

Evaluation of My Baby and Me Infant Passport For Young Pregnant Homeless Women in South East Toronto

KEY MESSAGES: FUTURE SERVICE PLANNING

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 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.

KEY MESSAGES FOR HOSPITALS: FUTURE SERVICE PROVISION



My Baby and Me Infant Passport

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

RESEARCH FUNDED BY:



TORONTO
Public Health

SERVICES IN KIND BY:

ST. MICHAEL'S HOSPITAL
& community partners

This summary is based on the following Full Report:

Moravac, C, Little, M, Gorman, A, Nisenbaum, R, Dzendoletas, D and Fortin, R. *Evaluation of 'My Baby and Me' Infant Passport for Young Pregnant Homeless Women in South East Toronto*

Downloadable at

www.wellesleyinstitute.com

or email request to:

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This is a summary of the Evaluation of the “My Baby and Me” Infant Passport for Young Pregnant Homeless Women in South East Toronto prepared by members of the St. Michael’s Hospital Young Parents Work Group

Who is this summary for?

People involved with service planning and service delivery for young, pregnant or parenting women who are homeless/marginally housed.

What is the My Baby and Me Infant Passport?

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.

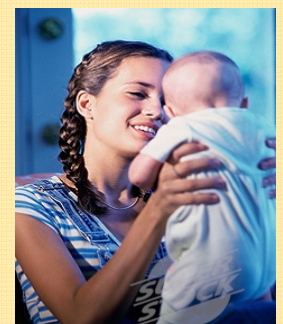
The passport and incentive program were developed to improve maternal and child health outcomes by motivating involved youth to attend regular prenatal appointments. The goal was also to improve communication and coordination of patient care among health care providers. It:

- **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)

What were you trying to find out?

The purpose of the research study was:

- to provide demographic information about young, pregnant, homeless/marginally housed women using the infant passport
- to find out if women using the passport could hold onto it throughout their pregnancies
- to find out if passport holders found the passport program helpful
- to explore whether or not service providers using the passport found it to be an effective tool for sharing care and services for these young women with other care providers



KEY FINDINGS

- 88% of passport users who gave birth at St. Michael's Hospital held on to their passports throughout their pregnancies
- 100% of passport users who gave birth at St. Michael's Hospital held onto passports that were re-issued to them after their original passport was lost
- 57% of passport holders were 20 years old or younger
- More than half of the women participating attended between 9-15 prenatal clinic appointments; the majority came into care 4 months into their pregnancy
- 94% gave birth to full term infants at St. Michael's Hospital
- The rate of premature infants born to passport users was **less** than the national average
- 90% gave birth to infants weighing 2500 grams or more
- Approximately 6% of babies born in Canada are considered 'low birth weight' at less than 2,500 grams; passport users were just slightly above the national average
- Passport users enjoyed the program, learned from the passport and would recommend it to a friend
- Care providers said that the passport helped to increase mother/infant attachment, it helped to foster patient trust, it reduced barriers to care and was of benefit both to patients and themselves



QUICK SNAP SHOT

Number of women in the study: 101

**Time Period:
July 2005 – August 2007**

Age Range: 15-27

Birth information was available for 83 out of 101 women

First Pregnancy: 42

Second or Third Pregnancy: 48

Fourth – Eighth Pregnancy: 8

Smoking at time of enrolment: 31

Substance use at enrolment: 25

Drug of Choice: crack/cocaine

Housing: 50% of women who resided in the shelter system at enrolment remained in the shelter system post-delivery

Cost: \$225 per woman or less

Statistically Significant Findings:

Substance use associated with low birth weight

The greater number of prenatal appointments attended the higher the birth weight

Smoking associated with low birth weight babies

The research team would like to thank all the women who accepted passports and helped us to evaluate this program. Your time, suggestions and enthusiasm is sincerely appreciated.

The Full Report provides information on the research methodology, complete findings, in-depth discussion and key messages for policy makers, hospitals and community agencies. It can be downloaded at www.wellesleyinstitute.com

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

“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 it is you got to see the weight, heart rate – this is more like a medical report and I liked it because I have mine.”

“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.”

“It’s a really 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.”