



Evaluation of “My Baby and Me” Infant Passport

ST. MICHAEL’S HOSPITAL

By Members of the St. Michael's Hospital
Young Parents Work Group
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ST. MICHAEL'S HOSPITAL



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Executive Summary

This report details the results of a pilot study evaluating the “My Baby and Me” Infant Passport program at St. Michael’s Hospital. The passport is a portable health record and information booklet for young pregnant homeless/marginally housed women. It is one component of a multi-faceted comprehensive care model which attempts to ‘weave’ services around the lives of young women. The evaluation covers a 27-month enrollment period from July 2005 to August 2007 of 101 women. The primary research question explored whether young women could retain and use their infant passports throughout their pregnancies. Secondary research questions explored whether young parents found the passport useful and whether service providers who used the passport found it to be an effective tool for sharing care and services for this population with other care providers.

The report provides demographic information about passport users and summarizes the analyses which were performed to explore any correlations which might have existed between study variables. Information gleaned from focus groups with care providers and one to one interviews with study participants are also reported and discussed. Recommendations for the use of the infant passport by other care providers is presented along with specific policy recommendations concerning young families living in poverty.

KEY FINDINGS

- The rate of retention of first-issued passports among women who gave birth at St. Michael’s Hospital was 88%
- The rate of retention of both first-issued and re-issued passports among women who gave birth at St. Michael’s Hospital was 100%
- More than half of the study sample attended between 9-15 prenatal clinic appointments
- The mean gestational age at intake among all study participants was 20.7 weeks
- 94% of passport users gave birth to full term infants at St. Michael’s Hospital
- 90% of women in this study gave birth to infants weighing 2500 grams or more at St. Michael’s Hospital
- The mean infant birth weight for babies born to participants at St. Michael’s was 3217 grams
- The mean gestational age of babies born to participants at St. Michael’s was 38.9 weeks
- Approximately 6% of babies born in Canada¹ are considered ‘low birth weight’ at less than 2500 grams; passport users in this study were just slightly above the national average
- The rate of premature infants born to passport users was less than the national average
- A statistically significant correlation was found between self-reported cigarette and substance use at time of intake and low birth weight babies

Comments made during two focus groups held with care providers were extremely positive about the passport program. Key themes were:

- that participants benefited
- the passport increased mother/infant attachment
- it helped foster trust between patients and caregivers
- it reduced barriers to care
- health professionals also experienced benefits from using the passport
- Prenatal nurses felt that nurses at other hospitals would be willing to use the program if homelessness and poverty were presenting issues among the clients they serve.

One to one interviews with participants revealed that:

- passport users enjoyed the program
- the majority felt that they learned from the passport itself
- the majority said that they would recommend the program to a friend
- they suggested more variety with respect to the incentives received
- passport users highly valued the costs of public transportation being provided
- some interviewees expressed an interest in staff making more entries in their passports
- some participants were not aware that they could use their passport at other youth serving agencies
- some women wrote in the passport themselves which was one of the goals of the program, while others were more passive, with entries made solely by those providing care



“Just knowing someone cared about you and what happens to you. Because they’re interested in me making my appointments and the beautiful thing about this is you got to see the weight, heart rate — this is more like a medical report and I liked it because I have mine.”

“My Baby and Me” Passport User

KEY MESSAGES FOR HOSPITALS

Future Service Provision

1. Hospitals across North America which provide services to young homeless/marginally housed women/families could consider adopting and modifying this model of care including the passport program. This collaborative model would include hospitals, public health units, community agencies and young parents.
2. Canadian hospitals could consider providing a modified My Baby and Me Passport Program to pregnant homeless women of all ages.
3. Hospitals and community agencies must commit to collaborative service delivery to ensure continuity of care to young parents and their children.
4. Further research is needed to examine outcomes of this model of care. Future studies should be conducted:
 - to explore the impact of the passport program on maternal and infant clinical outcomes
 - to analyze the long term economic benefits of the program
 - to determine the rate of infant apprehensions experienced by young parents (babies taken into the care of children's aid societies)
 - to learn more about the use of health and social services by marginalized young parents
 - to explore housing transitions and challenges faced by marginalized young parents over an extended period of time

KEY MESSAGES CONCERNING YOUNG PARENTS



Future Service Planning

Improving Access to Health Care Programs and Services

1. Establish hospital/community multi-disciplinary models of practice across Ontario to provide prenatal, postnatal and well-baby support specifically for homeless and low-income women within hospitals and on an outreach basis at shelters and community-based agencies/clinics. The Ministry of Health & Long Term Care (MOHLTC) and Local Health Integration Network(s) (LHINs) could provide leadership and financial support for these initiatives.
2. Provide stable funding for nurse practitioners, street outreach nurses and social workers at hospitals and health units to coordinate collaborative models of care in geographic areas where rates of poverty and homelessness are high. The MOHLTC and some LHINs may be in a position to provide funding.
3. Increase the number of community-based case workers who assist homeless youth in navigating various aspects of health and social service systems. These workers should have the capacity and flexibility to act as bridges between young parents and hospitals and community agencies, and could be peer-based. The Ministry of Children and Youth Services and the MOHLTC may be able to establish new service models, provide support and funding.
4. Develop transitional housing for low-income women of all ages who need assistance with prenatal care and parenting in a safe, supportive environment. This should be a collaborative approach between child protection services, local public health units who deliver Healthy Babies Healthy Children (HBHC) services, prenatal service providers at hospitals, community housing corporations (CHC), the Ministry of Children and Youth Services, the Ministry of Health and Long Term Care, and others.
5. Increase funding across the province for the development of innovative smoking and substance use cessation programs for youth and for pregnant women in particular. The MOHLTC may be able to encourage new collaborations and fund interventions for young pregnant and parenting women.

6. Increase the number of beds in the shelter system specifically for pregnant women and their partners and children, and provide comprehensive prenatal and postnatal service delivery.
7. St. Michael's Hospital could provide leadership and consultation services to other hospitals interested in implementing this model of care. The LHINs could provide financial support for at least 1.0 FTE to begin this process as soon as possible.

The majority of suggestions made by passport users can and will be implemented in the future.

The passport program has now been implemented as a clinical program at St. Michael's Hospital for young parents up to the age of 27. This has been made possible through generous financial support provided by private donors, coordinated by the St. Michael's Hospital Foundation. It is hoped that other hospitals along with their community partners will also adapt and use this model.

2009 Innovations Award Winner

“Meeting Community Needs Through Integrated Care”

**Awarded in recognition of excellence and innovation
in health care by the Ministry of Health and Long Term
Care, Province of Ontario**

Introduction

This report is a summary of the findings from the evaluation of the “My Baby and Me Infant Passport” completed by members of the St. Michael’s Hospital Young Parents’ Work Group. This evaluation covers a 27-month enrolment period from July 2005 to August 2007. Recommendations for the use of the infant passport by other care providers is discussed along with specific policy recommendations concerning young families living in poverty.

BACKGROUND

According to the Youth Pathways Project which included interviews with 150 street involved Toronto youth, 60% of the young women reported having been pregnant at least once. Forty-four percent of males in the study reported that they were responsible for at least one pregnancy, and 56% of those males reported being fathers. The authors of this 2007 report examined the relationship between rates of pregnancy and histories of physical and/or sexual abuse.² They found that:

Two-thirds of ever pregnant/fathered youth had histories of physical abuse, while over half (57%) of the never pregnant/fathered youth never experienced physical abuse... Over two-thirds (68%) of ever pregnant/fathered youth experienced some form of sexual abuse, while just over half (53%) of the never pregnant/fathered youth had never experienced sexual abuse of any kind.... Youth who experienced both severe physical and sexual abuse had the highest percentage of ever pregnant/fathered youth [at] 72%.

The Street Health Report 2007 presented findings on interviews with 368 people with a history of homelessness asking about their health and access to health services. They reported that 1 in 5 women had been raped or sexually assaulted in the past year. Thirteen women who were interviewed said that during their lifetime they had given birth to a baby while homeless or staying in a shelter. When asked where they went after being discharged from hospital, the responses ranged from: going to a shelter or hostel, staying with a friend, no place to go, or back to the streets.³

It is very difficult to establish the actual number of homeless youth in Toronto and more specifically the number of pregnant and or parenting youth who are homeless, living in shelters, couch-surfing and/or marginally housed. To give the reader some idea, according to the Toronto Report Card on Homelessness and Housing 2003, approximately 32,000 individuals stayed in a Toronto homeless shelter in 2002⁴ while in 2006 approximately 6500 people stayed in shelters each night.⁵

Homeless pregnant women in the City of Toronto give birth to approximately 300 children a year⁶. Many of the women are under the age of 24 and present with a number of risk factors. Reports show that the majority of young pregnant homeless women have been victims of childhood trauma, face re-victimization on the streets and have been wards of the child welfare system. Addictions and mental health issues are also problematic.⁷ Many young women do not

seek prenatal care until the third trimester and often seek care from multiple care providers. Complications in pregnancy are common. These include: pregnancy loss, hypertension, pre-term birth, exposure to sexually transmitted infections (STIs) and other infections.⁸ Risks to their babies include: prenatal exposure to drugs and/or alcohol, maternal malnourishment, prematurity, low birth weight, life-long developmental problems and apprehension into the child welfare system.⁹

The 1997 death of infant Jordan Heikamp from malnutrition while living with his adolescent mother in a Toronto shelter was a terrible tragedy that drew public attention to these issues. The resulting Coroner's Inquest into the infant's death criticized existing youth-serving agencies operating at that time for their lack of collaboration and coordination of service delivery.¹⁰ Since the late 1990's the City of Toronto's Public Health Department established an interagency committee called, "Young Parents No Fixed Address Network" which has been actively devoted to addressing these issues. St. Michael's Hospital has been the lead in the network's health response since the inception of the committee.

As a response to the Coroner's Inquest, the Young Parents No Fixed Address Network approached St. Michael's Hospital to develop a care model that would better serve young pregnant homeless women. The Hospital delegated this task to a work group that became known as the St. Michael's Hospital Young Parents Pilot Project. Work group member, Merry Little RN, ACNP, motivated by the Inquest recommendations and the success of passports used in the UK and Africa¹¹ created and designed the "My Baby and Me Infant Passport and Incentive Program", along with community partners.

GOALS

The passport and incentive program were developed to improve maternal and child health outcomes by motivating involved youth to attend regular prenatal appointments and improve communication and coordination of patient care among health care providers.

PARTNERSHIP WITH YOUTH

The passport was designed to empower young pregnant homeless women by encouraging them to take responsibility for their health care and to support them through their pregnancies. The purposes of the passport include:

- functions as a diary for young pregnant homeless women who along with their health care providers record tests performed, test results, progress of the pregnancy, appointments, and other information
- serves as an educational resource containing valuable information about pregnancy, labour and baby care,
- documents milestones during pregnancy and early infancy to promote **early maternal-infant attachment**,

- **decreases barriers to health care** through the incentive program (transportation tokens, food coupons and department store vouchers which are given out at all prenatal and postpartum visits).

INTERDISCIPLINARY AND INTERAGENCY COLLABORATION

The passport serves to promote and improve upon service provider collaboration in several ways.

1. The passport is a private health care document, owned by the holder (pregnant homeless woman), which she can share with other service providers
2. Through sharing of the passport with all care providers it can prevent duplication of procedures, identify involved partners in care and promote continuity of care
3. It can be used as a teaching tool by care providers



RATIONALE FOR THE INTERVENTION STRATEGY

Young women make up one third to one half of the total of homeless youth in Canadian cities. A staggering 50% of these young women become pregnant within their first year of becoming homeless.¹² Multiple pregnancies are not uncommon. Young pregnant homeless women in Toronto are more likely than their counterparts in other Canadian cities to give birth and take on the challenge of parenting their children despite the most difficult of circumstances.¹³ The need for improved integration of services for this population was highlighted not only by the Heikamp Inquest, but also by the observations of service providers and the youth themselves.

Methodology

RESEARCH QUESTIONS

For the purposes of this evaluation the research questions were:

Primary Research Question

1. Are young pregnant homeless women able to retain and use the “My Baby and Me” passports throughout their pregnancies?

Secondary Research Questions

1. Do young parents who have used the passport find it helpful?
2. Do service providers who have used the passport find it to be an effective tool for sharing care and services for this population with other care providers?

Eligibility Criteria

Eligibility criteria for the study included pregnant women under the age of 27 years who were:

1. underhoused / inadequately housed, homeless and/or street-involved
2. receiving prenatal care at St. Michael's Hospital or initial prenatal care provided by community partners and later transfer of care to St. Michael's Hospital
3. expecting to deliver at St. Michael's Hospital
4. self-referred or referred through care providers (member agencies of St. Michael's Hospital Young Parents No Fixed Address Work Group, See [Appendix G](#))

Enrollment Process

The majority of participants were enrolled in the study and the passport program during their first visit to the Prenatal Clinic at St. Michael's Hospital. During this intake visit a member of the team of prenatal nurses obtained routine information for the Antenatal 1 and 2 Records, reviewed the patient's medical history, provided important prenatal information, answered the woman's questions and then offered the passport program. Participation in the passport program was voluntary. When the original study protocol was prepared, coordination of this enrollment process was delineated to the Clinical Nurse Specialist/ Nurse Practitioner (CNS/NP). Due to unforeseen staffing changes the enrollment process was revised so that enrollment was shared among the entire team of prenatal nurses. The obstetrical team nurse leader carried a pager so that referring agencies and street outreach workers could arrange same day “fast-track” appointments if necessary. In most cases the passport holder was followed by the same nurse throughout her prenatal care at the Women's Health Care Centre Prenatal Clinic. The departmental research coordinator assumed many of the coordination and data management tasks.

Prior to the launch of this study, homeless/marginally housed pregnant women were referred and/or accompanied to the clinic by two street outreach nurses employed by the City of Toronto, Public Health Department (TPH). They were an important resource to the women they served and a primary liaison for referrals to the Prenatal Clinic. During the period of this research endeavour however staffing changes also occurred among the TPH street outreach nurses. There was a period of time when the rate of referrals decreased while a new team of street outreach nurses were being oriented. The CNS/NP from the prenatal clinic at St. Michael's Hospital had also been a vital link to shelters and youth serving agencies. The individual in this role had designated hours in the community and was often able to accompany young women to the prenatal clinic and offer support. Changes in staffing and in position descriptions also contributed to a decrease in the rate of enrolment in the passport program for a period of time.

In the fall of 2006 Covenant House, a community partner and member of the St. Michael's Hospital Young Parents Work Group was added as an intake site. Participants obtaining health care services at Covenant House became eligible to enroll in the passport program. Whenever possible, prenatal care was transferred to St. Michael's for the final trimester and birth. A satellite site of St. Michael's Hospital, the Sherbourne Health Care Centre, was also added in the fall of 2006 as an additional intake site. As with Covenant House, whenever possible transfer of care was arranged later in the pregnancy. Enrollment in the passport program gradually increased during the second year once staffing transitions had been completed, (at St. Michael's Hospital and at Toronto Public Health) extra sites added, and awareness of the program increased among hospital staff.

PASSPORT PROGRAM

The "My Baby and Me" passport is approximately 4" x 4" so that it fits easily into the back pocket of jeans or another pocket of clothing. It was distributed in a plastic zippered bag (for protection) along with a small resource guide of available services for young parents, TTC tokens and a \$10.00 voucher for a grocery store. During enrolment, a passport sticker was affixed to the cover of participants' medical charts and Antenatal 1 and 2 records. In this way passport users were readily recognized at the outset of their appointments, cueing nursing staff to ask to see their passports in the event the youth forgot. This system also helped nursing staff organize the appropriate incentive for the upcoming visit ahead of time. The sticker on the Antenatal 2 record prompted nurses in the Labour and Birth unit to inform the social worker on the floor that the delivery incentive was needed. This was also an opportunity for nursing staff to record medical information in the passport for the new mother.

During each clinic visit passport holders were expected to present their passports to the nurse and obstetrician providing care. The passport was updated (usually by health care professionals) with medical information, ultrasound pictures, contact people and any other questions or information the woman chose to record.

