



Maternal **child** Health Program

in First Nations Communities, On-Reserve

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Outline

- Maternal Child Health Strengthening Families Program (SF-MCH)
- Prenatal Support/Curriculum
 - Objective 1: Healthy relationships
 - Objective 2: Healthy Pregnancy
 - Prenatal Care
 - Breastfeeding
 - Partnerships & Linkages – U of M
 - Data & Tracking
 - Research & Evaluation



What is the MCH program?

- Health Promotion program
- “upstream” voluntary Home Visitation program with target population families 0-6.

5 mandatory components

- **Home visitation program**
- **Referral and Access,**
- **Linkages with other programs and services,**
- **Health Promotion activities**
- **Case Management for families with complex needs**

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Strengthening Families, MCH

- The First Nations Maternal Child Health **Strengthening Families** (SF-MCH) program is home visiting program, federal counterpart to Families First
- derived from “Upstream Investment” fund, and received 5 year commitment: 05/06 – 09/10.
- 11 FN communities funded in 2006
- Additional 5 communities funded in 2007

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Vision

*That every First Nation Community in
Manitoba have strong, healthy, supportive First
Nation families living a holistic and balanced
lifestyle*

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Goals

- Healthy Children
- Healthy Families (including fathers)
- Healthy women, pre-conception, prenatal, birthing and postpartum.

MCH program objectives:

Major Objectives of the Program is to

- Empower Families
- Promote the physical, emotional, mental and spiritual well being of women children and families.
- Promote trusting & supportive relationships between parent/child, care provider/family, and resource to resource
- Increase communities capacity to support Families

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Guiding Principles

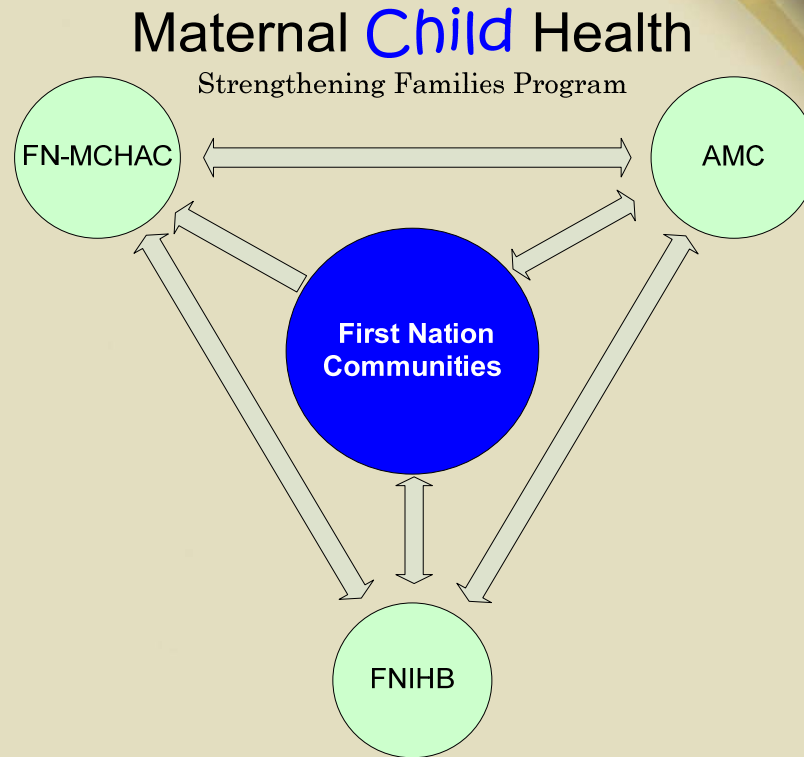
- Grounded in First Nations Cultural practice and traditions
- Acknowledge & embrace community strengths.
- Voluntary
- Strength Based
- Family Focused
- Relationship focused
- Community focused – developing capacity





Governance

- Advisory Committee –
 - non-geographical representation
- AMC (NPPA)
- Program development, Coordination - training, QA, evaluation, resources
- FNIH- PM
- Administer funds, CA's, secretariat to AC.



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Home Visiting Program

- Professional Supervisor/Coordinator – Nurse/SW/ECD
- Professional home visitors – generally community members, trained in GGK Curriculum
- Services initiated as early as possible in pregnancy,
 - linkages created with CPNP, Community Health to ID pregnant women
- Target: screen all FN prenatal women

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Prenatal Support

- Prenatal Support involves contacting the prenatal women as soon as possible in pregnancy – complete PN screen.
- Screen (-): provided general information &/or refer to other community programs
- Screen (+): Family Assessment, provide info on program &/or referral or offer home visiting.



Prenatal Home Visiting

- Home visitors emphasize importance of PN care & encourage/assist women to obtain PN care; remind women of when visits are due
- Prenatal Curriculum: 6 modules for Healthy Pregnancy
 - Basic Care
 - Social and Emotional Development
 - Cues and Communication
 - Physical and Brain Development
 - Alcohol, Smoking & Drug use
 - Play and Stimulation
 - Preparing to Parent



Objectives – HV PN Families

- Healthy Pregnancy
 - Mom & babe
- Pregnant women meet targets for PN care, according to FNIH practice guidelines (once 1st trimester; 1/month 12-32; q2weeks 32-36; then weekly = 14 visits)
- Increase breastfeeding initiation, duration and exclusivity rates for HV moms (all HV trained in Breastfeeding Peer Support)



Research & Evaluation

- Partnership with U of M, Family Social Sciences & Dr. Rachel Eni
- In partnership – developed the SF-IMS (data base with health/social/demographic data)
- Home visitors track Prenatal Care visits to primary care provider (Prenatal Check list).
 - Report on relative number of visits to Primary Care Provider throughout pregnancy
 - For comparison, same questions are asked on PP screen of women who do not enter prenatally & the 2009/10 MB RHS in communities without program



R&E - Breastfeeding

- Home visitors report on BF status & age of child during each home visit on the HV log by simple check box on HV log.
- The HV log are completed electronically directly to the SF-IMS
- 5 categories:
 - Non-BF
 - exclusively BF;
 - BF & supplementing with formula
 - BF & began supplementing with solids
 - Terminated BF



Research & Evaluation

- The age of child is cross referenced with termination date to give the community the average age at termination, and exclusivity rate, as compared to other categories for women enrolled in the program only.
- BF stats are generated monthly & yearly.
- PN stat's currently being analyzed



Statistics – HV families only

- 2009/10: 62 of our new HV admissions initiated breastfeeding (total admissions 0-6 months=71) [87%]
- 2009/10: 92 of 165 enrolled families (new admissions & ongoing >12 months exclusively BF until 6 months of age [55%]; currently 60%
- 2009/10: average age at termination 10.68 months; currently for 2010: 13.79.



Challenges

- Targeted program – can only reach a limited number of pregnant women, (currently 61 prenatal women)
- Funding – federal allocation only allows for limited number of programs in First Nation communities (14 of 64 First Nations) note: Ontario funds Healthy Baby sites in First Nation communities
- Funding for program is not secure – only have a commitment until end 11/12 fiscal year.





Miigwech!!!!!!

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