

Gaia Program

*You mother the mother,
you mother the child*

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Family Services

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Where are we?

- Aboriginal Family Services office
#14 – 1405 102nd Ave.
Dawson Creek, B.C.
V1G 2E1
250-782-1169
- Drop-in 12:00 – 2:00 pm Friday



Introduction

- Evolution of the Gaia Program (mother goddess)
- Mission Statement
- Goals
- Women Centered Care/Practice
- Strategies
- Community Mobilization
- Outcomes
- Questions



Evolution:

- Established in the spring of 2006 in response to the growing need of pregnant and parenting women living in Dawson Creek.
- High percentage of infants born to mothers targeted by this program have been exposed to alcohol or other drugs in utero.
- High percentage of infants apprehended by child protection services



Evolution (cont'd):

- Hospital health care providers are identifying an increasing number of high-risk pregnant women with substance use problems arriving at emergency ready to deliver and with no history of prenatal care.
- The health outcome for these mothers and their infants was poor.



Mission Statement

The Gaia program is a community outreach program for pregnant women who are misusing substances alcohol/poly-use. The Gaia program will attempt to engage these women in accessing prenatal care with the main goals of:

- 1) reducing the possible harmful effects of prenatal alcohol and drug exposure by providing support, education and service referrals and



Mission Statement (cont)

2) advocating for fewer apprehensions by MCFD.

This program respects the rights of all women to make their own choices within their own cultural, spiritual and social well being and will endeavor to refer them to those in the community who share these goals.



Goals:

- To encourage women to access prenatal care and other supports during pregnancy by promoting the health, nutrition and development of their children for up to one year post delivery.
- To reduce the harmful effects of prenatal alcohol and drug exposure ie: Fetal Alcohol Spectrum Disorder (FASD), Neonatal Abstinence Syndrome (NAS) and low birth weight.
- To offer support, education and service referrals to help these women reduce risky behaviors.



Goals (cont'd):

- To support mothers (prenatal and postpartum) in their ability as individuals, parents and caregivers.



Women-Centered Objectives

- **Participatory** – involves women and recognizes women have authority over their own lives
- **Empowering** – involves women as informed participants in their own health care, with the right to control their own bodies
- **Respectful of Diversity** – recognizes the impact of differences and social and economic location
- **Safe** – establishes emotionally, spiritually, culturally and physically safe environments



Women – Centered Objectives (cont'd)

- **Holistic** – uses a harm reduction, client centered model
- **Comprehensive** – involves care, health, promotion, education, prevention, treatments and rehabilitation
- **Individualized** – advocating for women's issues
- **Social Justice Focus** – participation of women in planning and evaluation of their own care



Women Centered Practice

- Put **safety** first
- Focus on **empowerment**
- Minimize system **risks**
- Recognize **diversity** and **complexity** of women's lives
- **Respect** her **choices**
- **Believe** her
- Be **honest**
- Be an **advocate**
- Support her **decisions**
- Maintain **confidentiality**
- Obtain **consent**
- Partner with **community** support services



Strategies:

- Establish rapport – ask her what she needs
- Provide assurance that you will assist her without judgment or argument
- Support her self-determination and refrain from trying to cure her
- Offer her something to eat
- Discuss harm reduction/and or relapse prevention ie: inpatient treatment, urine drug screens, provide support around future child protection issues, relapse prevention plan



Strategies (cont'd)

- Gather information on expected date of confinement (due date), history of past pregnancies, encourage woman to have blood work done – hemoglobin and complete blood count (cbc), baseline fetal monitor, make a connection with a physician and arrange a hospital visit, educate about maternal and fetal effects of substance use
- Offer continued assistance with basic needs – food, housing, transportation etc.



Community Mobilization

Northern Health:

- Mental Health and Addictions case managers
- Social workers
- Public Health and maternity nurses
- Physicians
- Psychiatrists
- Nurse practitioners

Aboriginal Family Services:

- Family Counsellor/Therapist
- Machitawin program
- Family support worker
- Cultural support worker
- Infant Development Program



Community Mobilization (cont'd)

- Ministry for Children and Families Development (MCFD)
- Ministry of Housing and Social Development
- RCMP/Legal System/Probation
- South Peace Community Resources (SPCRS)
- North Peace Community Resources
- Nawican Friendship Center
- Nenan dane zaa deh zona (NENAN)
- Child Development Center (CDC)
- School District #59



Outcomes (2006-2013)

- 43 live births since inception of program in 2006 (mothers 25-35)
- Of these 43 births:
 - 8 apprehensions at birth, of these 8 apprehensions:
 - 5 returned to mother
 - 1 baby – in care with extended family
 - 2 adopted
- 40 children continue to be in care of mom at discharge from program



Outcomes (2006-2013) cont'd

Within a year of discharge from the Gaia program 50% (20) of the women/families have been investigated due to :

- Protection issues which encompasses – alcohol/drug use issues, neglect, poverty, housing issues, domestic abuse, abuse of child
- Of those families investigated, no children have been re-apprehended



Where do we go from here?

- Increase length of time women/babies are in the program
- Community referrals into the program sooner ie: first trimester
- Women-centered treatment/detox
- Local supportive residential house
- Partnership with school district ie: Teen Pregnancy Program
- Community mobilization/networking
- Working closer with the physicians



Questions?