Each passport had an identification number on the back cover for tracking purposes. Passport users were encouraged to record information themselves but to refrain from putting their full names in the passport in an effort to maintain privacy and confidentiality. A label was attached to the last page of the passport indicating that “lost and found” passports could be returned to the Women’s Health Care Centre at St. Michael’s Hospital. During the course of the study, no passports were mailed back to the Centre. The identification number was also used by nursing staff to record which incentives were being distributed to which passport holder, when and for which clinic visits.

The incentive program accompanying the passport included TTC tokens at each visit along with food vouchers, personal care items for the woman or her future baby, gift certificates for local stores and other items such as a disposable camera at the time of birth (see [Appendix H](#)). Transit (Toronto Transit Commission — TTC) tokens were also made available to partners/support persons accompanying the passport user to her prenatal and postnatal appointments. During the six week post-partum visit a gift certificate from a local department store was provided.

SAMPLE SIZE

A sample size of 100-120 youth was predicted for enrolment during the first 12-14 months of the study. Data collection and analysis was expected to be complete within a two year period. Due to initial lower rates of enrolment as a result of the staffing challenges outlined earlier, and a slower rate of referrals from partner agencies than anticipated, a one year extension for the study was requested and granted.

The final sample size is 101 youth over a 27-month period. In an effort to meet the needs of this population and also to reach the stated sample size, the following actions were taken:

- updates on the passport program were provided at every monthly St. Michael's Hospital Young Parents Working Group meeting
- regular updates on the passport program were provided at the city-wide Young Parents No Fixed Address Network meetings
- outreach and information sessions were provided by members of the research team to community agencies
- two satellite intake sites were added; staff trained; stock incentives provided
- information sessions were arranged with the newly formed Homeless At Risk Prenatal (HARP) team of Toronto Public Health street outreach nurses
- information on the program was routinely presented at the Women and Children’s Community Advisory Panel and the Homelessness Community Advisory Panel at St. Michael's Hospital
- numerous poster and oral presentations were given at various conferences and information sharing events

Evaluation

STUDY OUTCOMES

The primary outcome is the rate of compliance with the “My Baby and Me” Passport. The secondary outcomes are:

- Feedback from youth who participated in semi-structured interviews
- Feedback received by service providers through focus groups



STUDY OUTCOMES: RESULTS OF DATA ANALYSIS

Demographics — Age

There were 101 women enrolled in the passport evaluation study between July 2005 and October 2007 with the last delivery occurring in April 2008. Simple statistics revealed that the age range of passport users was 15-27, with approximately 57% of the sample aged 20 or younger. The mean (average) age was 20.54, the median age was 20.00 and the mode of the distribution was 18.00 years. Refer to Table 1, [Appendix A](#).

Demographics — Education

Five of 101 participants (4.95%) reported their highest level of completed education was at the primary level (grades 1-8). Seventy-six of 101 participants (75%) reported secondary school education (grades 9-12) as highest level of education attained, while 4.95% reported some education completed at the college or university level. Highest level of education achieved was unknown for almost 15% of the sample. Refer to Table 2, [Appendix A](#).

Demographics — Racial Background

Forty-five percent (45.5%; 46 of 101) passport users identified as a Caucasian; 35.6% (36 of 101) identified as Black; 4.9% (5 of 101) identified as Hispanic; 1.9% (2 of 101) identified as Asian; 1.9% (2 of 101) identified as Native Canadian; 1.9% (2 of 101) identified as “other”; and 0.99% (1 of 101) identified as “mixed”. Information on racial background was unavailable for seven participants in the study.

Demographics — Smoking

By method of self report, 62.3% (63 of 101) of the sample were non-smokers at the time of enrolment in the study, while 30.6% (31 of 101) reported that they were smoking cigarettes at time of enrolment. Information on smoking status was either not available or not obtained from 7 participants (6.9%).

Demographics — Substance Use

Twenty-five out of 101 participants (24.75%) reported use of substances; 73 out of 101 participants (72.27%) reported no current use of substances; information was missing or unavailable from 3 subjects. Of the substance using group, crack/cocaine was the most frequently used drug of choice, followed by marijuana. Alcohol use was rarely reported (3 out of 25). Eleven out of 25 (44%) substance using participants reported using marijuana exclusively or with another substance. Fourteen out of 25 (56%) reported using crack/cocaine exclusively or along with another substance. See Table 3 in [Appendix A](#).

Demographics — Obstetrical History

This was a first pregnancy for 42 out of 101 (41.5%) passport users. It was a second pregnancy for 27 (26.7%) women; a third pregnancy for 21 (20.7%) women; a fourth pregnancy for 6 (5.9%) women and an eighth pregnancy for 2 (1.9%) women in the study sample. There were 3 (2.9%) cases in which this information was unknown.

Seventy-four out of 101 (73.2%) participants had no living children; twelve (11.8%) had given birth to a full term (FT — meaning 37 weeks or greater) infant, nine (8.9%) had given birth to 2 FT infants, one (0.9%) had given birth to 3 FT infants, and two (1.9%) had given birth to 4 FT infants during their life time. As noted above, there was missing information on three cases.

With respect to a history of giving birth to a premature infant, there were four cases out of 101 (3.9%) who had birthed a premature baby; 94 (93%) for whom this did not apply, and three cases for which this information was unknown.

Twenty-eight women out of 101 (27.7%) had a history of one abortion; nine had a history of 2 abortions (8.9%), four had a history of 3 abortions (3.9%); fifty-seven had no history of past abortions (56.4%) and there were three cases for which this information was unknown (2.9%).

Gestational Age at Intake

Gestational age at intake ranged from 7-40 weeks with the majority beginning prenatal care during the second trimester. The mean gestational age was 20.72 weeks, median 19.40 weeks, mode 10.00 weeks and the standard deviation was 9.57. Table 4 in [Appendix A](#) summarizes gestational age at intake by trimester and shows fairly high numbers coming into care in later stages of pregnancy. A more detailed breakdown is available from the authors by request.

Number of Prenatal Appointments Attended

The number of prenatal appointments passport users made prior to delivery ranged from 1-15. Not including ultrasound appointments, approximately fifteen prenatal appointments are attended by the general clinic population with low risk pregnancies. The mean known number of prenatal visits was 8.88; the median 9.0, mode was 11.00 visits and the standard deviation was 3.59. **Of significance for this population is the fact that 51.4% (52 out of 101) of the sample attended between 9 and 15 prenatal visits. Adjusting for the 12 unknown cases, 58% (52 out of 89) of the sample for whom this information was available attended between 9-15 prenatal visits.** The distribution of clinic visits are listed in Table 5, [Appendix A](#).

Range of Gestational Age at Time of Birth

The range of gestational ages at time of birth was 32-41.2 weeks with the majority at thirty-nine weeks and greater. Based on known gestational ages at birth (N=85), the mean was 38.97 the median and mode were 39.00 weeks with a standard deviation of 1.64 weeks. Adjusting for 16 cases in which gestational age at birth was not known, two out of 85 (2.3%) gave birth at 32 weeks; 3 out of 85 (3.5%) gave birth at 36 weeks; 7 out of 85 (8.2%) gave birth at 37 weeks; while 13 out of 85 (15.2%) gave birth at 38 weeks. Thirty-one percent (27 out of 85) gave birth between 39.0-39.5 weeks, and 38% (33 out of 85) gave birth between 40.0-41.2 weeks gestation.

Most importantly, **94.11% (80 out of 85) gave birth to full term infants while only 5.88% (5 out of 85) gave birth to preterm infants.** In 1996 the national average for pre-term births was 7.1%. **The rate of premature infants born to passport users was less than the national average.** Refer to Table 6, [Appendix A](#) for the distribution among the sample.

Range of Infant Birth Weights

The range of infant birth weights among passport participants was 1900 to 4474 grams with a mean of 3217, a standard deviation of 196.70 and a median weight of 3234 grams. Adjusting for 18 unknown birth weights:

- 8 out of 84 (9.52%) gave birth to infants weighing less than 2500 grams between 32.0 and 39.0 weeks gestation
 - Among these 8 women, 5 gave birth to full term infants while 3 gave birth to pre-term infants
- Given that approximately 6% of babies born in Canada¹⁴ are considered 'low birth weight' at less than 2500 grams, it is impressive that passport users in this study were just slightly above the national average.**
- 15 out of 84 (17.85%) women gave birth to full term infants weighing between 2500-3000 grams at 37.0-40.0 weeks gestation
 - 36 out of 84 (42.8%) gave birth to infants weighing between 3000-3500 grams at 36.0-41.2 weeks gestation
 - 16 out of 84 (19.04%) gave birth to infants weighing between 3500-4000 grams whose gestational ages ranged from 38.0-41.2
 - 6 out of 84 (7.14%) gave birth to infants weighing over 4000 grams and ranging in gestational age from 39.0-40.2 weeks.

The reasons for eighteen birth weights being unknown include:

- Participants began passport program at a satellite site, never attended prenatal care at St. Michael's Hospital and gave birth at another facility
- Participants received prenatal care at St. Michael's Hospital but gave birth at another facility (locally or in another province)

- Participant received prenatal care at St. Michael's Hospital but was incarcerated prior to delivery

Refer to Tables 7 and 8 in [Appendix A](#) for details on the distribution of passport users' infant birth weights and range of gestational ages.

Change in Housing Status

The variable for 'change in housing status' during the prenatal period unfortunately was not well documented. From records which were available, 50% of women who resided in the shelter system at the time of intake remained in the shelter system upon discharge from hospital post-delivery (27 out of 54). It is important to note however, that many shelters have both a prenatal and a postnatal program which welcomes the mother and infant back to the shelter until more stable housing is established. Eight out of 54 women (14.8%) transitioned from the shelter system to an apartment or house. Ten out of 54 women (18.5%) were marginally or precariously housed in an apartment at the time of intake and remained in a similar housing situation at time of discharge. Four out of 54 women (7.4%) who at the time of intake were staying with friends or family "couch-surfing" appeared to remain in the same or similar housing situation at discharge. Five out of 54 (9.2%) women were housed in an apartment at the time of intake but were living in shelter at time of delivery. One young woman moved from a shelter into the prison system. Another youth who was living on the streets at intake, returned to the streets after her infant was apprehended by the Children's Aid Society (CAS).

Referral Source

Referral source information was obtained at the time of intake by the team of prenatal nurses or the study coordinator. According to the records obtained during the study period 30% of the sample were identified by St. Michael's Hospital staff (primarily by prenatal nurses, social workers and obstetricians) during the prenatal intake visit or a subsequent clinic appointment. Approximately 20% were referred from Covenant House and approximately 20% from other sources (e.g. The Francophone Centre, Sancta Maria Group Home, Pathways, Breaking the Cycle, etc.). Approximately 11% were referred from the Shout Clinic with smaller numbers being referred from other community partners. Refer to Table 9, [Appendix A](#).

Retention of "My Baby and Me" Passports

The primary research question was: Are young pregnant homeless women able to retain and use the "My Baby and Me" passports throughout their pregnancies? The results clearly showed that they could. **Of the 83 participants who gave birth at St. Michael's Hospital, 85% were able to retain their passports through to either their last prenatal appointment or the birth of their infants. Equally compelling is the fact that of the remaining 15% of participants who gave birth at St. Michael's Hospital who lost their passports and received re-issued passports, all of them were able to retain their re-issued passports through to either their last prenatal appointment or the birth of their infants.** Anecdotally we know that many of them still had their passports at their six week post-partum visit however due to lack of human resources the research team was unable to rigorously record the number of participants

carrying their passports at the six week follow-up visit. We explored whether or not there was a relationship between loss of passports and changes in housing status and did not find that this played a statistically significant role.

The research team originally planned to report on the rate of passport retention by approaching all passport users during the post partum period, asking permission to photocopy all entries in the passports and then calculating the rate of compliance by:

1. The number of women who had entries into their passport on at least 80% of prenatal visits divided by all women who were assigned a passport. A rate of 95% confidence interval was planned for this calculation.
2. The number of women who retained their first-issued passport up to the time of delivery divided by all passports issued. A rate of 95% confidence interval was planned for this calculation.

Due to lack of resources and logistical challenges the first method of rating compliance was not calculated. Useful information was gathered however from a subset of passport users who participated in one-to-one evaluation interviews. Permission was obtained to photocopy passport entries to investigate completeness of health records and other information, to ascertain who was writing in the passport, and to explore non-medical uses of the passport (i.e., personal journal entries by passport carriers, questions for care-givers, etc.) Refer to the discussion of [Focus Groups with Care Providers](#) for further information as well as samples in [Appendix I](#).

The number of women who retained their first-issued passport up to the time of delivery (N=89) divided by all passports issued (N=101) was 88.12%. The 95% lower confidence limit was 0.8181; the 95% upper confidence limit was 0.9443.

Statistically Significant Findings:

Correlation Between Substance Use and Infant Birth Weight

A **statistically significant relationship was found between substance use and low birth weight**, similar to the findings of Little, M. et.al.2005.¹⁵ Refer to [Appendix C](#) for schematic plot. For women who reported using substances at time of intake, the mean infant birth weight was 2954 grams (SD = 553.94), while the mean birth weight of infants born to women who reported no use of substances at intake was 3312 grams, (SD=509.55) a difference of 358 grams. The pooled t-test p-value was 0.0130.

Correlation Between Number of Prenatal Appointments and Infant Birth Weight

There was a statistically significant relationship found between number of prenatal clinic appointments and infant birth weight ($p=0.04773$). Higher attendance at prenatal appointments was associated with higher infant birth weight.

Correlation Between Mother's Smoking Status (at time of intake) and Infant Birth Weight

There were 27 participants who reported that they were smoking at the time of intake and who also gave birth at St. Michael's Hospital. The mean birth weight for their infants was 3065.25 grams (SD = 567.28), and the median weight was 3140.00 grams (SD = 567.28). There were 51 participants who reported their status as being non-smokers at the time of intake for whom birth information was also available. Among this group, the mean birth weight of their infants was 3303.64 grams; median weight was 3244.00 grams, the mode was 2971.00 grams (SD = 499.82). The pooled t-test p value was 0.0597.

Refer to [Appendix B](#) for other findings which were not statistically significant.

DISCUSSION OF STUDY OUTCOMES: RETENTION OF PASSPORTS AND DEMOGRAPHIC VARIABLES

The study outcomes clearly show that women enrolled in the passport program during the study period were able to use and retain their passports throughout their pregnancies (and possibly longer.) One hundred percent of those who misplaced their “My Baby and Me” infant passports and who gave birth at St. Michael’s Hospital were able to retain passports which were re-issued to them. Although many participants led chaotic lives, faced multiple challenges and frequently moved, they managed to hold on to their passports. This fact supports the continuation of the program at St. Michael’s Hospital and other agencies and hospitals in the greater Toronto area, elsewhere in the province and the country where significant numbers of homeless/marginally housed young pregnant women reside.

While it is significant that 57% of the study sample were 20 years old or younger, it is important to offer this type of intervention to women up to at least the age of 27. Some chronologically “older” participants function at a lower cognitive age and need special supports and encouragement as much as their younger counterparts. That so many of the study participants were so young is concerning. Being pregnant and homeless or inadequately housed at such a young age brings with it high levels of stress and many barriers to maintaining one’s own health and having a healthy pregnancy. Successful interventions at an early age in a woman’s life may help to circumvent “replacement” babies, decrease the number of infant apprehensions, increase the likelihood of successful substance use and smoking cessation, improve housing status and achievement of personal goals (i.e. successful mothering, completion of education, employment, etc.)

The rate of premature infants born to passport users was less than the national average. The fact that 58% of the sample attended between 9-15 prenatal visits is certainly clinically significant. Given the pattern of late entry into the prenatal care program, the number of clinic visits attended strongly reflects the success of the program. No doubt a multitude of factors contributed to these results however, the passport program may have been a strong contributing factor. Receiving a health record which they owned, transportation costs, incentives at each visit, extra time with a prenatal nurse or ultrasound technician and encouragement from the whole health care team likely had a positive impact on the number of appointments attended, self care and healthy infant outcomes. A larger study needs to be conducted to establish the clinical effectiveness of the passport program on maternal and infant outcomes.

