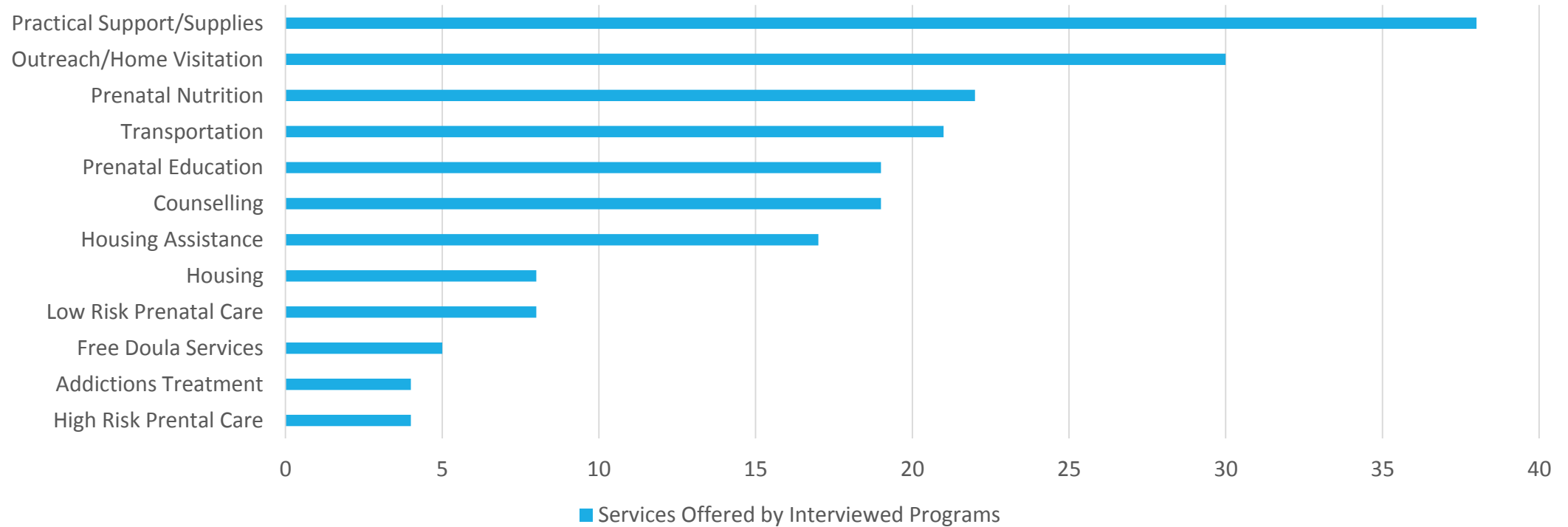
Red Deer, Edson, Rocky Mountain House, Camrose, Drayton Valley, Wetaskiwin

Calgary and area, Strathmore

Medicine Hat, Lethbridge

# What?

## Types of Services:



# I. Existing Services

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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.



## Existing Services

### PROGRAMS INTERVIEWED

Please see Appendix C for program summaries

#### North (5)

Fort McMurray Food for Two  
High Prairie Good Start/Children's Resource Council  
Slave Lake Healthy Choices for Moms & Babies  
Grande Prairie Pregnancy Care Centre  
Grand Prairie Pregnant & Parenting Teen Program

#### Edmonton (10)

Boyle McCauley Health Centre Women's Clinic  
Centre to End All Sexual Exploitation (CEASE)  
Elizabeth Fry Society  
Health for Two  
Healthy, Empowered, Resilient (HER) Pregnancy Program  
Multicultural Health Brokers Cooperative  
Edmonton Parent-Child Assistance Program  
Edmonton Pregnancy Care Centre  
Pregnancy Pathways  
Terra Centre

#### Calgary (18)

The Alex Youth Health Centre  
Aventa Centre  
Best Beginning  
CUPS Women's Clinic  
Elizabeth House  
Emma House  
Enhanced Services for Women Calgary  
Healthy Babies Network  
Healthy Moms, Healthy Babies  
HIV Community Link Shift Program  
Immigrant Services: Healthy Start Calgary  
Inn From the Cold  
Louise Dean Centre  
Mosaic PCN & Refugee Clinic  
Calgary Pregnancy Care Centre  
Prenatal Outreach Support Team (POST)  
Red Community Midwives  
Servants Anonymous Society  
Strathmore Growing Opportunities Program

