



The opportunity for a new life

**Social perinatal care, to break away from intervention silos:
the La Maison Bleue case**

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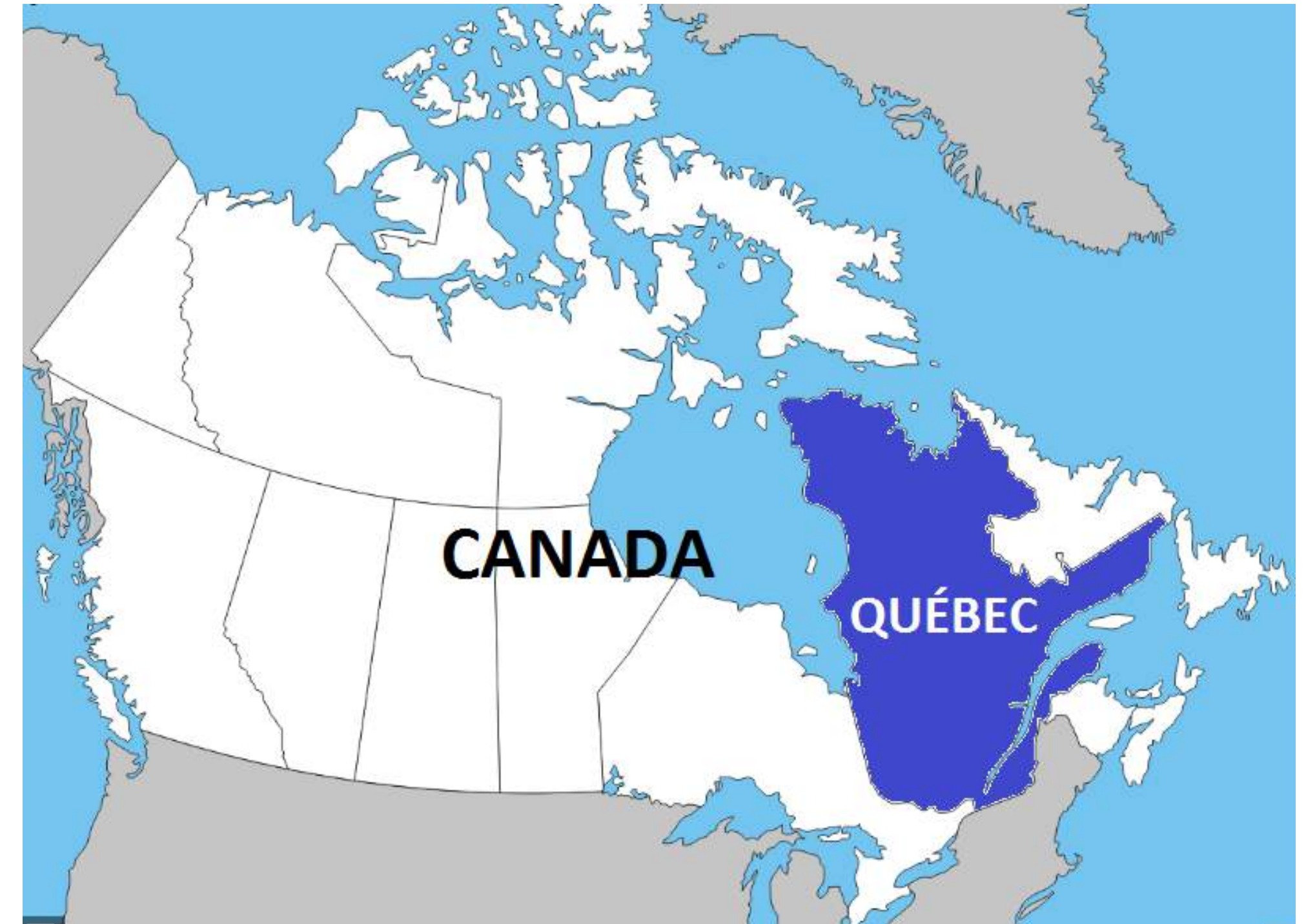
Conflicts of interest disclosure

Dr Vania Jimenez : Member of the Board of Directors and family doctor at La Maison Bleue