It is a well known fact that smoking increases the rate of small for gestational age babies. Many women give up multiple drug use when they become pregnant but are unable to quit smoking. Over 30% of the study sample reported smoking cigarettes at the time of enrolment. It is not known how many continued to smoke throughout their pregnancies, or how many denied smoking at the time of intake who actually were smokers.

A statistically significant relationship was found between mother's self reported smoking status at time of intake and low infant birth weight. Future studies should attempt to track decreases in smoking trends over the course of pregnancy and the post partum period (detrimental effects on breastfeeding and/or exposure to second hand smoke). Enhanced health promotion strategies are needed for this population including tangible supports for successful smoking cessation.

Almost 25% of passport users reported substance use of some type at the time of intake. As self report is traditionally not a reliable measure, it is possible that the actual numbers are higher. Permission was not sought from participants to obtain information on use of substances during pregnancy, therefore this data was not collected or reported. Substance use is often under-reported due to fears of child apprehension by child welfare agencies. Similar to the results of the Street Health Study (2008) crack/cocaine was the most frequently used substance by the substance using group. The deleterious effects of crack/cocaine on overall health and particularly on normal fetal development cannot be overstated. Public health strategies designed to deal with this serious problem should be given high priority in future planning of service delivery.

Although it is widely reported in the literature that multiple pregnancies are common among young, homeless/marginally housed women, it was sobering to learn that for approximately 47% of the study sample the current pregnancy was either their second or third, and that for approximately 6% it was their fourth pregnancy; for two women it was their eighth pregnancy. There are many reasons for multiparity, including infant apprehensions, failure to use effective birth control, replacement baby syndrome, rape, a strongly perceived need for unconditional love, a desire to parent and expand the family, etc. A large scale longitudinal study would be required to explore and understand this trend.

One of the challenges of working with this population is identifying clients/patients early in their pregnancies and encouraging early prenatal care. Sometimes youth are unaware of pregnancy due to a history of irregular periods, heavy substance use, mental health challenges and other reasons. Some are aware of their pregnancies but in a state of denial or "paralysis". Denial is a common coping mechanism used by adolescents. In this study sample, gestational age at intake ranged from 7-40 weeks with the majority, not surprisingly, initiating prenatal care during the second trimester. The mean gestational age at intake was 20.7 weeks. Hospitals and health care professionals must partner with community agencies and particularly local public health units to improve this trend of late identification and entry into prenatal care. Once this happens, hospital and community clinics need to be flexible and allow for fast-tracking of street involved/marginally housed youth. The first point of entry into obstetrical care must be successful from the point of view of the patient, otherwise the window of opportunity may close with the patient not returning for care in the current or future pregnancies.

Little et al. conducted a retrospective cohort study at St. Michael's Hospital using obstetrical records from October 2002 to December 2004 involving women who were homeless or underhoused ($n = 80$), substance users ($n = 59$) or neither ($n = 3756$). As the "My Baby and Me" Infant Passport and incentive program was not in use at that time, these study findings can be used to compare maternal and infant outcomes. The Little et al. study found that the mean

gestational age and standard deviation among homeless women was 38.2 weeks (SD=2.8 weeks). The mean weight and standard deviation of babies born to homeless women was 3071 grams (SD=892 grams).¹⁶ Passport users in this study (n=85) had a mean gestational age of 38.9 weeks; the median and mode were 39.0 weeks, with a standard deviation of 1.64 weeks. This shows a modest improvement. The mean infant birth weight among passport users as noted above was 3217 grams, with a standard deviation of 196.70 and a median weight of 3234.00 grams. **These results demonstrate improved outcomes among passport users compared to non-passport users.**

It is interesting to note that non-passport users in the above study had a mean age of 25 years (SD=6.9) while passport users in our study had a mean age of 20.54 years; a median age of 20 with the mode of the distribution being 18 years. This could be interpreted in many ways. There may be a trend to younger women becoming homeless/marginally housed in Toronto. The passport program and model of care may have succeeded in reaching younger parents than was the case prior to the implementation of the program. Younger women may be more accepting of hospital-based prenatal care than their older counterparts who may not have had positive experiences (ie. child apprehension, lack of staff sensitivity, etc.) Alternatively this difference in age demographic may merely be a reflection of the referrals received from Toronto Public Health outreach nurses and other sources prior to 2005 and subsequent referrals to the hospital.

A statistically significant finding was the relationship between substance use and low birth weight. These findings corroborate those already published in the literature.¹⁷ Clearly substance use during pregnancy presents serious health challenges for both mother and child. This complex problem has no ready solutions but requires highly specialized client-centred interventions delivered with patience, empathy, understanding and genuine support of any gains, however small or temporary.

From records which were available, 50% of women who resided in the shelter system at the time of intake remained in the shelter system upon discharge from hospital post-delivery (27 out of 54). Five out of 54 (9.2%) women were housed in an apartment at the time of intake but were living in shelter at time of delivery. These results were disappointing. Possible reasons include:

- While pregnant and living in shelter, employment may not be possible, therefore obtaining an apartment of one's own or shared may not be possible
- While pregnant and living in shelter possibly without Canadian citizenship / Landed Immigrant Status, employment, or access to Ontario Works obtaining some form of home is not possible
- In cases in which Children's Aid Services are involved, living in a supervised setting may be necessary in order to parent
- Among women who already have one or more children and are living in shelter, employment may not be possible, therefore obtaining one's own home may not be possible
- The lack of subsidized housing in south east Toronto
- The lack of safe, affordable housing in south east Toronto

- A need for increased human resources and support services within the shelter system to support clients' successful transition into permanent housing
- A need for more flexible daycare services within the shelter system and subsidized daycare spots within southeast Toronto and surrounding areas
- A need for more "alternative" and flexible educational programs for young mothers and mothers-to-be to complete their education so they can obtain meaningful employment at a fair wage and break the cycle of poverty

A potential future study could explore what happens to young mothers when they leave the shelter system. How do they manage on a limited OW income or low wages? Do they use food banks? How many days per month do they go hungry? What community supports do they use? What community supports do they want? How many are involved with children's aid services, addiction services, mental health services, mother and baby programs, etc. How many are on wait lists for subsidized day care? How many are employed, volunteering or going to school? How many re-enter the shelter system and why?

According to the records obtained during the study period the majority of participants (30%) enrolled in the passport program were identified by St. Michael's Hospital staff (primarily by prenatal nurses, social workers and obstetricians) during the prenatal intake visit or a subsequent clinic appointment. Approximately 20% were referred from Covenant House and approximately 20% from other sources (e.g. The Francophone Centre, Sancta Maria Group Home, Pathways to Healthy Families, Breaking the Cycle, etc.). Approximately 11% were referred from the Shout Clinic with smaller numbers being referred from other community partners. Liaising with community partners is essential to serving this population effectively. Many street involved youth are service-shy and particularly leery/distrustful of hospital settings. Good community partners identify pregnant youth early, develop rapport and trust, and facilitate smooth access to hospital-based clinics. Hospitals considering implementing a similar program for underhoused youth should keep in mind that plenty of time is needed at the outset to establish ties with local agencies and also to maintain them on an ongoing basis. Routine sharing of information, modification of the program as needs arise and celebrating small successes will all contribute to collaborative, effective and sustained service delivery for these young parents/parents-to-be.

Study Outcomes: Focus Groups with Care Providers

One focus group was conducted on May 25, 2007 with community partners (N=9). Another was held on June 20, 2007 (N=5) with the team of prenatal nurses and ultrasound technicians at the Women's Health Care Centre at St. Michael's Hospital. The objective of the sessions was to explore the benefits, if any, of the pilot of the "My Baby and Me" Infant Passport Program and to identify possible areas for improvement.

Both focus groups were facilitated by a member of the research team. The sessions were audio-taped and two members of the research team also took notes. The note-takers did not participate in the discussion. Informed written consent was obtained from all focus group participants. The questions for each focus group were virtually identical, however there were nine additional questions for the second focus group which were relevant to direct service delivery of the passport program. A basic thematic analysis was completed on the focus group notes.

Thematic Summary

Benefits of Using the Passport

The "My Baby and Me" Passport was described as highly beneficial for participants in the program. Four major areas were identified as beneficial:

- incentives
- client benefits
- professional benefits and
- breaks down barriers between clients and professionals

1. The passport **incentives** were seen by focus group participants as integrally beneficial to the overall success of the program (19 comments). Specifically, the incentives helped to **increase clients' access to health care**. The incentives appeared to have **motivated clients to return for health care appointments** (10 of 19 comments).

Benefits of Incentives

"The incentives: the tokens and gifts, contribute the greatest to the impact of the program"

Benefits of Incentives: Returning for Health Care Appointments

"More than 90% would come back because of the incentives"

"They love the Tim Horton's gift certificates, and love the items for their baby. I find it keeps them coming back."

2. Many professionals believed that there were numerous personal **benefits for clients** who were involved with the Passport (16 comments). Overall, the Passport program was reported as motivating clients to **return for health care appointments** (6 of the 16 comments)* and helped with **infant attachment** or being able to focus on being a parent (8 of the 16 comments).

Benefits for Clients

“Because it is their own to keep, it is special and can put photos in it.”

Benefits for Clients: Returning for Health Care Appointments

“The Passport makes them more responsible for their pregnancy. For example, they are more likely to come every time for their appointments; tracking in the book to see how far they have progressed.”

“Before, it was difficult. It keeps them going all the way through.”

Benefits for Clients: Infant Attachment

“But, between the 1st visit and the last visit they seem to be more excited about the whole process.”

“It helps to keep the pregnancy present. It is a concrete item to look at and it helps with prenatal attachment. Keeps the focus on the baby at times.”

“Most don’t have partners, and it’s often [perceived to be] negative to be pregnant. But, the passport provides an opportunity to be positive about the pregnancy. You can say “you’re special, you’re pregnant.”

3. There were some comments about the **benefits felt by health care professionals** (4 comments).

Benefits to Health Care Professionals

“The Passport on the chart helps to identify homeless women and then I make sure to spend extra time with them. Usually, we do forget a person’s history, and this is especially true during summer vacation when nurses are covering different clinics.”

“Used to educate staff (e.g. doctors, nurses) about the homeless population.”

*These comments are similar to the comments made about ‘incentives’. Together 16 comments were voiced expressing that the passport motivated clients to return for appointments.

4. The Passport **breaks down barriers** between professionals and clients. Focus group participants reported that a trusting, open, supportive, less-threatening relationship can be built more easily through the use of the Passport (9 comments). A few clients have come to seek professional care as a result of hearing about the Passport from a **referral from a friend** (2 comments).

Breaks Down Barriers Between Client and Professional:

“The Passport sets up a nice line of communication and breaks down barriers (esp. barriers from health care).”

“It communicates to patients that we are here to really help.”

“All of the cases I’ve worked with have been CAS cases. It helps to engage with them, and acknowledge / congratulate them on their baby. It then opens up the opportunity to talk about harder issues, it is less threatening.” [Observation: There was a lot of agreement around the table].

“Once they are in, and they trust you — all of the barriers are lessened.”

Breaks Down Barriers Between Client and Professional: Referral from a Friend

“I had one patient who came as a result of hearing about the Passport program from a friend.”

Challenges of Using the Passport

The following outlines the challenges reported by professionals involved with the passport program. Two major challenges identified were: challenges experienced by professionals and loss of passports or clients forgetting to bring their passports.

1. The following outline the various challenges experiences by **professionals** (19 comments). The majority of challenges were expressed by nursing staff (16 comments). Some specific challenges expressed by nursing staff included: **time taken away from other duties** (3 comments), **inability to follow up** with clients’ post-partum (4 comments), and questions/concerns around **client eligibility** (4 comments).

Challenges: Expressed by Community Agencies

“We want to refer more people. But when they come attached [to a health care provider], we want to honour those relationships. And a lot of women in the shelter come with babies already. But, when they are unattached, we for sure refer them.”

“I know that you’ve done a lot of work to educate about the passport. But, people from other organizations might feel reluctant to write in it because they do not own it.”

Challenges: Expressed by Hospital-Based Nursing Staff

“They did not come out and tell me directly [that they were referred by a shelter]. We often get the information indirectly, like they tell me that they are living at Robertson House. They often assume that nurses know that they have been referred.”

“They might forget to pull it out at the beginning. By the end, if they are coming weekly they will be more likely to have the passport on them.”

Time taken away from other duties:

“Not for normal visits. But, the initial set up takes a lot longer time (e.g. 10-15 minutes longer) and as a result others have to wait.”

Inability to follow up:

“We have no opportunity to have post-partum visits, therefore, cannot track an attitude change after the baby is born.”

Eligibility of clients:

“Also, often the patient is not identified as homeless early, as it takes a few visits to build trust and most come in for the first time later in their pregnancy.”

2. An additional challenge with the passport is that clients tended to **lose their passports** or inconsistently bring their passports (5 comments).

“They often forget it, or loose it. But, usually it surfaces again a time later.”

“Some do not have a purse to keep it in.”

Collaboration Within and Between Organizations

Discussions also focused on the interaction and collaboration between and within organizations (15 comments). Comments were noted that: the passport increased collaboration, did *not* increase collaboration, and how collaboration could be improved upon. Three collaborations were discussed: collaboration **within St. Michael’s Hospital** (5 comments), collaboration between **St. Michael’s Hospital and community agencies** (6 comments), and collaboration between **St. Michael’s Hospital and other hospitals** (4 comments).

Collaboration — Within St. Michael's Hospital

"It [the Passport] absolutely helped our team and other disciplines on our team to communicate better."

Collaboration — Between St. Michael's Hospital and Community Agencies

"It really depends on the agency. For example, Evergreen uses it. Also, they get the Passport at Covenant House and I know that they [the staff] like to see it there."

"St. Mike's write in clinical information (e.g. blood pressure); women like to write in it. But, I don't know if other organizations look at it or if clients are showing the passport to other caregivers."

Collaboration — Between St. Michael's Hospital and other Hospitals

"Yes, I think that prenatal nurses at other hospitals would be willing to use the passport with their patients. Well, I think it would depend on the clientele."

"There was a group in Baltimore interested in using this model and replicating it there. The nurses in Baltimore were interested, especially in the incentives. But, in the U.S. they were not sure how they would sustain it. It seems a little easier in Canada with public funds for health care. "

"Hospitals in Jane/Finch, Scarborough might find this really useful. Need to identify hospitals with high amount of homeless clientele. Not sure if it would be useful in smaller settings or Northern settings, such as Timmins [Ontario]."

Areas for Improvement

The following suggestions were offered by focus group participants (11 comments). A number of suggestions for program improvements focused on the physical **Passport booklet and "starter" packages** (4 comments), the **process of implementing the Passport** (4 comments) and the need to **expand the program** to other organizations/individuals (3 comments).

Improvements — Passport Pamphlet & Packages

"We need to have the number of weeks written into the book. So, that we know what incentive to give to her."

Improvements — Passport Implementation

"There needs to be dedicated staff time to coordinate all the associated administrative tasks. It would be ideal to have one person managing the coordination so that they could be easily contacted and available to support the nurses during intake".

Improvements — Expanding the Passport

“There might be some work/education around this [educating other organizations on the use of the Passport/reducing organization reluctance to write in the Passport].”

“A suggestion would be to focus on follow-up post-partum (e.g. educating post-partum doctors and nurses about the passport).”

“Expanding the passport project to (a nearby hospital).”

Uncategorized Themes

There were a couple of comments that did not fit into the themes identified; however, they were significant statements on their own.

How often youth presented the passport on their own initiative versus how often professionals asked if they had it:

“Youth usually present it [the Passport] to me, unless they forget it or lose it. The ratio between presenting it on their own initiative versus nursing asking is about 50-50 [Note: suggested by one nurse] or 30-70 [Note: added by another respondent].”

“Nine out of 10 times I would have to ask for the passport. Seven out of 10 would have it with them. They usually have it in their purse.”