#### Central (9)

Rocky Mountain House Baby Biz  
Red Deer Building Incredible Babies  
Central Alberta Pregnancy Care Centre & Maternity Home  
Drayton Valley Nutritious Beginnings  
Wetaskiwin Nutritious Beginnings/Public Health  
Red Deer Nutrition Services  
Camrose TIPS Nutrition Program & Parent-Child Assistance Program  
Red Deer Turning Point Women's Program  
Edson Women Infant Nutrition

#### South (4)

Medicine Hat Best Babies Program  
Better Beginnings Program  
Pregnancy Care Centre Lethbridge  
Medicine Hat Public Health

#### Provincial (3)

Alberta Parent-Child Assistance Program Council  
Edmonton Remand Centre  
Fort Saskatchewan Correctional Centre

## II. Provincial Overview

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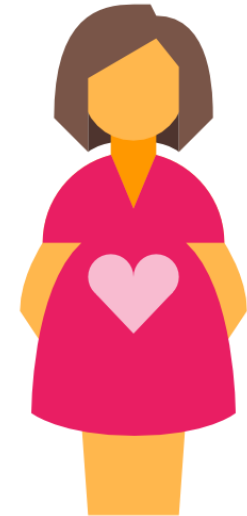
Several overall **themes** were identified when looking at the interview data from a provincial lens.

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

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# 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

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**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)



# Income/Employment

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# 40%

of participants identified the need for more income and employment support for marginalized pregnant women.

**Key Words:**

Income (12)

Food (5)

Employment (3)

**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.



# Primary Care Services

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**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)



# Care Provider Education

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**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.

## Key Words:

Provider/Professional (12)

Trauma (7)

Education (4)

Screening (3)

FASD (2)

Flexible (2)



# Newcomer Services

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# 24%

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

**Key Words:**

Immigrant/Refugee (6)

Uninsured (4)

Language (2)



**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

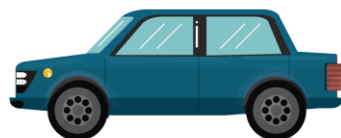
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# 22%

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

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## **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

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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.

# 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

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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.

## 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

# V. Innovative Programming

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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

Within Alberta  
 Outside Alberta



## Section 4: Conclusion

Literature Review, Limitations, Preliminary Recommendations, Conclusion



# Literature Review

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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.**



(1) Venkataraman, S. (2017). *Prenatal Access Care Barriers – Marginalized Population – Literature Review*. Unpublished, Alberta Health Services/University of Waterloo.

# Literature Review Comparison

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## Immigrants & Refugees

Literature Review Findings	Similar Program/Service in Alberta?
Peer support services (strong evidence)	Yes: Multicultural Health Brokers Cooperative offers peer support for immigrant/refugee women.
Group prenatal care models (strong evidence)	Yes: The Alex Centering Pregnancy Program uses this model and is open to immigrant/refugee clients.
Health care provider training	No examples found for this population. Identified widespread need; current care provider training is inconsistent.
Home visitation	Yes: Red Community Midwives offer home-based prenatal care services for this population.
Mobile health clinics	Yes: The Alex offers Health and Dental Community Bus services for at risk populations (although not targeted at immigrant/refugee populations)
Sexual & reproductive education (strong evidence)	Yes: Mosaic PCN Women's Clinic and Refugee Clinic offer prenatal and sexual health services.
Stress-reduction programs	Yes: Immigrant Services offers free prenatal yoga classes through the Healthy Start Calgary program.
Re-imbursement of travel costs	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.

# Literature Review Comparison

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## Incarcerated

Literature Review Findings	Similar Program/Service in Alberta?
Birth education classes	Yes: Fort Saskatchewan Correctional Centre offers on-site prenatal education classes for inmates.
Doula support	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.
Collaborative case management	No examples found for this population. Identified need for better release planning – new provincial release program has been implemented.
Prison nurseries	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.
Residential parenting programs	No examples found. Currently no space for separate unit in correctional/remand centres; significant security and infant/child safety concerns.
Access to contraception	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.