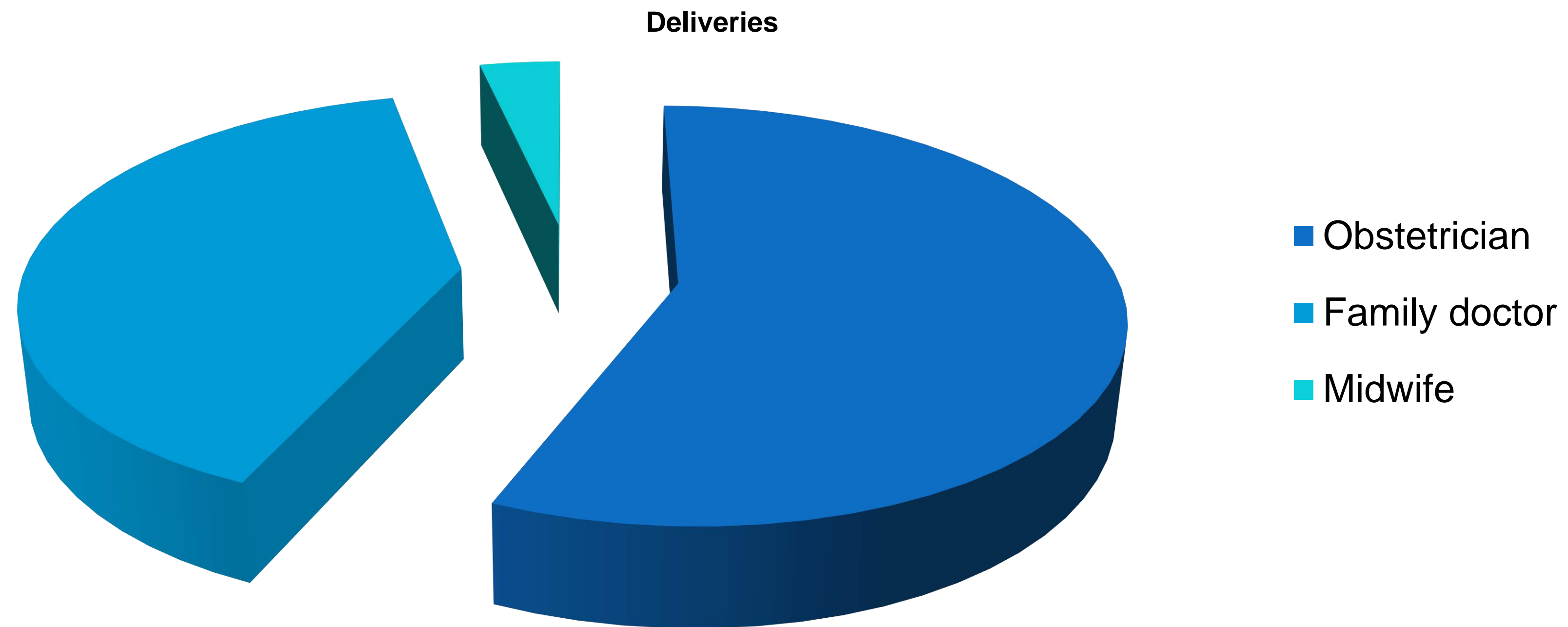
Valérie Perrault: Works as a midwife for La Maison Bleue

Québec context

- 85000 births per year
- Family doctors provide prenatal care and attend deliveries for 40% of the population
- In Montréal, obstetricians attend a greater % of deliveries
- Midwives: 217 in total, attending 4,2% of births



Québec context (con't)



Choice of birthplace



Why was La Maison Bleue created



- Created to better serve the needs of a complex clientele
- Pregnancy = ideal time for change
- At La Maison Bleue many medical and psychosocial services under the same roof (**one-stop shopping**).

Why was La Maison Bleue created (con't)

Some numbers

- In Montréal 25% of children live beneath the poverty line
- In Québec, 1 in 4 children in kindergaden is vulnerable in one aspect of his or her development *
- This proportion rises to 30% for children living in an underprivileged environment
- 90% of babies born prematurely or with low birth weight will develop adaptation problems if they live in an underprivileged environment.

Assessment

- An increasing number of children are born and raised in vulnerable families.
- The health system struggles to reach those vulnerable families and to meet their multiple and complex needs.
- Interventions are too often compartmentalized and lack continuity
- La Maison Bleue offers a care model adapted to the blatant needs of families and children living with difficulties

* Based on the latest « Portrait 2017 » de l'Observatoire des tout-petits.