DISCUSSION OF STUDY OUTCOMES: FOCUS GROUPS WITH CARE PROVIDERS

The two focus groups with care providers overall were extremely positive about the passport program. Key themes were: that the participants benefited, the passport increased mother/infant attachment, that it helped foster trust between patients and caregivers, that it reduced barriers to care, and that health professionals also experienced benefits from using the passport. Prenatal nurses felt that nurses at other hospitals would be willing to use the program if homelessness and poverty were presenting issues among the clients they serve.

On the other hand it was interesting to note that many nurses felt that the youth would not show up for their appointments if the incentives were not provided along with the passport. Although the youth who were interviewed did have many comments about the incentives, it does not seem correct to assume that the majority would not have been responsible about their pregnancies and failed to show up for appointments. As one young mother put it:

*“The thing that really helped me was the tokens. Without them I would have **walked**. It was really good that they were with every visit.”*

Another said:

*“The information was helpful. **Every time I came to my appointment I had a record of what was happening with my body.** That was neat. When Dad (baby’s father) can’t come to appointments, he looks at the passport to get updated on “his little one”.”*

Another example of the importance of the passport information over and above the incentive program:

*“Keep up the good work, and maybe just **reinforce the service** because there’s a lot of under-privileged pregnant mothers in those areas who would benefit from the passport. I saw a lot of pregnant women at [a City-run shelter] who were not on the passport. **Even prenatal classes should know about it, be able to give you the little book.**”*

There did not seem to be consensus among the nurses about the passport’s usefulness as a teaching tool. One focus group participant said that she uses the prenatal sheets for teaching, but not the passport. Others indicated that they did use it to discuss information with their patients. The “My Baby and Me” passport includes a number of topics which are not covered on the antenatal sheets. It would seem that in some cases, there were lost opportunities for teachable moments. This could be due to lack of time, or a lack of awareness of the potential of the passport program. As a result of this evaluation, more training sessions will be conducted with obstetrical staff within the hospital and also among community partners.

There were disparate points of view with regard to collaboration of care as a result of the passport, particularly within the hospital:

“It [the Passport] absolutely helped our team and other disciplines on our team to communicate better.”

“It doesn’t increase collaboration between team members because information goes into their chart, anyways. It is more for the client.”

“No, we did not notice obstetricians writing in the Passport.”

These comments demonstrate the need for further informal information sharing sessions in which professional staff can share their experiences and ‘teach’ each other. Worth noting, is the fact that passport users commented that obstetricians wrote in their passports as well as nursing staff, and that the involvement of the nursing staff helped patients have more time with their obstetricians.

Coordinating the six week postnatal visit was an area identified for improvement. Based on the success of the pilot, the passport program is now being offered as a standard clinical program at the Women’s Health Care Centre. An obstetrical social worker coordinates the program and efforts have been made to improve the tracking of passports and distribution of incentives at the six week post-partum visit. This final clinic visit presents a wonderful opportunity for further

evaluation of the program from the user's perspective, time to review the passport and examine the entries and hopefully to celebrate the new mother's success.

Plans are also underway to conduct information sessions on the passport with staff on the Labour and Birth unit so that the passport can be better utilized during labour and shortly after birth. Lack of time is often a critical issue at this juncture in care, however an effort will be made to identify champions of the passport on the floor who can promote its use. In summary, overall, the staff participating in the passport program saw it as beneficial on many levels and expressed enthusiasm about it being adopted by other hospitals and community agencies.

Study Outcomes:

Interviews with Passport Users

Twelve one-to-one semi-structured interviews were held with passport users between January 2006 and January 2008. Members of the research team conducted 3 of the interviews and two social work students conducted 9 interviews over a two year period. A full transcription of all twelve interviews can be found in [Appendix E](#). Key words were identified in the interview data and 11 themes were coded and summarized by one member of the research team. Two other members of the research team reviewed the transcripts to test for consistency of agreement about the themes selected. The results of this process are described below.

The following words came up frequently during the interviews: Tim Horton's (26 instances), tokens (17), helpful (14), weight (8), incentives (7), special (5), hungry (3) and learn (3).

Themes with Examples:

Benefits of the Passport

"Seeing my weight on the chart, the notes from the doctor. The reminders were helpful, that the doctor wrote little comments for things I needed to remember."

"... I think the thing to put pictures in, ultrasound is a good thing because you can actually bring it to show people. I have my pictures, but I didn't put them in yet. It's a nice size too, it's not huge or thick, actually got all the important stuff in one little book."

"It was helpful even though I had past experience [with first child]. Quick reference in a small package-good. Knowing about things after the baby came was good."

Benefits of Incentives

"Could get here without any concern because of the tokens."

"That it was free! I always go to Tim Horton's so when I went to Tim Horton's, I knew I had \$5 to put food in my belly."

"That I can use them. They applied to my life and my needs."

"The tokens and food vouchers. They're useful, they're not something you're just gonna sit there and look at. I'm still gonna use the food scrub."

Hanging on to the Passport

Participants were asked about where they kept their passports.

“In my backpack; I always travel with my backpack”. (Participant did always have it with her.)

“In my purse all the time. I kept losing it ... in the shelter moving so much. Keep it the size it is but put it on a hook to keep it on yourself, like on a belt, neck, purse or whatever”.

“In my purse when I was using it. Now it is on my bookshelf at my Dad’s house”.

Suggestions for changes to the passport (and/or things that ‘bugged’ passport users)

“That it was too small. I wanted something bigger that I could stick photos in — like a photo compartment for those who want it.”

“That it did not have a beeping monitor on it.”

Suggestions for changes to the incentives

“Too many Tim Horton’s coupons, more baby gifts.

“We want to be happy and encouraged about the baby, I was depressed at the beginning, more things for the baby would have helped”.

“For the food vouchers, would like to see more than one choice of grocery store because I had to go out of my way to get there, but [the passport coordinator] took my concern and was proactively trying to change it”.

“More variety — food vouchers from No Frills was better than Dominion. Shoppers Drug Mart, more stuff to do with transit, like a half a pass or a pass [monthly]. Initially offer passes for anyone who participates. Transit is such a problem for young parents.”

“Less Tim Horton’s, more variety of something else, [like] McDonald’s, Burger King, Wendy’s Harvey’s, Mr. Sub/Subway, Winners, Walmart. Walmart is the best one.”

“More healthy choices. McDonald’s is not healthy. \$5 certificate is not enough for a good size salad. More money for healthy food.”

Positive Points about the Administration of the Passport Program

Interviewees were asked whether staff asked to see their passports, who wrote in their passport, and if they had general comments about how the program was run.

“Yes. Every day after they weighed me, they’d fill it out every time. It was always the same nurse.”

“They always asked. [My prenatal nurse] asked because she had to put the information in it. “

“The nurse [wrote in it] and I wrote a little information in the comment side”.

“My doctor (obstetrician) [wrote in it.]”

“The nurses, I don’t know their names. Covenant House people wrote in it, I wrote in it and I’m gonna write in it ... I’m gonna fill it in (for baby’s firsts.)”

“Always the nurse that saw me because I saw the same doctor, multiple nurses. Left more time for doctor and I to talk about other things.”

“Please don’t take it away. It’s really helpful. I’ll get it again if I’m pregnant”.

Negative Points about the Administration of the Passport Program

“The nurses that were well aware of it always did. Of all the student nurses, only one asked about it right away.”

“I did [write in the passport]. I wrote my medical history before, what I know about the baby, and ultrasounds, but that’s partially my fault because I didn’t always come to my appointments.”

“(My friend who is also on the passport) would say it was for homeless people and one time the lady brought the stuff to me in the front area.”

“I knew a lot about pregnancy. It’s not that it made me understand pregnancy better, it would have helped me understand my pregnancy better if the “Pregnancy Care” section was filled out.”

Shared Caregiving

Interviewees were asked about whether they presented their passport to more than one health/service provider. Seven out of 12 respondents indicated that they hadn’t shared their passport with more than one service provider. There were only two instances out of twelve where more than one agency was involved with the passport program.

“Yes. The doctor saw it every time I went. A nurse would see it and then the doctor would look after it.”

“Yes, the doctor (at St. Michael’s) the resident (at St. Michael’s), the nurse, (at St. Michael’s), [the passport coordinator at St. Michael’s], the doctor at Covenant House and the nurse at Covenant House.”

“Whoever I saw at the beginning of the visit (just at St. Michael’s)”

“Yes, Covenant House gave it to me.”

“No, and that’s only because I got my passport late — I didn’t see [my obstetrician] until I was 6 months [Note: this interviewee had been accessing services with two partner agencies involved with the passport program however she said] ”no one mentioned it to me, or asked to see it.””

The Emotional Side: How the passport program made women feel

“Happy that I could have the information.”

“Made me feel good because there was help and I could get something out of it that was very beneficial, made me feel appreciated.”

“I felt supported actually, like you could actually get something, and other times I didn’t feel so good about it because people said it’s for homeless people and that’s embarrassing. I didn’t like that you use the word homeless. Made me feel good that I could leave a small legacy for my child that she could look at.”

“Embarrassing kind of ... to need something like that, other women would look at me like “what’s that?” It brought down my self-esteem having to ask for tokens, etc. I was always an independent woman and here I am having to be dependent. Having the passport made me feel good though because I knew I could always come to my appointments.”

“In a sense, judged because it does work around young, pregnant, homeless parents and I think that it could be offered to all mothers, all first time mothers.”

“It made me feel like people cared, they were my ‘brain’, they wrote in it [the passport] all the time.”

Learning about Pregnancy & Motherhood

“Lying down at night and I’m bored and I read the passport and I learned a lot I didn’t know about.”

“Yes. I learned that chills are part of pregnancy. Also spotting, I didn’t know to go to the hospital and then I read in the passport and knew that I should have gone to the hospital.”

“Yes, some of the information in it because I read through it and it did help me — what the baby’s temperature would be, what to bring to the hospital, that was helpful ... and bring both socks and slippers ... and I would compare the information with what my prenatal nurse said.”

“...Actually the information in the book helped me keep up to date with baby and how I am doing. Ultrasound pictures were good.”

“Yeah, because there were a couple of questions in the passport that helped me to keep good records for the baby.”

“Yes. The bowel movement stuff. I liked the definitions.”

“Yeah, because it tells you a lot about what to expect when it’s first born, it’s pretty neat. When she told me about it I said “Why couldn’t you have this with my other two pregnancies?”

“Yes, my baby’s development later, whether she’s growing or underweight, the information about what to expect, how to take care of your baby, it’s all here.”

“Rubella, yes. Good reminder because I missed that the last time ... with my first baby.”

“Everything is new, sometimes you forget, just because I’ve had a baby before doesn’t mean anything — you’re new in this country, it’s totally different than what I’m used to, right?”

Recommending the Passport Program to other Women

Interviewees were asked if they would recommend the passport program to a friend. Twelve out of twelve said “yes”.

“Yeah, actually I have.”

“Yes, I have already!”

“Absolutely and I have during this pregnancy. I’d recommend this to any Mom.”

“Oh yes, if she’s young enough.”

DISCUSSION OF STUDY OUTCOMES: INTERVIEWS WITH PASSPORT USERS

The majority of interviewees wanted more variety among the incentives provided although there wasn't consensus on what the alternatives should be. They suggested that women should have a few choices between Tim Horton's, McDonald's, a grocery voucher or a healthier source of food. This would not be difficult to operationalize and should be considered by other facilities interested in adopting the program. Some respondents would have appreciated more baby-related items. The incentive planning committee which convened before the launch of the study, did consider including more items for the babies but were sensitive to the fact that some of the women participating in the program might have their infants apprehended (by child welfare agencies). It was decided that baby related items would be distributed at one prenatal visit and that a layette, or an outfit for the baby would be provided at the six week post partum visit. During the course of this pilot study a change was made with respect to the baby outfit. It was substituted with a \$25 gift certificate to The Bay / Zellers so that women could choose their own purchases. Although it wasn't mentioned in the interviews, anecdotally, the women really liked receiving the disposable camera at the time of birth. Having the film development pre-paid made this a successful incentive.

It's also clear from the interviews that local transit fare is integral to consistent attendance at prenatal and postnatal visits. Offering transit fare to partners and/or support people was also highly valued. Some participants liked the size of the passport, others wanted it to be bigger. The passport was originally designed to be small enough to fit easily into a jean or jacket pocket. In future the passport may be improved by placing it in a hard plastic sleeve. (Currently it is distributed in a zip lock bag.)

The interviews demonstrated that passport users enjoyed the program, the majority felt that they learned from the passport itself, and that they would recommend the program to a friend. Improvements could be made with respect to an increase in the number and type of entries made into the passport and as one interviewee pointed out the Pregnancy Care section should have been more thoroughly completed by the health care team. Some women wrote in the passport themselves which was a goal of the program, while others were more passive and only had entries made by those providing care.

Among the group of women who were interviewed, there were only a few instances in which partner agencies wrote in the passports. Although the research team did a considerable amount of outreach and education about the passport program, it appears as though partner agencies were not clear about their partnership role. This was a disappointing finding. Other facilities contemplating using this model of shared care should recognize that a great deal of time must be invested initially on cultivating partnerships, and once the program has been launched, to continue to communicate and address any barriers affecting the growth of the program. Staffing changes within the host hospital or within partner agencies warrant ongoing outreach and education. A plan should also be put in place so that student trainees are oriented to the program and able to step in as needed for seamless delivery of service.

While many participants valued the passport program, some interviewees said that it caused embarrassment and/or it made them feel judged. The use of the word homeless understandably raises sensitive issues and feelings. It is important for staff to be aware of the stigma of homelessness and poverty and to offer care that focuses on a healthy pregnancy and a healthy baby. Care should be taken to provide incentives in the privacy of the clinic room and be distributed discretely in an opaque bag.

Ideally the same nurse should follow the patient for continuity of care, rapport and trust building, and generally to enhance the comfort level of the young woman.

A review of interviewee passports revealed that most entries had been made by St. Michael's Hospital staff. Key medical information was completed, however other areas of the booklet were not filled out. Some passport users wrote in their passports, many did not. One participant used her passport to write down the name she planned to give her child and the meaning behind the name (refer to [Appendix I](#)).

In summary, from the perspective of the user, the passport program was highly successful. Suggestions for improvements can be implemented fairly easily. Passport carriers should be consulted periodically in formal and informal ways to ensure that the program continues to meet their needs.

Study Weaknesses

Information obtained by self report is inherently weak, however for the purposes of this pilot study it was the only suitable means of collecting data and remaining respectful of program participants and their right to privacy.

The section on passport referrals may not accurately reflect some referrals which may have been made by community partners. Data collection sheets were used to summarize the findings which have been reported. It is possible that in some instances St. Michael's Hospital was listed as the referral source by the nurse completing the intake data collection sheet, when in fact the participant may have been referred from another agency. This may have occurred either because the youth didn't disclose this information during the intake visit or because this variable was coded incorrectly on the data collection sheet.

It was unfortunate that changes in housing status were not well documented on the Distribution of Incentives Checklist ([Appendix H](#)). Ideally each housing change would have been documented as it occurred throughout the pregnancy. In reality, housing status at time of intake was well recorded while subsequent changes were less well documented. Housing status at time of birth/discharge post-delivery tended to be reasonably well recorded. Loss of information on the number of changes in housing status and type of housing throughout the prenatal period weakened the breadth of descriptive data presented.

Not having a program coordinator as had been planned during the design of this study definitely impacted on the research team's ability to fulfill all aspects of the research protocol. The study results would have been much richer if the research team had been able to examine all the passports either at the time of delivery or the six week post partum visit (with participants permission) for completeness of entries. It would also have been an opportunity to more concretely assess use of the passports by community partners.

Replication of the Model at Other Hospitals

The overall success of the “My Baby and Me” Passport along with the collaborative model of care for young parents will hopefully inspire other hospitals to adapt the program to the needs of their patients and according to the scope of existing resources. More information about the model of care, of which the infant passport was only one component, can be found in the journal [Nursing for Women’s Health](#), Nov. 2007, Vol 11, Issue 5, pp 461-466 in an article titled: “Caring for the Most Vulnerable: A Collaborative Approach to Supporting Pregnant, Homeless Youth.”