# Literature Review Comparison

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## Substance Users

Literature Review Findings	Similar Program/Service in Alberta?
<b>Access to contraception/abortion (strong evidence)</b>	Yes: Sexual Health Clinics provide free contraception for youth. Abortion services available in Alberta, but current issues with regional gaps.
Comprehensive treatment services	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.
Timely access to treatment	Yes: Addictions treatment facilities and services offered priority access for pregnant women.
Support groups	No examples found for this population.
Universal screening (limited evidence)	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)
Prescription monitoring programs (limited evidence)	No examples found in this study.
Clinical process standardization (limited evidence)	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.

# Literature Review Comparison

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## Sex Workers

Literature Review Findings	Similar Program/Service in Alberta?
Tailored Services	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.
Access to contraception	Yes: Sexual Health Clinics currently offer free contraception for youth; Shift Calgary provides free safer sex supplies & low-cost contraception referrals.
Policy changes	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.
Online/phone support (limited evidence)	No examples found for this population.

# Literature Review Recommendations

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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

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- ❖ 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

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## 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

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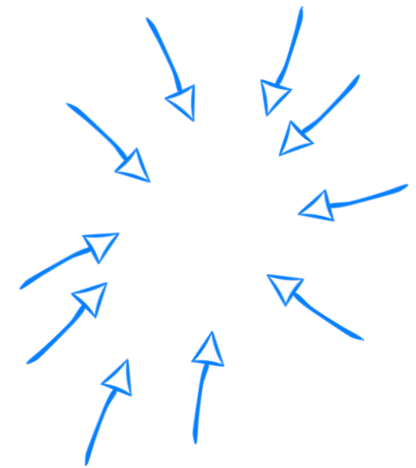
This environmental scan report demonstrates the excellent network of specialized services in Alberta that care for marginalized pregnant women. **Current strengths** include agency engagement and responsiveness, innovative and creative programming, and a strong sense of commitment to serving the needs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

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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

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

**Bold: Interviewed (49)**

[Blue: Contacted, no response \(13\)](#)

*Italic: Not contacted (13)*

Central - 9/9	Calgary - 18/18	South - 4/6
Red Deer Turning Point Women's Program	Prenatal Outreach Support Team (POST)	Lethbridge Pregnancy Care Centre
Central Alberta Pregnancy Care Centre & CAPCC Maternity Home	Calgary Pregnancy Care Centre	<i>Birthright of Lethbridge</i>
Edson Women Infant Nutrition	Healthy Moms, Healthy Babies	<i>Medicine Hat Nurture Pregnancy Centre</i>
Rocky Mountain House Baby Biz	Best Beginning	Best Babies (SE)
Camrose TIPS Nutrition	Strathmore Growing Opportunities	Better Beginnings (SW)
Wetaskiwin Nutritious Beginnings	Calgary Healthy Babies Network	Medicine Hat Public Health
Red Deer Nutrition Services	Mosaic PCN & Refugee Clinic	<i>Lethbridge Victoria Park School</i>
Drayton Valley Nutritious Beginnings	Calgary Urban Project Society (CUPS) Women's Clinic	<i>Medicine Hat YMCA Young Moms</i>
Red Deer Building Incredible Babies	Red Community Midwives	<i>First Steps Family Health Home Visitation program</i>
<i>Stettler CONNECTIONs</i>	Emma House	
<i>Innisfail CONNECTIONs</i>	Elizabeth House	
<i>Hanna Baby Steps (AHS)</i>	Inn From the Cold/Journey House	
<i>Enhanced Services for Women Red Deer</i>	Immigrant Services Healthy Start	
	Shift Calgary	
	Servants Anonymous Society	
	The Alex Youth Health Centre	
	Louise Dean School	
	<i>Kara Life Program</i>	
	Enhanced Services for Women Calgary	
	Aventa	
	<i>Elizabeth Fry Society Calgary</i>	
	<i>The Alex Centering Pregnancy</i>	