- Vulnerabilities areas : physical health and well-being, social skills, emotional maturity, cognitive development and language, communication skills and general knowledge.

La Maison Bleue : who do we help?

MAIN DIFFICULTIES AND NEEDS IDENTIFIED AT THE START OF THE FOLLOW-UP, AS EXPRESSED BY FAMILIES April 1 st , 2017 to March 31 st , 2018	La Maison Bleue		
	Côte-des-Neiges	Parc-Extension	Saint-Michel
Single-parent families or absent spouse	35%	27%	26%
Have a history or a joint monitoring with the Directorate of Youth Protection/Batshaw	4%	4%	5%
Domestic violence and marital difficulties	17%	18%	8%
Were 20 years old when gave birth	6%	3%	8%
Precarious immigration status and/or recent immigration	45%	29%	57%
Important financial and material needs	80%	70%	67%
Social isolation, emotional fragility, mental health issues	69%	68%	60%

La Maison Bleue helps pregnant women and their families living in situations of vulnerability: poverty, violence, neglect, substance misuse, precarious migration status, mental health problems, etc.

La Maison Bleue intervenes with children that are born and grow up in a vulnerable context

Mission of La Maison Bleue

A social perinatal care centre whose mission is to **reduce social inequalities** and **promote optimal development of children living in a context of vulnerability**, from their mother's womb to the age of 5.

Perinatal care & Early childhood

Intervention period: services are provided during **pregnancy, birth and transition to parenthood of 0 to 5 years old**.

Vulnerabilities

Vulnerabilities can be: **poverty, a situation of abuse, violence, neglect, addiction, unwanted or teen pregnancy, recent immigration/precarious immigration status, mental health problems, etc.**

Social Perinatal Care to Break Isolation

Social perinatal care has for its main objective **to seize the unique opportunity of pregnancy to intervene beyond medical care**. Thus the perinatal services provide an opportunity to open a dialogue, **break isolation and provide families with tools** to support their well-being and that of their children.

Pregnancy as a window of opportunity

La Maison Bleue offers an ecosystem approach that considers children's health and development in its context.

The 3 pillars of our social perinatal care:

- Discovering strengths (empowerment)
- Interdisciplinary team
- « *Portage* »

La Maison Bleue : an example of team work

A multidisciplinary team working in close collaboration :

- Family doctors
- Midwife
- Nurse
- Social worker
- Specialized educator
- Psychoeducator

With support from:

- Coordinator
- Medical secretary
- Students
- Volunteers



La Maison Bleue: a developing model

- More than 4500 individuals followed since 2007
- Now three locations in Montréal.



Côte-des-Neiges
2007



Parc-Extension
2011



Saint-Michel
2017

Our approach :
an intervention model to break away from intervention silos

Interdisciplinarity at La Maison Bleue :



- Having professionals from various disciplines working together helps to prevent a silo-like approach and guarantees continuity of care.
- Concertation and shared responsibility is fostered by team meetings and good formal and informal communication.
- Access to a comprehensive care package provided by a multidisciplinary team working towards common objectives.

La Maison Bleue : integrated care and services

Prenatal and postnatal care

- Individual and group prenatal care
- Postnatal follow-up
- Physical and emotional follow-up for the whole family
- Vaccination



Psychosocial evaluation and follow-up

- Initial evaluation and intervention plan
- Psychosocial services
- Advocacy



Evaluation, follow-up and activities for children and parent-child

- Stimulation for 0-5 years
- Evaluation of child development
- Psychoeducational follow-up
- Parent-enfant activities



La Maison Bleue : integrated care and services (con't)