KEY MESSAGES FOR HOSPITALS

Future Service Provision

1. Hospitals across North America which provide services to young homeless/marginally housed women/families could consider adopting and modifying this model of care including the passport program. This collaborative model would include hospitals, public health units, community agencies and young parents.
2. Canadian hospitals could consider providing a modified My Baby and Me Passport Program to pregnant homeless women of all ages.
3. Hospitals and community agencies must commit to collaborative service delivery to ensure continuity of care to young parents and their children.
4. Further research is needed to examine outcomes of this model of care. Future studies should be conducted:
 - to explore the impact of the passport program on maternal and infant clinical outcomes
 - to analyze the long term economic benefits of the program
 - to determine the rate of infant apprehensions experienced by young parents (babies taken into the care of children’s aid societies)
 - to learn more about the use of health and social services by marginalized young parents
 - to explore housing transitions and challenges faced by marginalized young parents over an extended period of time
5. Hospitals should consider providing a modified “My Baby and Me” Passport Program to pregnant homeless women of any age.

KEY MESSAGE FOR COMMUNITY AGENCIES

Future Service Provision

Community agencies need to be strong partners and use the infant passport in a consistent manner. This model of care assumes that all providers of prenatal care recognize the benefit to the woman of having a record of all services received during the pregnancy. This means that all partners should encourage the use of the passport, make referrals, document entries concerning any contacts with the client and participate in an advisory component of the care model to continually assess and improve service delivery.

Hospitals considering replicating or adapting this program should recognize the importance of collaboration both internally and externally. A considerable amount of time must be spent cultivating mutually beneficial relationships with community service providers for the program to succeed. Community agencies can work in partnership with area hospitals to develop a flexible program that meets the specific needs and challenges of young parents/parents-to-be. They are often able to provide the latest information on what is happening among street-involved youth, can readily identify gaps in service delivery and help problem solve viable solutions. Effective community partners can facilitate youth accessing hospital-based services who would ordinarily be reluctant to enter a hospital setting. A collaborative model of care is the only way to reach the “hardest-to-engage” youth who may have the most complex clinical issues.

Collaboration within the hospital setting is also crucial to success. Information sessions and sensitivity training on homeless youth and pregnancy may initially be required. Implementation of the passport program requires a team approach involving nurses, obstetricians, family physicians, ultrasound technicians, social workers, clerical staff, dieticians, and others involved in prenatal and postnatal care. When feasible, clerical staff can book subsequent prenatal appointments for passport users which are slightly longer than the routine appointment time. Nurses can complete the initial passport entries each visit on weight, blood pressure, etc. while obstetricians can complete the plan of care and other information. Ultrasound technicians can write in the passport and provide pictures for safe-keeping. The more complete passport entries are, the more useful it will be as a tool for other health and service providers within the collaborative circle of care.

If not already developed, partnerships can be formed between obstetrical units and psychiatry units as well as the Emergency Room (ER). At the Women’s Health Care Centre at St. Michael’s Hospital an initiative is currently underway to address perinatal mental health issues through a new collaboration with the Psychiatry Department. Prior to the launch of the “My Baby and Me” Passport Program, education sessions were held in the ER which resulted in an increase in the number of referrals to the prenatal program, and subsequently, the passport program.

The Clinical Lead Manager, ER actively attended the SMH YP YNFA work group meetings and offered use of The Rotary Centre (a brief stay transitional centre for discharged hospital patients whose housing situations are unstable) to passport users so they could enjoy a hot lunch on the days of their clinic appointments. Collaborations do take time, however they often bring about enhanced service delivery, and new approaches to dealing with challenges as they arise.

Ideally a staff person should be designated to oversee and coordinate the passport program. The amount of time needed will correspond to the number of women who may be eligible for the program in any given year. Having one point of intake through a program coordinator may be preferable to having a team of prenatal nurses carrying the responsibility for enrolling patients into the program. A coordinating nurse or social worker could also keep track of all the data records, replenish the supplies, engage in community outreach activities, provide ongoing education and sensitivity training, and obtain regular feedback from youth and staff involved with the program.

Future studies should be conducted to explore the impact of the passport program on maternal and infant clinical outcomes. An economic analysis should also be conducted comparing the costs of the incentive program with costs associated with medical services required when maternal or infant outcomes are poor. **The passport program costs approximately \$225.00 per woman — a small sum for the significant impact it can have for young mothers and their children.**

At St. Michael's an effort was made to support the "My Baby and Me" Passport Program through the use of a store points donation program. Other hospital patients, hospital staff, community agency staff and others interested in supporting the program were able to donate Shoppers Drug Mart points and The Bay/Zellers points to the program so that items could be purchased for young passport users (see [Appendix O](#)). This is certainly an approach other hospitals could take to supplement their supply of incentives for young mothers. The Finance Department and the Social Work Department independently initiated fund-raising activities within the hospital to raise funds and awareness of the program. Informing others within the hospital community and among community partners about the needs of homeless/marginally housed young mothers may bring about support from innovative and surprising sources.

Some consideration should also be given to homeless, pregnant women over the age of 27 years. An information booklet could be developed which would be suitable for an "older" age group and it could be complemented by an incentive or encouragement program. Mothers with lived experiences of poverty should be included during the development and assessment phases of new programs.

KEY MESSAGES CONCERNING YOUNG PARENTS

Future Service Planning

Improving Access to Health Care Programs and Services

1. Establish hospital/community multi-disciplinary models of practice across Ontario to provide prenatal, postnatal and well-baby support specifically for homeless and low-income women within hospitals and on an outreach basis at shelters and community-based agencies/clinics. The Ministry of Health & Long Term Care (MOHLTC) and Local Health Integration Network(s) (LHINs) could provide leadership and financial support for these initiatives.
2. Provide stable funding for nurse practitioners, street outreach nurses and social workers at hospitals and health units to coordinate collaborative models of care in geographic areas where rates of poverty and homelessness are high. The MOHLTC and some LHINs may be in a position to provide funding.
3. Increase the number of community-based case workers who assist homeless youth in navigating various aspects of health and social service systems. These workers should have the capacity and flexibility to act as bridges between young parents and hospitals and community agencies, and could be peer-based. The Ministry of Children and Youth Services and the MOHLTC may be able to establish new service models, provide support and funding.
4. Develop transitional housing for low income women of all ages who need assistance with prenatal care and parenting in a safe, supportive environment. This should be a collaborative approach between child protection services, local public health units who deliver Healthy Babies Healthy Children (HBHC) services, hospital-based prenatal service providers, community housing corporations (CHC), the Ministry of Children and Youth Services, the Ministry of Health and Long Term Care, and others.
5. Increase funding across the province for the development of innovative smoking and substance use cessation programs for youth and for pregnant women in particular. The MOHLTC may be able to encourage new collaborations and fund interventions for young pregnant and parenting women.
6. Increase the number of beds in the shelter system specifically for pregnant women and their partners and children, and provide comprehensive prenatal and postnatal service delivery.
7. Consideration could be given to developing a program which would promote local transit passes to young, street-involved, homeless/marginally housed youth so that they can access health care, social services, housing and employment opportunities.
8. The Ministry of Health and Long Term Care and the Ministry of Children and Youth Services could jointly consider establishing models of care including bereavement support groups for young parents whose children have been temporarily or permanently apprehended by children's aid agencies.
9. Municipal governments could utilize this report to support an increase in the number of subsidized child care spots.

10. Municipal governments should utilize this report to support the implementation of on-site childcare at shelters from 7:30 am-6:00 pm allowing young parents to pursue academic and employment opportunities which will allow them to support their families in the future. Currently in many shelters in which childcare is available, the hours are not continuous or long enough to allow young parents to easily pursue academic, training or employment goals.

Conclusion

In this pilot study passport users were able to retain their “My Baby and Me” passports throughout their pregnancies. Out of 101 cases, there were only twelve instances in which passports were lost/misplaced and subsequently re-issued. All twelve of the participants who lost/misplaced their passports at some point during their pregnancies and who gave birth at St. Michael’s retained their re-issued passports through until at least the time of delivery.

A retention rate of 88% clearly demonstrates the capacity of young women to retain a portable health record.

The mean gestational age at intake among study participants was 20.72 weeks. **Effective collaboration with community agencies** and local public health units is crucial to achieving the goal of providing prenatal care as early in pregnancy as possible.

Clinically significant for this population was the fact that 51.4% (52 out of 101) of the study sample attended between 9 and 15 prenatal visits. Adjusting for the 12 unknown cases, **58%** (52 out of 89) of the sample for whom this information was available attended between **9 and 15 prenatal visits**. These results were extremely encouraging. One cannot conclude that regular attendance at prenatal appointments was the direct result of the passport and incentive program, however it likely was a strong contributing factor. Further research is required to rigorously assess the impact of the passport program on clinic attendance and maternal and infant outcomes.

Ninety-four percent of the women in this study gave birth to full term infants at St. Michael’s Hospital. Ninety percent of these gave birth to infants weighing 2500 grams or more. The mean infant birth weight for babies born at St. Michael’s Hospital in this study was 3217 grams while the mean gestational age was 38.9 weeks. One infant weighing 1900 grams was a unique case and substance use was involved during the pregnancy. The next lowest infant birth weight among full term infants was 2264 grams delivered at 38 weeks gestation. Apart from these “outlier” cases, these findings strongly support the continuation of the passport and incentive program and further research investigations.

From records which were available, 50% of women who resided in the shelter system at the time of intake remained in the shelter system upon discharge from hospital (27 out of 54). It is important to note however, that many shelters have both a prenatal and a postnatal program which welcomes the mother and infant back to the shelter until more stable housing is established. On a positive note, almost 15% of the study sample transitioned from the shelter system to an apartment or house by the time of delivery. Approximately 25% who were marginally / precariously housed or who were couch surfing remained in similar situations at time of delivery. Approximately 9% of women lost their housing during pregnancy and were living in the shelter system at time of delivery. Reasons for changes in housing are complex and varied, therefore one cannot assume one type of transition is better or worse than another. For a woman in an abusive situation, moving into the shelter system may be a very positive

transition, for another, losing housing for non-payment of rent and having to return to a shelter may be experienced as a negative transition.

A **statistically significant relationship was found between substance use and low birth weight**. This corroborated the findings of Little, M. et. al., 2005 published in the Canadian Medical Association Journal. As stated earlier, the deleterious effects of substance use and crack/cocaine in particular on overall health and on normal fetal development cannot be overstated. Public health strategies designed to deal with this serious problem should be given high priority in future planning of service delivery.

Given that a statistically significant relationship was found between the **number of prenatal clinic appointments and infant birth weight**, ($p=0.04773$) it is important for health care providers to develop and use creative strategies to make prenatal care accessible and welcoming, and to explore new ways to encourage regular clinic attendance. Some possible strategies include:

- Develop and maintain community partnerships
- Offer an incentive program
- Adapt the “My Baby and Me” Passport program and model of care
- Implement flexibility with clinic scheduling (i.e. accommodate fast-track appointments/walk-ins; allow more time at the initial clinic visit)
- Increase staff awareness about poverty, abuse, youth fears, etc. as well as recognizing youth strength, resilience and capacity to parent
- Offer prenatal classes tailored to youth and/or marginally housed youth (consider involving young mothers with a history of homelessness as co-facilitators)
- Talk with young parents/parents-to-be and ask them for input on how to change service delivery and involve them whenever possible with the implementation of those changes
- Liaise with local public health department street outreach team(s) and find out what their clients say are the barriers to regular attendance at prenatal appointments.

As self-reported **smoking status at time of intake was correlated to low infant birth weight**, patients need referrals to effective smoking cessation programs, encouragement from the health care team, suggestions for ways to reduce smoking, and information about the impact of smoking on their baby’s health.

As listed in [Appendix B](#) no statistically significant correlations were found between the following:

- Substance use and number of prenatal clinic visits attended
- Mother’s age and number of prenatal clinic visits attended
- Mother’s age and gestational age at intake
- Mother’s age and gestational age at birth
- Mother’s age and infant birth weight
- Mother’s level of education and smoking status

- Mother's level of education and total number of pregnancies
- Mother's level of education and number of prenatal clinic visits attended
- Gestational age at intake and infant birth weight
- Gestational age at intake and number of prenatal clinic visits attended
- Substance use and number of prenatal clinic visits attended
- Number of prenatal clinic visits attended and infant birth weight

The two focus groups with care providers overall were extremely positive about the passport program. Key themes were: that the participants benefited, the passport increased mother/infant attachment, that it helped foster trust between patients and caregivers, that it reduced barriers to care, and that health professionals also experienced benefits from using the passport. Prenatal nurses felt that nurses at other hospitals would be willing to use the program if homelessness and poverty were presenting issues among the clients they serve.

The one to one interviews with participants revealed that passport users enjoyed the program, the majority felt that they learned from the passport itself, and that they would recommend the program to a friend. They suggested more variety with respect to the incentives received and highly valued the costs of public transportation being provided. Some interviewees expressed an interest in staff making more entries in their passports. Some participants were not aware that they could use their passport at other youth serving agencies. Some women wrote in the passport themselves which was one of the goals of the program, while others were more passive, having entries made solely by those providing care. The majority of suggestions made by passport users can and will be implemented in the future.

In summary, overall, the pilot study was highly successful. The passport program is now being implemented as a clinical program for young parents at St. Michael's Hospital. This has been made possible through generous financial support provided by private donors, coordinated through the St. Michael's Hospital Foundation. It is hoped that other hospitals along with their community partners will also adapt and use this model.