# Appendix C – Program Summaries

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## North Zone

<b>Food for Two (CPNP).</b> 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.	<b>Healthy Choices for Moms and Babes (CPNP).</b> 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.	<b>Grande Prairie Pregnant and Parenting Teen Program (Non-profit).</b> 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.
<b>Good Start (CPNP).</b> Catchment: East Prairie (Metis Settlement), Faust, Girouxville, Grouard, Jossard, 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.	<b>Grande Prairie Pregnancy Care Centre (Non-profit).</b> Catchment: Grande Prairie and area. Annual Clients: projected 250 (opened 2017) Services: Pregnancy testing, options counselling, clothing/baby supplies, post-abortion counselling, parenting/birth support, prenatal education, information/ referrals.	<b>*Not Interviewed* Lakeland 2nd Floor Recovery Centre (Non-profit).</b> Location: Cold Lake. Services: 9 beds; women-only, long-term, fee-for-service addictions treatment centre. Pregnant women given priority.

## Edmonton Zone

<b>Boyle McCauley Health Centre - Women's Health Clinic (Non-profit).</b> Catchment: Edmonton. Annual Clients: Unsure. Services: Holistic prenatal care until delivery - refer to obstetricians when high risk and for delivery; transportation support	<b>Health For Two (CPNP).</b> Catchment: Edmonton, St. Albert, Strathcona County/Sherwood Park, Fort Saskatchewan, Leduc/Leduc County. Annual Clients: 3,000 Services: Home visitation program, prenatal nutrition counselling, prenatal & postnatal information/support, parenting/relationships classes; food coupons, bus tickets, prenatal supplements & vitamin D, referrals.	<b>Edmonton and area Fetal Alcohol Network Society - Parent-Child Assistance Program (Non-profit).</b> Catchment: Edmonton and area. Annual Clients: Unsure. Services: 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.	<b>Terra Centre (Non-profit).</b> Catchment: Edmonton area. Annual Clients: 570 women. Services: 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.
<b>Centre to End All Sexual Exploitation (CEASE) - Building Blocks for Women and Families.</b> Catchment: Edmonton area. Annual Clients: 15-20. Services: Home visitation, personal coaching/support/advocacy, peer support, housing assistance, referrals.	<b>Healthy, Empowered and Resilient (HER) Pregnancy Program (Non-profit).</b> Catchment: Edmonton and area. Annual Clients: Unsure. Services: 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.	<b>Edmonton Pregnancy Care Centre (Non-profit).</b> Catchment: Edmonton/Camrose areas. Annual clients: 630 Services: 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	<b>*Not Interviewed* Adolescent Pregnancy Clinic.</b> Location: Royal Alexandra Hospital Edmonton. Services: Prenatal and post natal care until 6 months postpartum, emotional support, nutrition teaching, community referrals.
<b>Elizabeth Fry Society Edmonton (Non-profit).</b> Catchment: Edmonton and area. Annual Clients: Unsure. Services: 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.	<b>Multicultural Health Brokers Cooperative (Non-profit).</b> Catchment: Edmonton and area. Annual Clients: 1200-1500. Services: 60 support workers, one-to-one and group prenatal classes, systems navigation, linguistic support, transportation, doula support, outreach/home visitation.	<b>Pregnancy Pathways (Non-profit).</b> Catchment: Edmonton. Annual Clients: projected 30-36 (opened 2017). Services: 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.	<b>*Not Interviewed* Community Perinatal Program.</b> Location: Edmonton. Services: Prenatal, intra-partum and postpartum health care for at-risk women. Nutrition counselling, transportation, housing, addictions, parenting and other social support.