Group meetings

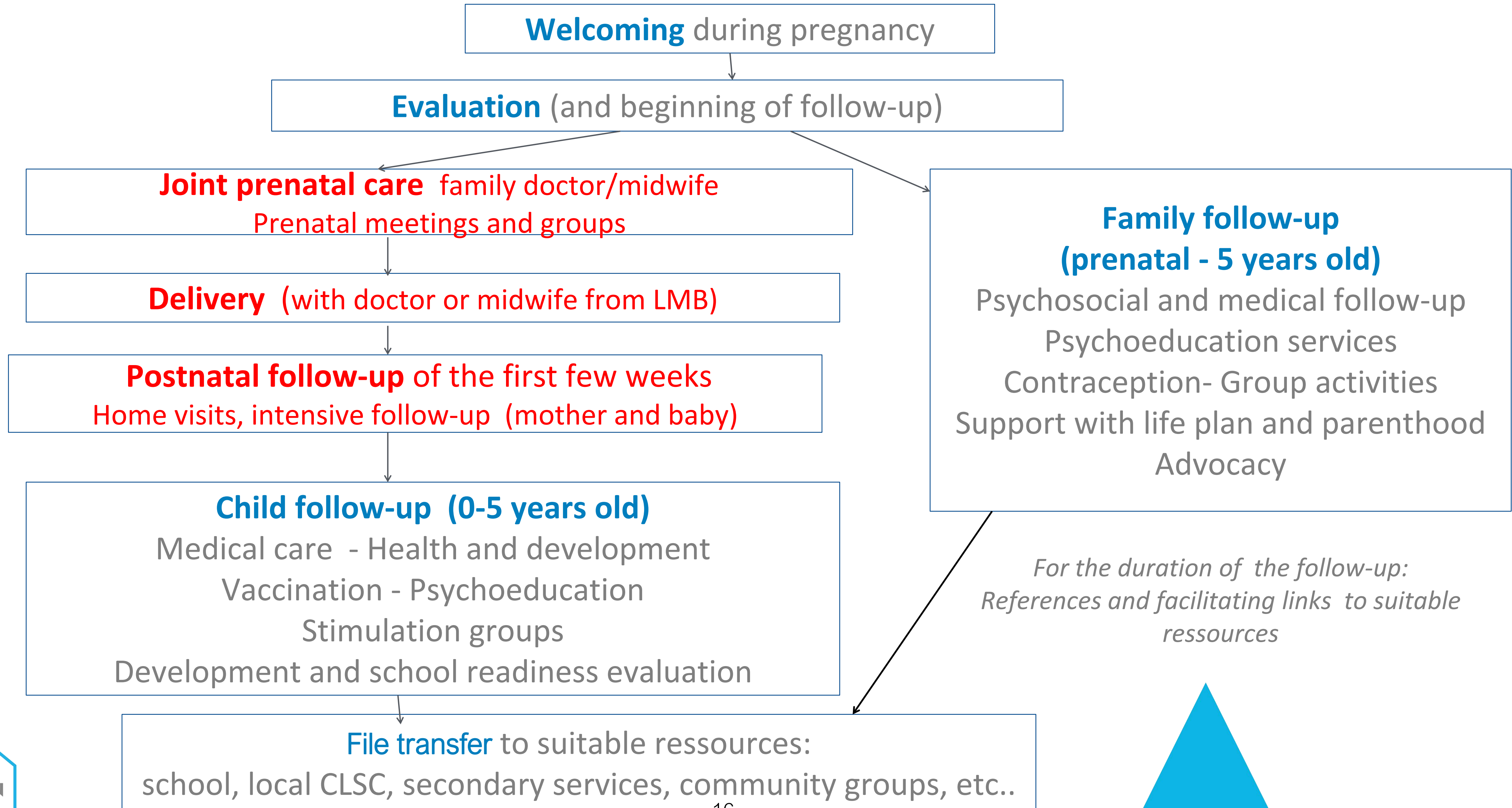
- Family health
- Prenatal classes
- Art of parenting
- Baby massage group

Other services

- Labour support (doula)
- Alternative practitioners (acupuncture, osteopathy)
- Special projects, outings and celebrations



La Maison Bleue : Family Trajectory



3 modalities of collaboration

- Participation in the same interdisciplinary team
- Joint prenatal follow-up of patients/clients
- Prenatal care group co-facilitated by midwife and GP

Participation in the same interdisciplinary team

- All women are followed by the whole Maison Bleue team.
- GP presence : ½ day per week
- Other professionals: 4-5 days/week
- Daily meeting (before each medical clinic)
- Flexible access to GP and midwives (pager, cell phones)
- Knowledge-sharing and medical approach



Participation in the same interdisciplinary team



Joint perinatal follow-up (1)

- First evaluation done by social worker
- Initial medical visit done by midwife, ideally in 1st trimester
- Subsequent prenatal visits in alternation between GP and midwife until delivery
- Parallel clinics to augment accessibility of each practitioner
- Prenatal classes every 2 weeks with midwife

Joint perinatal follow-up (2)