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APPENDIX A: DATA TABLES

Table 1 N=101 Age of Passport Users

Age	Number	Percent	Cumulative %
15	1	0.99	0.99
16	3	2.97	3.96
17	12	11.88	15.84
18	15	14.85	30.69
19	15	14.85	45.54
20	12	11.88	57.43
21	10	9.90	67.33
22	4	3.96	71.29
23	7	6.93	78.22
24	6	5.94	84.16
25	5	4.95	89.11
26	6	5.94	95.05
27	4	3.96	99.01
Unknown	1	0.99	100.00

Table 2 N=101 Education Level of Passport Users

Education Level	Number	Percent	Cumulative Percent
Grade 1	1	0.99	0.99
Grade 6	3	2.97	3.96
Grade school (unspecified)	1	0.99	4.95
Grade 9	8	7.92	12.87
Grade 10	21	20.79	33.66
Grade 11	18	17.82	51.48
Grade 12	16	15.84	67.32
High School (unspecified)	13	12.87	80.19
College	4	3.96	84.15
Some University	1	0.99	85.14
Unknown	15	14.85	100.00

Table 3 N=25 Substance Use by Passport Users

Substance	Number Using	Percent	Cumulative Percent
Alcohol	1	4.0	4.0
Alcohol & Crack/Cocaine	1	4.0	8.00
Alcohol & Marijuana	1	4.0	12.00
Crack/Cocaine	9	36.00	48.00
Crack/Cocaine & Other	1	4.00	52.00
Ecstasy	1	4.00	56.00
Marijuana	6	24.00	80.00
Marijuana & Crack/Cocaine	2	8.0	88.00
Marijuana, Crack/Cocaine, Ecstasy & Mushrooms	1	4.0	92.00
Marijuana & Other	1	4.0	96.00
Unknown	1	4.0	100.00

Table 4 N=101 Gestational Age at Intake

Gestational Age at Intake	Frequency	Percent	Cumulative Percent
7-12	27	26.73	26.73
13-26	35	34.65	61.38
27-40	31	30.69	92.07
Unknown	8	7.92	100.00

Table 5 N=101 Parental Appointments Attended

# of Appointments	Frequency	Percent	Cumulative Percent
1	4	3.96	3.96
2	1	0.99	4.95
3	1	0.99	5.94
4	4	3.96	9.90
5	7	6.93	16.83
6	8	7.92	24.75
7	6	5.94	30.69
8	6	5.94	36.63
9	11	10.89	47.52
10	7	6.93	54.45
11	12	11.88	66.33
12	8	7.92	74.25
13	4	3.96	78.21
14	6	5.94	84.15
15	4	3.96	88.11
Unknown	12	11.88	100.00

Table 6 N=101 Gestational Age at Time of Birth

Gestation	Frequency	Percent	Cumulative Percent
32	2	1.98	1.98
36	1	0.99	2.97
36.4	1	0.99	3.96
36.6	1	0.99	4.95
37.0	5	4.95	9.90
37.3	1	0.99	10.89
37.5	1	0.99	11.88
38.0	12	11.88	23.76
38.1	1	0.99	24.75
39	24	23.76	48.51
39.1	1	0.99	49.50
39.2	1	0.99	50.40
39.5	1	0.99	51.48
40.0	19	18.81	70.29
40.2	1	0.99	71.28
40.3	1	0.99	72.27
40.4	1	0.99	73.26
41.0	9	8.91	82.17
41.2	2	1.98	84.15
Unknown*	16	15.84	100.00

*includes stillbirth at 6 months

Table 7 N= 102 Birth Weight

Range of Birth Weights in Grams	Frequency	Percent	Cumulative Percent	Range of Gestational Ages (weeks/days)
1900-1959	2	1.96	1.96	36.6-37.0
2069- 2989*	24	23.52	25.48	32.0-39.5
3036-3075	2	1.96	27.44	37.0-39.0
3100-3182	9	8.82	36.26	36.0-40.0
3200-3286	12	11.76	48.02	37.0-41.0
3306-3350	3	2.94	50.96	38.0-39.0
3404-3498	10	9.80	60.76	38.0-41.2
3540-3594	3	2.94	63.70	39.0 40.0
3644-3690	4	3.92	67.62	40.00-41.00
3728-3795	2	1.96	69.58	38.0
3830-3882	4	3.92	73.50	39.0-41.2
3910-3966	3	2.94	76.44	39.0-41.0
4026-4474	6	5.88	82.32	39.0-41.0
Unknown**	18	17.64	99.96	

* set of twins included in this range (38 weeks gestation)

** includes one stillbirth at 6 months

Table 8 (N = 85 documented) Birth Weight and Gestation

Birth Weight	Gestation	Birth Weight	Gestation
1900	37.0	3244	39.0
1959	36.6	3245	40.0
2069	36.4	3250	41.0
2140	32.0	3275	41.0
2264	38.0	3286	39.0
2470	39.0	3306	39.0
2481	39.0	3348	38.0
2495	39.0	3350	39.0
2531	37.0	3404	40.0
2555	39.1	3405	39.0
2620	39.0	3420	39.2
2690	40.0	3434	40.0
2715	37.0	3445	40.4

Birth Weight	Gestation	Birth Weight	Gestation
2750	39.0	3456	40.0
2750	38.0	3456	40.3
2868	38.0	3478	41.2
2882	40.0	3488	38.0
2894	37.5	3498	39.0
2966	38.0	3540	40.0
2971	39.0	3575	39.0
2971	39.5	3594	40.0
2987	39.0	3644	40.0
2989	39.0	3654	41.0
3036	37.0	3655	40.0
3075	39.0	3690	41.0
3100	37.3	3728	38.0
3100	38.0	3795	38.0
3106	38.0	3830	40.0
3112	40.0	3854	40.0
3140	38.1	3875	41.2
3150	36.0	3882	39.0
3164	39.0	3910	40.0
3180	39.0	3910	39.0
3182	40.0	3966	41.0
3200	37.0	4026	40.2
3205	40.0	4098	40.0
3212	39.0	4245	41.0
3215	38.0	4304	40.0
3218	39.0	4320	39.0
3230	39.0	4474	41.0
3234	41.0	baby 1: 2901; baby 2: 2945	38.0
		Stillbirth	32.0

Note: Where # of weeks was recorded without # of days, # of days is listed at .0 days

Table 9 N=101 Referral Source

Referral Source	Frequency	Percent
St. Michael's Hospital	31	30.69
Covenant House	21	20.79
Other	21	20.79
Shout Clinic	11	10.89
Robertson House	3	2.97
Sherbourne Health Care Centre	3	2.97
Unknown	3	2.97
Toronto Public Health	2	1.98
Birkdale Residence	1	0.99
Birkdale & Toronto Public Health	1	0.99
Children's Aid Society	1	0.99
Evergreen Centre for Street Youth	1	0.99
Street Haven	1	0.99
Sojourn House	1	0.99
Total	101	100.00

Table 10 N=83 (missing information=18)

Relationship Between Mother's Level of Education and Smoking Status

Mother's Education	Smoker		Non-Smoker		Total	
Grade School	N=1	1.20%	N=3	3.61%	4	4.82
High School	N=26	31.33	N=48	57.83	74	89.16
Post Secondary	N=1	1.20%	N=4	4.82%	5	6.02
Total	N=28	33.73%	N=55	66.27%	83	100.00

APPENDIX B: OTHER FINDINGS — NOT STATISTICALLY SIGNIFICANT

Correlation Between Substance Use and Number of Prenatal Appointments:

No statistically significant relationship was found between self-reported substance use and the number of prenatal clinic appointments attended by passport users. The mean number of clinic visits among substance users was 7.77 (SD = 4.23); the mean number of clinic visits among non-substance users was 9.11 (SD = 3.34). The pooled t-test p value was 0.1294.

Correlation Between Crack/Cocaine Use and Infant Birth Weight

There were 8 participants who reported use of crack or cocaine at the time of intake who also gave birth at St. Michael's Hospital. The mean birth weight of this group was 2860 grams; median was 2791 grams, with a standard deviation of 572.90 grams. The range of gestational ages for this group was 37-40 weeks.

There were 8 study participants who used substances other than crack/cocaine who gave birth at St. Michael's Hospital. The mean birth weight of infants born to this group was 3037 grams; the median was 3212 grams, with a standard deviation of 556.79 grams. The range of gestational ages among this group was 36.6-40.3 weeks. A Wilcoxon two sample test was performed resulting in a statistic of 59.0000 and a two sided Pr value= 0.2359.

Correlation Between Mother's Age and other Variables:

The following relationships were explored using pearson correlation coefficients:

1. mother's age and number of prenatal clinic visits ($p=0.2594$)
2. mother's age and gestational age at intake ($p=0.1467$)
3. mother's age and gestational age at delivery ($p=0.8369$)
4. mother's age and infant birth weight ($p= -0.03861$)

No statistically significant relationships were found between mother's age and these four variables.

Correlation Between Mother's Education and other Variables:

The following relationships were explored using pearson correlation coefficients:

1. mother's level of education and smoking status ($p \text{ value} = 0.8624$)
2. mother's level of education and total number of pregnancies ($p \text{ value} = 0.0004$)
3. mother's level of education and total number of prenatal clinic visits ($p \text{ value} = 0.0094$)
4. mother's level of education and infant birth weight ($p \text{ value} = 0.0027$)

No statistically significant relationship was found between mother's level of education and smoking status. The p value was 0.8624 using Fisher's Exact Test. Refer to Table 10 in [Appendix A](#).

No statistically significant relationships were found between mother's level of education and the remaining three variables.

Correlation between Gestational Age at Intake Visit and other Variables

The following correlations were explored using Pearson correlation coefficients:

1. Gestational age at intake visit and infant birth weight ($p=0.1380$)
2. Gestational age at intake visit and number of prenatal clinic visits (-0.63737)

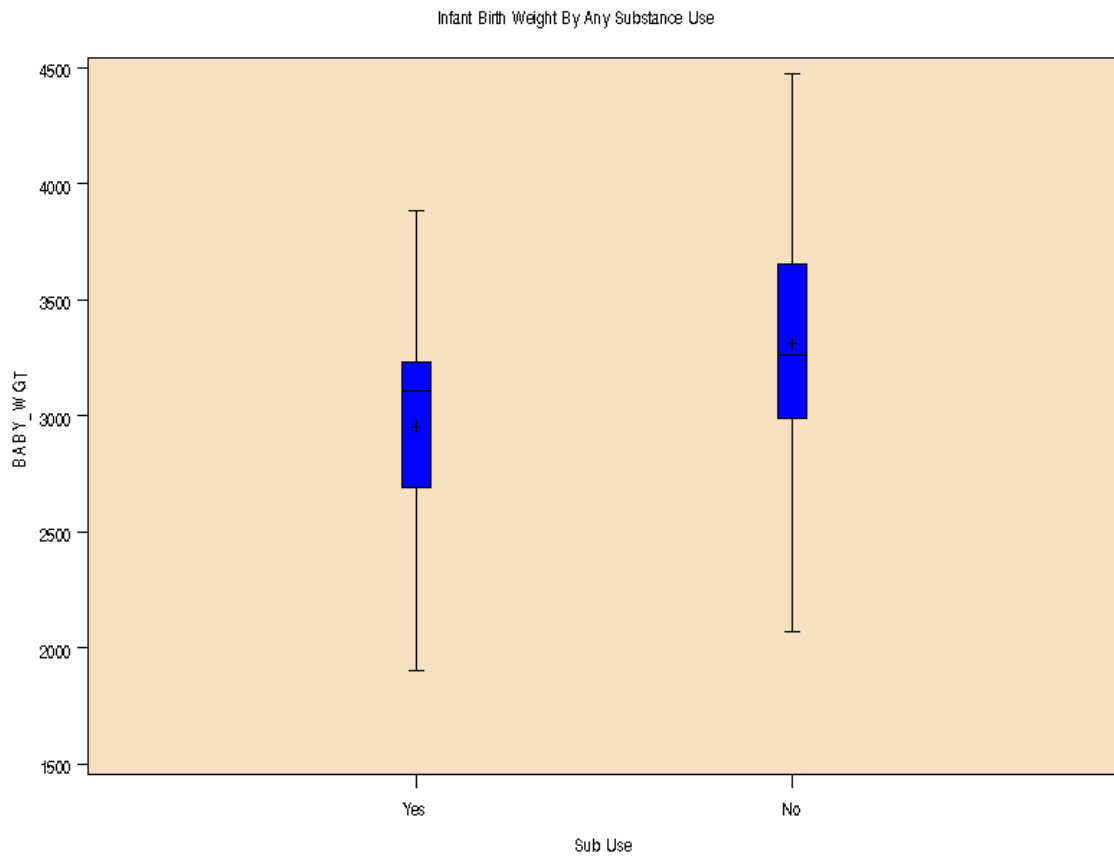
No statistically significant relationships were found.

Correlation between Any Substance Use and the Number of Prenatal Clinic Visits Attended:

The relationship between any substance use and number of prenatal clinic visits attended was explored and found not to be statistically significant. For substance users ($N=22$) the mean, SD, median and mode were 7.8, 4.23, 8.0 and 1.0 respectively. For non-substance users ($N=67$) the mean, SD, median and mode were 9.11, 3.34, 9.00 and 11.00 respectively. The pooled t-test p value was 0.1294.

APPENDIX C: STATISTICALLY SIGNIFICANT RELATIONSHIP BETWEEN SUBSTANCE USE AND INFANT BIRTH WEIGHT

Schematic Plot



APPENDIX D: EVALUATION OF “MY BABY AND ME” PASSPORT

Semi-Structured Interview Questions with Passport Holders (to be administered at any point during pregnancy or during post-partum period)

Passport # _____	Date: _____
Completed by: at _____	<input type="checkbox"/> Birkdale <input type="checkbox"/> Covenant House <input type="checkbox"/> Evergreen <input type="checkbox"/> Family Residence <input type="checkbox"/> Toronto Public Health <input type="checkbox"/> Robertson House <input type="checkbox"/> Women’s Residence
Gestational Age: _____ weeks or Post-Delivery: _____ weeks	

So far ...

1. What do/did you like the most about the passport?
2. What bugs/bugged you about the passport?
3. What is/was most helpful?
4. What is/was least helpful?
5. Did staff providing care to you ask to see your passport?
6. Did you bring the passport to more than one caregiver?
7. Who wrote in the passport?
8. How did it make you feel?
9. Is there anything you would add or take away from the passport?
10. Did the passport help you understand your pregnancy better?

When appropriate:

11. Did the passport help you understand your baby’s needs better?
12. Was any information in the passport new to you?
13. Where do/did you keep your passport?
14. What do/did you like about the incentives?
15. What don’t/didn’t you like about the incentives?
16. What would you change about the incentives?
17. Would you recommend the passport to a friend?
18. Is there anything else you’d like to say about the passport?

APPENDIX E: FULL TRANSCRIPTS OF ONE-TO-ONE INTERVIEWS WITH PASSPORT USERS

1. What do/did you like the most about the passport?
 - The TTC tokens; It was hard to get to the doctor; The records of my blood pressure and weight ... it was interesting to see.
 - The free Tim Horton's coupons!
 - Getting the gifts. Lying down at night and I'm bored and I read the passport and I learned a lot I didn't know about.
 - You had the information in a portable book right in front of you and you got gifts every time you came.
 - Provided tokens and useful certificates.
 - I liked the coupon part because you could actually buy stuff from the grocery store.
 - The help that was offered, she [passport coordinator] had information about other things going on in the community (resources). St. Mike's made such an effort to follow up with me and I like that they make an effort to help the homeless and disadvantaged youth.
 - Could get here without any concern because of the tokens. Food vouchers.
 - It's really a good way of keeping track of your baby's health because you can keep track of what's going on in your body and your baby's. It's very simple.
 - TTC tokens and Tim Horton's.
 - Parts about the baby.
 - Tokens, Tim Horton's, the coupon [grocery store], the gift certificate [from the Bay],
2. What bugs/bugged you about the passport?
 - Nothing
 - The Tim Horton's coupons because it was the same every week; it didn't really bug me, it just disappointed me because I thought I'd get more than that. I had muffins, bagels, iced cappuccino.
 - The first few visits — too many Tim Horton coupons. I like to be surprised each time.
 - Nothing. Except that you had to bring it in every time and I sometimes would forget it.
 - Nothing.
 - Tim Horton's. I don't think it's that helpful, I don't really see the point of it, I just gave the Tim Horton's [certificates] to my siblings. There's not much I could get there.
 - That it was too small. I wanted something bigger that I could stick photos in — like a photo compartment for those who want it.

- Too much Tim Horton's. I had hot chocolate, bagels, there's only so much that a woman being pregnant can drink from there.
- Any time I had a student nurse/ new nurse they weren't even sure about what the passport was. The information wasn't spread well enough — if they're coming onto the floor for the day they should know, and I would explain it and there's an incentive that goes along with it as well and you're the one who's responsible for giving it to me. The next appointment, the [information] was never filled out. There should be more efficiency re all of the things in the passport, not just health.
- Nothing.
- Nothing.

3. What is/was most helpful?

- The weight page was the only page I used. I didn't use the rest of the book.
- Seeing my weight on the chart, the notes from the doctor. The reminders were helpful, that the doctor wrote little comments for things I needed to remember.
- The information was helpful. Every time I came to my appointment I had a record of what was happening with my body. That was neat. When Dad (baby's father) can't come to appointments, he looks at the passport to get updated on "his little one".
- In my perspective the program was just bringing in the book and the results from the doctor's appointment.
- Tokens.
- The baby supplies, powder and wipes.
- I think everything was helpful — the book with the medical information and the food vouchers help when you're hungry and the tokens, and the little gifts — foot scrub-things to make you feel special and it makes a difference when someone makes an effort to make you feel special.
- Tokens.
- Be able to have a personal record of your baby's health. It's such a quick reference. Doctor's looked at it, to see the information.
- Learning about the Rubella test and things like that. I didn't know anything about it. Things about fever and stuff like that.
- Can't remember, but [it was] helpful.
- Just knowing someone cared about you and what happens to you. Because they're interested in me making my appointments and the beautiful thing about this is you got to see the weight, heart rate — this is more like a medical report and I liked it because I have mine.