## Central Zone

<p><b>Baby Biz (CPNP).</b> Catchment: Rocky Mountain House and area. Annual Clients: 20. Services: Home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, breast pumps, prenatal classes, life-skills training, breastfeeding support, transportation support</p>	<p><b>Drayton Valley Nutritious Beginnings (CPNP).</b> Catchment: Drayton Valley and area. Annual Clients: 88-105. Services: Home visitation until 3 months postpartum, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, transportation support,</p>	<p><b>TIPS Nutrition Program (CPNP) &amp; Parent-Child Assistance Program (FASD).</b> Catchment: Camrose, Wainwright, Provost and areas. Annual Clients: CPNP - 62-70, PCAP - 23. CPNP services: Home visitation program pregnant until child 6 years old, nutritional counselling, parenting support, child development, referrals. PCAP services: 3 year mentorship home visitation program for women with history of substance abuse or a child with FASD, community referrals.</p>
<p><b>Building Incredible Babies (CPNP).</b> Catchment: Red Deer and area. Annual Clients: Services: Home visitation, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, adoption/abortion referrals, breastfeeding support, cooking groups, educational classes.</p>	<p><b>Wetaskiwin Nutritious Beginnings (CPNP).</b> Catchment: Wetaskiwin, Millet, Pigeon Lake and areas. Annual Clients: 37. Services: Offer in-kind services with public health unit - home visitation program, one-on-one prenatal classes, nutritional counselling, food coupons/gift cards, transportation support.</p>	<p><b>Turning Point Women's Program (Non-profit).</b> Catchment: Red Deer urban. Annual clients: 161 women in last six months. Services: Supportive care and referrals for at-risk women (pregnancy focus). No-barrier care, drop in services.</p>
<p><b>Central Alberta Pregnancy Care Centre (Non-profit).</b> Catchment: Red Deer, Olds, Rocky Mountain House, Sundre and areas. Annual Clients: 2750. Services: Pregnancy testing, options/peer counselling, clothing/baby supplies, post-abortion counselling, one-on-one prenatal classes, doula services, information/referrals, sexual trauma counselling program. <b>CAPCC Maternity Home:</b> Phase 1 - 4 rooms with 24/7 support staffing, can stay until 6 months postpartum; Phase 2 - 7 one-bedroom apartments, access to support services, can stay until baby is 2 years old.</p>	<p><b>Nutrition Services (AHS).</b> Catchment: Red Deer &amp; Central Alberta. Annual Clients: 68. Services: Prenatal nutrition counselling for high-risk women.</p>	<p><b>Women Infant &amp; Nutrition (CPNP).</b> Catchment: Edson, Hinton, Jasper and areas. Annual Clients: 40. Services: Home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, peer support group, clothing/baby supplies, birthing support, substance abuse/tobacco support.</p>

## Calgary Zone

<p><b>The Alex Youth Health Centre (Non-profit).</b> Catchment: Calgary area. Annual Clients: 125-150. Services: 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.</p>	<p><b>Emma House (Non-profit).</b> Catchment: Calgary mostly, within province, out-of-province. Annual Clients: 12-20. Services: 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.</p>	<p><b>Immigrant Services Calgary Healthy Start Program (CPNP).</b> Catchment: Calgary urban. Annual Clients: 80-100. Services: 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.</p>	<p><b>Prenatal Outreach Support Team (AHS).</b> Catchment: Calgary urban. Annual Clients: about 100. Services: 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.</p>
<p><b>Aventa: Centre of Excellence for Women With Addictions (Non-profit).</b> Catchment: Alberta and Northwest Territories. Annual Clients: approx. 70 pregnant women Services: Total of 65 treatment beds (6 beds funded by NWT; 5 beds reserved for pregnant women). Pregnant women given priority admission.</p>	<p><b>Enhanced Services for Women Calgary (AHS).</b> Catchment: Calgary and area. Annual Clients: none. Services: 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.</p>	<p><b>Inn from the Cold (Non-profit).</b> Catchment: Calgary &amp; reserves, inter-provincial, direct immigrants. Annual Clients: unsure for pregnant clients. Services: 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.</p>	<p><b>Red Community Midwives (AHS).</b> Catchment: Calgary and area. Annual Clients: 130-135 (50-75% marginalized). Services: Midwifery care for high-risk populations; home-visitation focused; holistic, inclusive approach to care</p>
<p><b>Best Beginning (CPNP).</b> Catchment: Calgary Urban. Annual Clients: 1000. Services: 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.</p>	<p><b>Healthy Babies Network (CPNP).</b> Catchment: Calgary. Annual Clients: 350. Services: 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.</p>	<p><b>Louise Dean Centre Counselling and Social Support Services (Catholic Family Service).</b> Catchment: Calgary and area, Cochrane, Okotoks. Annual Clients: Unsure. Services: 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.</p>	<p><b>Servants Anonymous Society (Non-profit).</b> Catchment: Calgary. Annual Clients: Unsure. Services: 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.</p>