- Communication between GP group and on-call midwife to inform when client has delivered or if other issues
- Choice of birth place respected (hospital or birthing centre)
- Hospital visit by GP and midwife to offer breastfeeding and social support
- Home visits in immediate postpartum by midwife
- 1st postpartum clinic appt with nurse at 2 wks pp
- GP visit: 1 month postpartum
- Vaccination and well-baby follow-up with nurse
- Psycho-motor development evaluated by psycho-educator

Joint perinatal follow-up (3)

Various collaboration modalities:

- Shared electronic medical record
- Lab and ultrasound results reviewed by midwife and GP daily
- Client updates during team meeting prior to GP clinic
- Sharing of community, legal and clinical resources to address needs of complex clientele

Group prenatal care co-facilitated by midwife and GP



- Co-facilitation of group prenatal care
- 6-8 women sharing common second language and giving birth in 2-3 month period
- Group meetings every 3-4 weeks, until delivery
- Based on philosophy of 'portage' and empowerment'
- Participatory model: clinical parameters explained, than done by clients
- GP or RM do palpation and auscultation of FH in group context
- Various themes discussed: pregnancy symptoms and evolution, stages of labour, pain management, breastfeeding, transition to parenthood



La Maison Bleue : Impact of collaboration

- Development of mutual recognition of our respective knowledge and competencies
- Greater recognition by the hospital staff of midwives' competencies, since they witness the care provided to women followed jointly
- Improvement in trust between general team of midwives from the Côte-des-Neiges birthing centre and the GPs at our referring hospital

La Maison Bleue : Broader impact of collaboration

- Recognition by the Quebec Health Ministry (MSSS) of the MB model
- Links with several universities to provide internship opportunities to medical, nursing, social work and midwifery students, helping to demonstrate culture of collaboration (more than 125 internships in 2017-2018!)
- Participation at conferences (CAM, ICM, FMF, SOGC)
- Participation in research projects

Université de Montréal

McGill



UQTR
Université du Québec
à Trois-Rivières

Laurentian University
Université Laurentienne

Case study : J.P.

- 37 year old G2P1. Permanent resident originally from India, was working as a nurse in India. Arrived 1 month prior to 1st visit, with 12 year old daughter. Husband still in India, process of sponsoring. Lives with roommate in 1 bedroom.
- Med hx: Hypertension and hypothyroidism since 2007, taking meds prior to pregnancy (nicardia 10 mg bid & synthroid 125 mcg)
- Obs hx: pre-eclampsia in previous pregnancy, c/s in 2005 at 36 sem for oligo & pre-eclampsia. Unplanned pregnancy, but wanting to keep.
- Pregnancy hx: 1st apt at 13 weeks with midwife. Rx Aspirin and calcium. Referred to high risk.
- High risk appt 1 month later: BP bid, continue meds, labetalol 100 mg bid added

Case study (con't)

- Letter of support to accelerate husband's immigration written by SW and GP.
- Develops insulin dependent GDM at 19 weeks
- Often accompanied by 12 year old daughter, during school hours. At 31 weeks, client comes again with daughter. Info given that daughter needs to go to school. Client shares that she is very worried about who will look after her daughter during her hospital stay. Says she needs furniture and many baby items. Application made for family auxiliary and volunteer from community organization to help in postpartum. Receives furniture from other community organization.
- 2nd support letter for husband written at 33 weeks, co-signed by GP
- C/s delivery at 37 weeks on 18/04/03; hospital visit by midwife
- Home visits x2 by midwife. Services with family auxiliary started 2x/week

Case study (con't)

- Phone call from fam. Aux. 1 month postpartum: Teen daughter usually home; client very tired and isolated. 2nd call 2 months postpartum, daughter still mostly out of school.
- Multidisciplinary appt with M and GP in June. BP follow-up but main reason to discuss importance of sending daughter to school. Client cries, says she feels overwhelmed with situation with her husband overseas, had not understood gravity of situation. Plan: referred to SW who contacts school, referred to JED program. Client invited to postnatal groups at MB, daughter registered for summer camp at South Asian women's centre.
- Continues follow-up q 1 month for BP, including many drop-in appts.
- GP visit on oct 30th: comes in smiling with just-arrived husband. MB and JED follow-up continue.