4. What is/was least helpful?

- Nothing
- The social worker when you're on the passport you have to see the social worker, because I wasn't homeless, I was in between residences. There was really nothing she could do and I didn't need her. I had my own worker from "Growing Together".
- Nothing. Everything was helpful.
- That it did not have a beeping monitor on it.
- Nothing.
- Tim Horton's.
- Nothing.
- Only one place you can go to eat — limited variety; perhaps McDonald's etc., not just Tim Horton's.
- I don't think there's something that's least helpful.
- Nothing.
- Nothing.

5. Did staff providing care to you ask to see your passport?

- Yes
- Yes. Every day after they weighed me, they'd fill it out every time. It was always the same nurse.
- Yes, if I forgot to show them they'd ask me if I had it.
- Yes.
- Yes.
- Yeah, not all, the nurse. Some said they didn't know about it, they said they'd find out about it for next week ... there was follow up ... and what I got was Tim Horton's!
- Well at least one person might have asked me [participant usually brought the passport out before anyone usually asked for it.]
- Yes. Always my prenatal nurse. When she (the prenatal nurse wasn't there) my doctor (obstetrician) asked another nurse to ask me for my passport, and she did.
- The nurses that were well aware of it always did. Of all the student nurses, only one asked about it right away.
- Usually.
- No. (participant remembered on her own)
- They always asked. [My prenatal nurse] asked because she had to put the information in it.

6. Did you bring the passport to more than one caregiver?

- Yes. The doctor saw it every time I went. A nurse would see it and then the doctor would look after it.
- No. (No one ever told her that she could!)
- Yes, the doctor (at St. Michael's), the resident (at St. Michael's), the nurse, (at St. Michael's), [the passport coordinator at St. Michael's], the doctor at Covenant House and the nurse at Covenant House.
- Whoever I saw at the beginning of the visit (just at St. Michael's)
- No.
- Yes, Covenant House gave it to me.
- No, and that's only because I got my passport late — I didn't see [my obstetrician] until I was 6 months [Toronto Public Health and Family Residence provided services to this participant however she said no one mentioned it to me, or asked to see it.]
- No.
- No.
- No, I never was aware that I could do that. I wasn't aware that I could be given an incentive for going to an ultrasound.
- Yes.
- No, no one else was involved.

7. Who wrote in the passport?

- The nurse.
- The nurse and I wrote a little information in the comment side.
- My doctor (obstetrician)
- The nurse who took weight before the doctor (St. Michael's)
- The nurses, I don't know their names. Covenant House people wrote in it, I wrote in it and I'm gonna write in it ... I'm gonna fill it in (for baby's firsts)
- I did. I wrote my medical history before, what I know about the baby, and ultrasounds, but that's partially my fault because I didn't always come to my appointments.
- Prenatal nurse.
- Always the nurse that saw me because I saw the same doctor, multiple nurses. Left more time for doctor and I to talk about other things.
- I just did it.
- Someone did, can't remember who.
- Me, [my prenatal nurse], and [the passport coordinator]

8. How did it make you feel?

- Happy that I could have the information.
- Hmmmm ... I don't know ... it was something free I was getting for coming to my doctor's appointment. I liked it I guess.
- OK, I guess.
- Did not like the fact that I had to remember the passport each time. Eventually I just left it in my purse all the time. I liked the incentives.
- Made me feel good because there was help and I could get something out of it that was very beneficial, made me feel appreciated.
- I felt supported actually, like you could actually get something, and other times I didn't feel so good about it because people said it's for homeless people and that's embarrassing. I didn't like that you use the word homeless. (My friend who is also on the passport) would say it was for homeless people and one time the lady brought the stuff to me in the front area.
- Made me feel good that I could leave a small legacy for my child that she could look at.
- Embarrassing kind of ... to need something like that, other women would look at me like "what's that?" It brought down my self esteem having to ask for tokens, etc. I was always an independent woman and here I am having to be dependent. Having the passport made me feel good though because I knew I could always come to my appointments.
- In a sense, judged because it does work around young, pregnant, homeless parents and I think that it could be offered to all mothers, all first time mothers.
- I don't know.
- Fine for pregnancy information.
- It made me feel like people cared, they were my brain, they wrote in it all the time.

9. Is there anything you would add or take away from the passport?

- No
- I would add something different for the incentives other than the TTC tokens and gifts. But take away from it, no. (participant suggested an angel as a memento of the pregnancy)
- No.
- The size to be bigger.
- Maybe more choices of incentives.
- I would change — more Dominion coupons or baby stuff and less Tim Horton's, or No Frills and Loblaws are better. [She took out a coupon and it was good for Loblaws, Fontino's, No Frills, Zehrs, Maxi, Provingo and Independent.]
- Just the size of it; it would be nice if more caregivers know about it so you could bring it with you, or a plastic carrying case for the passport because you're going to have it for a long time and you don't want it to get damaged.

- Not really add anything because it's pretty good as it is — the first time I got shampoo and soaps and razors ... but take away so many Tim Horton's more Dominion cards, a pregnant woman needs more variety. I bought a whole chicken!
- Yes, adding a section under prenatal care, that says "ultrasound" and doctor's visit" so the nurse can see that you went to both and then you can get "this and this". I wouldn't take anything away from it. But it has to do with the doctor to, like if they address "Pregnancy Care". I don't understand why it wasn't filled out.
- Add a page for baby names. I didn't know I could use it at the Shout Clinic or at Evergreen.
- No.
- I don't know if other people got the personal care that I got, talking with [passport coordinator], being visited in the hospital, this is what everybody should have. Being brought gifts post-delivery.

10. Did the passport help you understand your pregnancy better?

- Yes.
- Yes. I learned that chills are part of pregnancy. Also spotting, I didn't know to go to the hospital and then I read in the passport and knew that I should have gone to the hospital.
- Yes, some of the information in it because I read through it and it did help me — what the baby's temperature would be, what to bring to the hospital, that was helpful, and I would compare the information with what my prenatal nurse said and bring both socks and slippers.
- No.
- Actually the information in the book helped me keep up to date with baby and how I am doing. Ultrasound pictures were good.
- No, I already know all that stuff, it was probably helpful to other people though ... the "Community Resources" part in the back was helpful.
- Yeah, because there were a couple of questions in the passport that helped me to keep good records for the baby.
- Yeah, because they write in the passport how much you weigh, baby's heartbeat and it's good because you can see it's strong and stuff.
- I knew a lot about pregnancy. It's not that it made me understand pregnancy better, it would have helped me understand my pregnancy better if the "Pregnancy Care" section was filled out.
- I didn't really read it all. Time went fast.
- Yes.
- Oh yeah, it helped me to know my weight, the movement of my child, the well being of the child.

When appropriate:

11. Did the passport help you understand your baby's needs better?

- Yes. The bowel movement stuff. I liked the definitions.
- Yes, it let me know since I'm young and a new mother, it let me know how a baby would react to being in a new world, so that helped me out.
- Yes.
- No.
- Not really.
- A little bit.
- Yes. The medical stuff, it's a good thing to keep records.
- Yeah, because it tells you a lot about what to expect when it's first born, it's pretty neat. When she told me about it I said "Why couldn't you have this with my other two pregnancies?"
- I was really well aware of what the baby's needs were.
- No.
- Yes.
- Yes, my baby's development later, whether she's growing or underweight, the information about what to expect, how to take care of your baby, it's all here.

12. Was any information in the passport new to you?

- The bowel movements really.
- No.
- Yes.
- Yes, because they would fill in new information every week.
- Yes, the information on baby's weight.
- No.
- No I don't think so.
- Not the stuff that came in it, but for me I already know I've had two other pregnancies, but the information that was written in it was good to keep track of.
- No. I am not saying I'm a "know it all" but I already knew that. I already knew from being around so many children, pregnant women.
- Rubella, yes. Good reminder because I missed that the last time ... with my first baby.
- Yes.
- Everything is new, sometimes you forget, just because I've had a baby before doesn't mean anything — you're new in this country, it's totally different than what I'm used to, right?

13. Where do/did you keep your passport?

- At home.
- In my backpack; I always travel with my backpack. (Participant always had it with her.)
- In my purse all the time. I kept losing it .. in the shelter moving so much. Keep it the size it is but put it on a hook to keep it on yourself, like on a belt, neck, purse or whatever.
- In my purse when I was using it. Now it is on my bookshelf at my Dad's house.
- At home on my dresser.
- I always have it in my jacket, so I don't forget it.
- In my disorganized room!
- In my purse at all times.
- Always in my purse. It's a quick reference for health.
- My bag.
- In baby's file.
- In my purse!

14. What do/did you like about the incentives?

- The tokens and the gift card (Tim Horton's) after my appointments.
- That it was free! I always go to Tim Horton's so when I went to Tim Horton's, I knew I had \$5 to put food in my belly.
- They got me coffee.
- That I can use them. They applied to my life and my needs.
- The [TTC] tokens.
- The tokens and food vouchers. They're useful, they're not something you're just gonna sit there and look at. I'm still gonna use the food scrub.
- Tokens, food coupons, gift cards. I liked the gift cards the best!
- It promotes healthy eating, like the Tim Horton's vouchers. I had soup and a bagel. The thing that really helped me was the tokens. Without them I would have walked. It was really good that they were with every visit.
- TTC, Tim Horton's. The Dove bag was nice. The Hudson's Bay / Zellers card — great!
- Helpful things — buy what I wanted with the coupons.
- (laughing) It was wonderful! We were being spoiled. The tokens were good, very good — it's wonderful!

15. What don't/didn't you like about the incentives?

- Nothing.
- The constant Tim Horton's.
- Too many Tim Horton's coupons, more baby gifts.
- Nothing I did not like.
- Nothing I did not like.
- Too much Tim Horton's.
- Nothing. No complaints.
- Too much Tim Horton's, especially for a pregnant woman who cannot drink caffeine.
- There was sooooo many Tim Horton's vouchers and out of 14 visits I probably got Tim Horton's vouchers for half or more than that.
- Nothing.
- Nothing.

16. What would you change about the incentives?

- Nothing.
- McDonald's coupons instead of Tim Horton's. If it was a different one, a little angel, a wall ornament that I can take with me and say "I got this from my doctor's office."
- We want to be happy and encouraged about the baby, I was depressed at the beginning, more things for the baby would have helped.
- More money for coffee.
- Just more variety /choices.
- For the food vouchers, would like to see more than one choice of grocery store because I had to go out of my way to get there, but [the passport coordinator] took my concern and was proactively trying to change it.
- More variety — food vouchers from No Frills was better than Dominion. Shoppers Drug Mart, more stuff to do with transit, like a half a pass or a pass [monthly]. Initially offer passes for anyone who participates. Transit is such a problem for young parents.
- Less Tim Horton's, more variety of something else, [like] McDonald's, Burger King, Wendy's Harvey's, Mr. Sub/Subway, Winners, Walmart. Walmart is the best one.
- Nothing.
- Increase them. Increase the amount of the gift certificates.

17. Would you recommend the passport to a friend?

- Yeah, actually I have.
- Yes.
- Yes.
- Yes.
- Yes, pretty much.
- Yes.
- Definitely.
- Yes, I have already!
- Absolutely and I have during this pregnancy. I'd recommend this to any Mom.
- Yes.
- Yes.
- Oh yes, if she's young enough.

18. Is there anything else you'd like to say about the passport?

- No, nothing.
- Hmm ... it was a good experience, it was pretty good, I enjoyed it actually In a sense it did keep me coming to my doctor's appointments, so it did keep me healthy. The nurse was really nice, even if I did not bring it, she would give me the gift.
- Please don't take it away. It's really helpful. I'll get it again if I'm pregnant.
- It's a good program.
- More healthy choices. McDonald's is not healthy. \$5 certificate is not enough for a good size salad. More money for healthy food.
- Not really. I think the thing to put pictures in, ultrasound is a good thing because you can actually bring it to show people. I have my pictures, but I didn't put them in yet. It's a nice size too, it's not huge or thick, actually got all the important stuff in one little book.
- Keep up the good work, and maybe just reinforce the service because there's a lot of under-privileged pregnant mothers in those areas who would benefit from the passport. I saw a lot of pregnant women at [a City-run shelter] who were not on the passport. Even prenatal classes should know about it, be able to give you the little book.
- Very helpful to pregnant women to have something to eat if they need it because sometimes I'm hungry and no \$ for food in my pocket, so just take these coupons and it helps. It's a good thing. Keep it up!
- It should be offered to everybody — every mother.
- It was helpful even though I has past experience [with first child]. Quick reference in a small package-good. Knowing about things after the baby came was good.

- Thanks.
- The passport encourages women, especially those who have nobody around to help them like me, in a strange country, it helps you. And gives you a lot of information you need to know. The tokens, especially help the women to come for their appointments, and they have no excuse not to come to their appointments. And the gift certificates to Tim Horton's, if you're hungry, you can stop and eat and it's free. I had Timbits and hot chocolate.

APPENDIX F:

Focus Group Questions for Service Providers

1. How did the passport help you with your work with high-risk pregnant youth?
2. In your opinion did the passport assist with communication and collaboration with other health care professionals involved with your clients/patients?
3. How do you think the passport helps pregnant homeless youth?
4. What did you find most useful about the passport?
5. What changes would you suggest?
6. How often did youth present the passport to you on their own initiative versus how often did you initiate asking them if they had it?
7. What are the main barriers preventing youth from accessing and using the passport throughout their pregnancies?
8. To what extent do you think the incentive program had an impact on compliance?
9. If an incentive program were not possible, what other strategies could be employed to achieve compliance?
10. Did you notice a change in your client's/patient's attitude towards the passport from the time of initial use through to the time the baby was born? Please comment.
11. If you believe that the passport had a positive impact on your client's/patient's health during her pregnancy, what aspects of the passport had the greatest impact?
12. If you do not believe that the passport had a positive impact on your client's/patient's health during her pregnancy, what were the primary reasons (for failure)?