## Calgary Zone (continued)

<p><b>Calgary Urban Project Society (CUPS) Women's Health Prenatal Program (Non-profit).</b> Catchment: Calgary, Brooks, Aventa referrals. Annual Clients: 203 women, 120 births. Services: multidisciplinary prenatal team of NPs, GPs, OBs, RNs, addictions counsellor, social worker/mental health counsellor; methadone treatment; education and parenting programs; prenatal classes with Best Beginning; baby box program. Current perinatal depression/anxiety study - screening done in clinic.</p>	<p><b>Healthy Moms Health Babies (CPNP).</b> Catchment: Banff, Canmore, Claresholm, High River, Nanton, Black Diamond, Okotoks, Vulcan. Annual Clients: 140. Services: 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.</p>	<p><b>Mosaic Primary Care Network &amp; Refugee Clinic.</b> Catchment: Urban East Calgary. # Clients: 50-65 low risk deliveries/month; 10/month at refugee clinic. Services: 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.</p>	<p><b>Growing Opportunities (CPNP).</b> Catchment: Strathmore, Wheatland county, east rural counties, Drumheller, Starland county. Services: team of nurse, support worker and life skills worker, with access to dietician; home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, food box program, clothing/baby supplies, dental care kits.</p>
<p><b>Elizabeth House (Non-profit).</b> Catchment: Calgary mostly, within province, out-of-province. Annual Clients: Unsure. Services: 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.</p>	<p><b>HIV Community Link - Shift Program (Non-profit).</b> Catchment: Calgary. Annual Clients: ~3 pregnant women. Services: For women currently or formerly in the sex industry - not an exit-based program; no services specific for pregnant women - refer to CUPS/Best Beginnings; counselling, crisis/case management, free safe sex supplies, employment/retraining support, advocacy/legal support, practical supports, referrals.</p>	<p><b>Calgary Pregnancy Care Centre (Non-profit).</b> Catchment: Calgary, Strathmore, Airdrie, Okotoks and area. Annual clients: about 1200. Services: Pregnancy testing, options counselling, pregnancy health information, advocacy support, clothing/baby supplies, housing assistance, referrals, free prenatal classes.</p>	<p><b>*Not Interviewed* The Alex Centering Pregnancy Program (Non-profit).</b> <b>Overview:</b> offers group prenatal care for at risk women; on site physicians, nurses, childbirth educators; interactive group education sessions occur after prenatal appointments.</p>

## South Zone

## Provincial

<p><b>Best Babies (CPNP).</b> 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.</p>	<p><b>Lethbridge Pregnancy Care Centre (Non-profit).</b> Catchment: Lethbridge and area. Annual Clients: 200. Services: Pregnancy testing, options counselling, pregnancy health information, advocacy support, clothing/baby supplies, housing assistance, referrals.</p>	<p><b>Alberta Parent-Child Assistance Program (PCAP) Council.</b> Overview: Support/training for &gt;30 PCAP programs in Alberta - 23 provincially funded, 7 federally funded (reserves).</p>	<p><b>Fort Saskatchewan Correctional Centre.</b> 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.</p>
<p><b>Better Beginnings (CPNP).</b> Catchment: South West Alberta (13 communities). Annual Clients: 200. Services: Home visitation program, prenatal nutrition counselling, prenatal &amp; postnatal information/support, food coupons, prenatal supplements &amp; vitamin D, breastfeeding support, cooking classes, dental care kits, mental health support, tobacco cessation support, referrals.</p>	<p><b>South East Public Health (AHS).</b> 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.</p>	<p><b>Edmonton Remand Centre.</b> 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).</p>	