APPENDIX G: ST. MICHAEL'S HOSPITAL YOUNG PARENTS NFA WORKING GROUP

Member Agencies

- Evergreen Health Centre/Yonge Street Mission
- Jessie's Centre for Teenagers
- Sherbourne Health Centre
- Toronto Public Health
- Catholic Children's Aid Society
- Children's Aid Society of Toronto
- Covenant House
- Rosalie Hall
- Humewood House Association
- Oolagen Community Services
- Native Child and Family Services
- Robertson House
- Shout Clinic
- St. Michael's Hospital
- Family Residence
- Women's Residence
- Pathways to Healthy Families
- Birkdale Residence

APPENDIX H: DISTRIBUTION OF PASSPORT INCENTIVES CHECKLIST (RETAINED IN PATIENT'S CHART)

J Number		Maternal Date of Birth: D/M/YYYY	1 st Passport issued: Date: _____ No. _____		2 nd Passport issued: Date: _____ No. _____		
Visit No.	Date d/m/y	Gest.	Incentive	Initial	TTC tokens	Initial	Housing Status
Intake			Grocery/Food coupon (\$10)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
2			Food coupon (\$5) (Tim Horton's, McDonald's)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
3			Personal Hygiene items for Expectant Mom				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
4			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
5			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
6			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
7			Personal items for baby				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
8			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
9			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
10			Grocery/Food coupon (\$10)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
11			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
38 wks			Bay Gift Certificate (\$25)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
39 wks			Food coupon (\$5)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
Delivery			Camera with processing (\$15)				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____
PP			Diaper Bag/Layette / or \$25 Bay Gift Certificate				<input type="checkbox"/> Apt/house <input type="checkbox"/> Shelter <input type="checkbox"/> Hostel <input type="checkbox"/> Outside <input type="checkbox"/> Other _____

NEWBORN STATISTICS

Date of Birth (d/m/yyyy): _____
 Gestation (weeks): _____ Birth Weight: _____

Me Pregnant at _____ Months

CHOOSING BABY'S NAME:

[REDACTED] [REDACTED]

"we gives birth to twice the wealth" Grant me wealth and grants wealth

- wealth = life
- complete life cycle
- Adia is part of the life cycle

olva Bernmiola

Me Pregnant at _____ Months

[REDACTED]

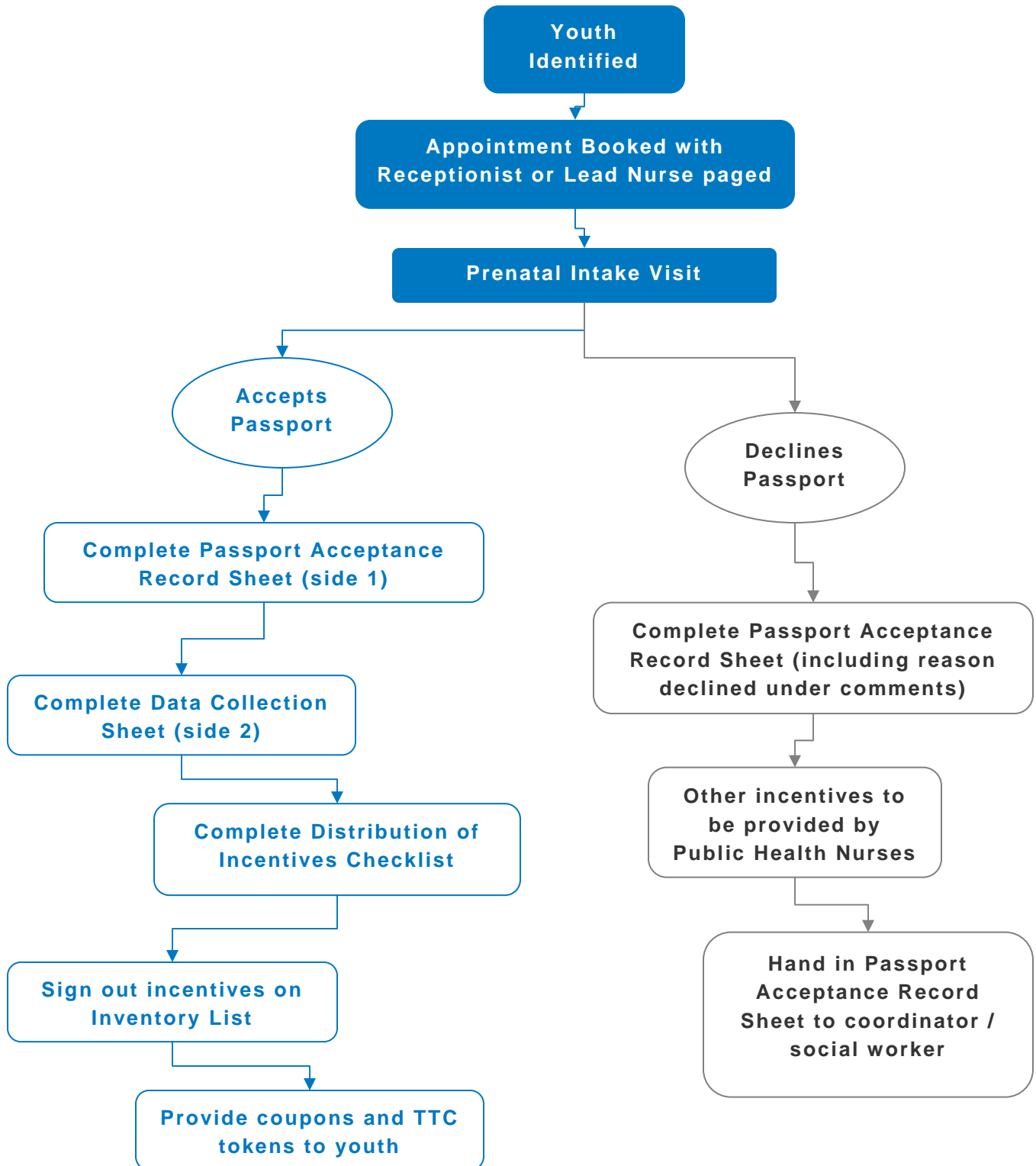
APPENDIX J: COST OF INCENTIVE PROGRAM

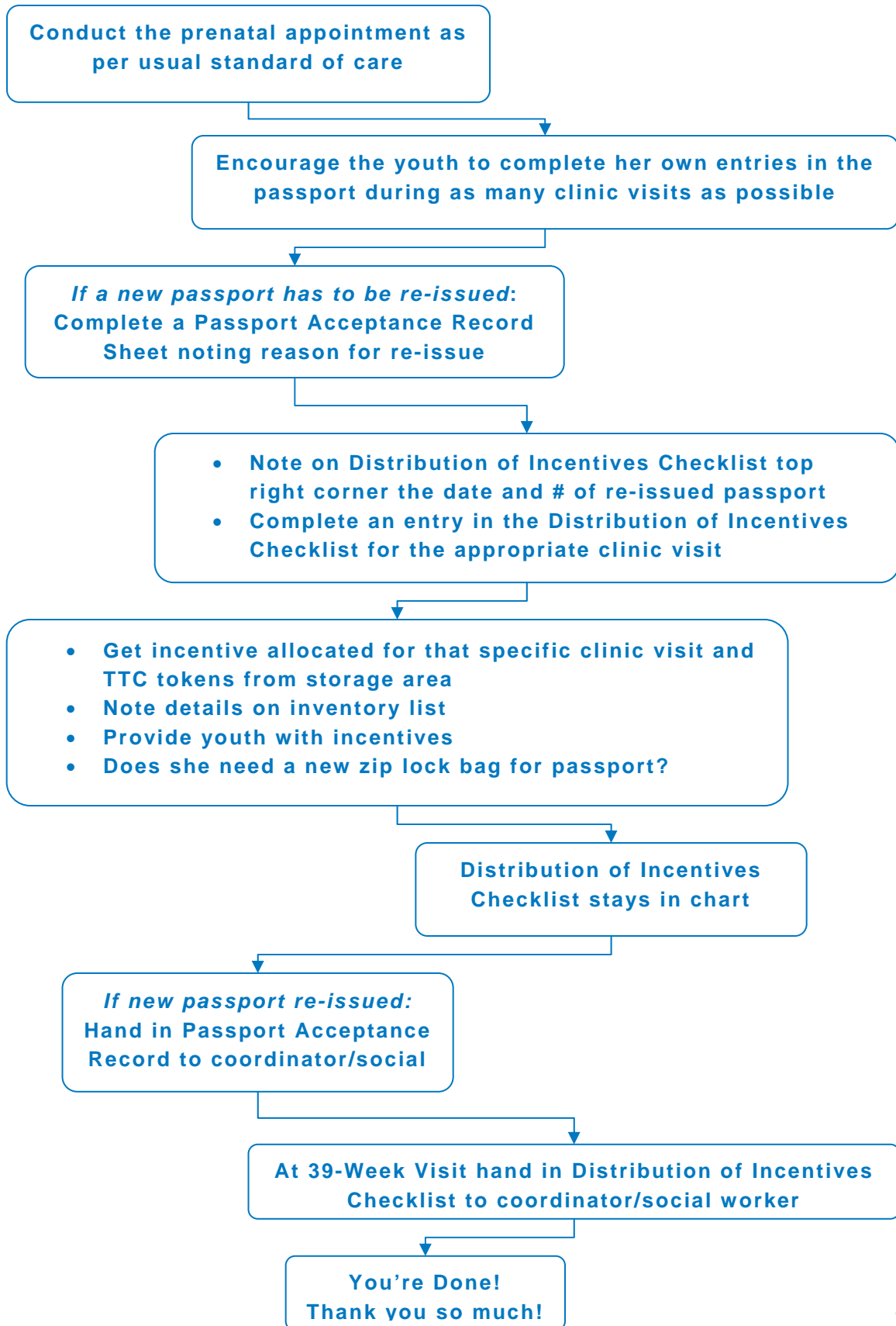
Point of Contact During Care	Incentive / Encouragement	Cost
Prenatal Intake Visit	Grocery store certificate	10.00
	2 TTC tokens	4.20
Visit 2	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 3	Personal Hygiene items	10.00
	2 TTC tokens	4.20
Visit 4	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 5	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 6	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 7	Personal Hygiene items	10.00
	2 TTC tokens	4.20
Visit 8	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 9	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 10	Grocery Store Certificate	10.00
	2 TTC tokens	4.20
Visit 11	Food coupon (Tim Horton's, etc.)	5.00
	2 TTC tokens	4.20
Visit 12	Personal items for Mom or baby	10.00
	2 TTC tokens	4.20
Visit 13	Food coupon (Tim Horton's etc.)	5.00
	2 TTC tokens	4.20
Visit 14 (38 weeks)	Hudson's Bay Store Coupon	25.00
	2 TTC tokens	4.20
Delivery or 40 weeks	Camera with pre-processed film	17.00
	2 TTC tokens	4.20
Post Natal	Diaper Bag / Layette or other as appropriate	25.00
	2 TTC tokens	4.20
Total		224.20

TTC token cost is based on 10 tokens for \$21.00 (\$2.10 each). Other costs to consider:

- extra tokens for partners / friends
- cost of part-time coordinator
- cost of printing passports

APPENDIX K: PATHWAY FOR PASSPORT DISTRIBUTION





APPENDIX L: PASSPORT POSTERS

For Community Agencies

My Baby & Me Passport



Working together to promote healthy mothers
and their babies

Would you like to have a passport?
Are you ...

- pregnant and under 27 years of age?
- homeless or without permanent housing?
- going to St. Michael's Hospital for prenatal care & to deliver you baby?

Call Aphrodite at (416) 867-7425 for an appointment
Page Cathy at (416) 685-9528 for information



Leading with Innovation
Serving with Compassion

ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

The passport is free and easy to use. Keep records of your pregnancy, your growing baby, and important dates & information. TTC and food coupons provided. Call now!



Young Parents
No Fixed Address

For Nurses Offices and Exam Rooms

My Baby and Me

Do you have
your passport?

Let's fill it out
together!



Working together to promote healthy
mothers and their babies



Young Parents
No Fixed Address

APPENDIX M: DATA COLLECTION FORM

J#:	Age	G	T	P	A	L	Highest Education Completed (grade level / # of years)	Ethnicity (check)	Current Smoking (check)	Current Substance Use (if yes, check all that apply)
								White	↑Yes↑No	↑Yes↑No
Passport #:							Grade	Black		↑Alcohol
							HS	Asian		↑Marijuana
							College	Nat Cdn		↑Crack / Cocaine
							University	Other		↑*Other
										*Specify:

APPENDIX N: REFERRAL FORM

MY BABY AND ME PASSPORT



- Beatrice House
- Birkdale Residence
- Breaking the Cycle
- Children's Aid Society (CAS CCAS NC&FS)
- Covenant House
- Evergreen
- Family Residence
- Humewood House
- Massey Centre

- Pathways
- Robertson House
- Shout Clinic
- Sojourn House
- Toronto Public Health Outreach Nurses
- Touchstone
- Women's Residence
- Health Centre at 410 Sherbourne
- Other _____

Client's Name

Name of Person Referring Client

Position of Referral Source

Phone Number of Referral Source



YOUNG PARENTS NFA

Thank you for sharing care of this client/patient

APPENDIX O: POINTS DONATION BROCHURE

Using Your Esso Extra Points For HBC Rewards Points

You can exchange Esso Extra points for HBC Rewards points online at www.essoextra.com or by contacting Esso customer service at 1-800-567-3776.

QUESTIONS

Shoppers Drug Mart

Visit www.shoppersdrugmart.ca

Select "Frequently Asked Questions"

HBC Rewards Program

Visit www.hbc.com

Select "Frequently Asked Questions"

Young Parents — NFA

Information at St. Michael's Hospital

Phone: (416) 867-7460
Ext. 8047

Send enquiries about Young Parents No Fixed Address to:

ypnfa@rogers.com



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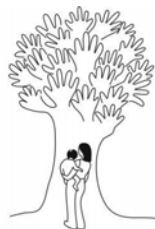
How to Donate

Your Points From

- Shoppers Drug Mart
- The Bay
- Zellers
- Home Outfitters
- Designers Depot
- Esso

To

Young Parents No Fixed Address



Young Parents — No Fixed Address
c/o: Department of Obstetrics & Gynecology
St. Michael's Hospital
61 Queen Street East, 4th Floor
Toronto, Ontario M5C 2T2
(416) 867-7460 Ext. 8047

Form No. 69905 Dev 03/06

YOUNG PARENTS NO FIXED ADDRESS

Every day you will see youth who live on the streets including young women. Half of these women will become pregnant within the first year of becoming homeless. Here are a few facts:

- 70% leave home because of physical and sexual abuse
- they face further violence on the street
- they do not have food, clothing or shelter
- some use drugs to help them cope
- when they get pregnant:
 - their babies are very small
 - their babies tend to be born early
 - they have trouble finding prenatal care
 - they have trouble getting to prenatal appointments

Toronto Public Health along with many community agencies and St. Michael's Hospital formed a group, Young Parents No Fixed Address, to help these young women. Coordinated, continuing and supportive prenatal care is provided by public health nurses, prenatal clinic nurses, dietitians, social workers, physicians and hospital nurses.

Along with prenatal care, the young women also are given food coupons, personal items and TTC tokens at each prenatal visit. Your donated points will be used to provide needed clothing and personal items for the women and their babies.

Donating Points From Your Shoppers Drug Mart Optimum Card

Donating points from your Shoppers Drug Mart Optimum card is easy.

STEP ONE

If you don't already have an Optimum card you can visit their website at www.shoppersdrugmart.ca and complete an enrolment form on line. Print out the enrolment form and bring it to a cashier at any Shoppers Drug Mart store. Enrolment forms are also available in most stores. They will issue a card to you on the spot at absolutely no cost. Every time you make a purchase at the store show your card to accumulate points.

STEP TWO

- Visit www.shoppersdrugmart.ca/donate
- Select "Donate your points"
- Select "Donate Now"
- Complete the information on the screen

- Select St. Michael's — Young Parents
- Enter the number of points you want to donate to the program

That's it. Thank you!

Donating Points From Your HBC Rewards Card

You can earn points by shopping for everyday items at The Bay and their family of stores including Zellers, Home Outfitters, Designers Depot or DealsOutlet.ca.

STEP ONE

To get an HBC Rewards card visit their website at www.hbc rewards.com or ask for one in any Bay store.

STEP TWO

- Visit www.hbc rewards.com
- Select "Community Program"
- Select "Donate to a Community Group"
- Enter #3047763 for St Michael's Hospital
- Select "Donate Points"
- Enter your HBC Rewards #
- Select the % of points you want to donate and the start and end date.
- You can set this just once and every time you make a purchase and earn points the % of points you

authorized will automatically go to the Young Parents No Fixed Address program.

If you want to change the % of points donated you may do so on line at any time.

Young Parents No Fixed Address

Participating Agencies

- Birkdale Residence
- Catholic Children's Aid Society
- Children's Aid Society of Toronto
- Covenant House
- Evergreen Health Centre/Yonge Street
- Mission
- Family Residence & Women's Residence
- Humewood House Association
- Jean Tweed Centre
- Jessie's Centre for Teenagers
- Massey Centre for Women
- Mothercraft / Breaking the Cycle
- Oolagen Community Services
- Planned Parenthood of Toronto
- Region of Peel Housing and Property Department
- Robertson House
- Rosalie Hall
- Shout Clinic, CTCHC
- St. Michael's Hospital, Inner City Health Program
- Toronto Public Health

APPENDIX P: FOR FURTHER INFORMATION ABOUT THIS REPORT

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St. Michael's Hospital

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Homeless at Risk Prenatal Program (HARP)

Toronto Public Health

Phone: (416) 338-7980

agorman@toronto.ca

Darlene Dzendoletas, BSW, MSW

Social Worker

Department of Obstetrics & Gynecology

St. Michael's Hospital

Phone: (416) 867- 7460 Ext. 8164

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ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

www.stmichaelshospital.com

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www.wellesleyinstitute.com

The Wellesley Institute advances the social determinants of health through community-based research, community engagement, and the informing of public policy.



Evaluation of "My Baby and Me" Infant Passport by Members of the St. Michael's Hospital Young Parents Work Group August, 2009, is licensed under a Creative Commons Attribution-NonCommercial-Share Alike 2.5 Canada License.

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