Case study : calendar of visits

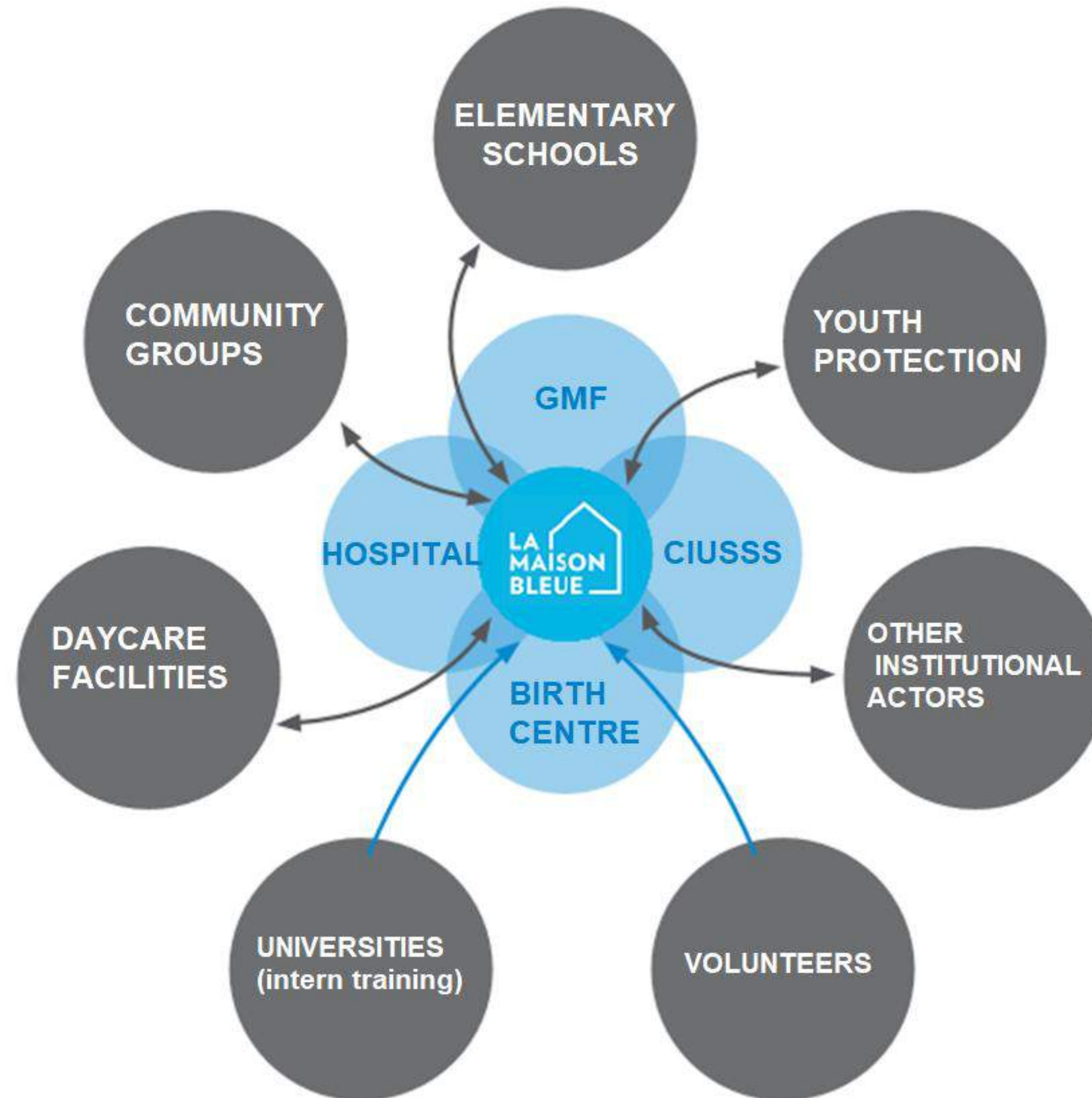
DATE	APPT with ...
OCTOBER	RM(x2), nurse (1x drop in)
NOVEMBER	SW, RM (1x drop in), GP, nurse, obs
DECEMBER	SW, RM and GP
JANUARY	GP
FEBRUARY	GP, RM
MARCH	RM, SW, GP, obs
APRIL	RM (x3), nurse
MAY	GP, nurse
JUNE	GPx2 (1x drop in), SW, RM

+ participation to other Maison Bleue activities

La Maison Bleue has important impacts on its clientele

IMPACT ON	LA MAISON BLEUE	EXAMPLE
Health and well-being of the family	Children have better health indicators than the provincial average , even though they were born and grew up in a context of vulnerability	<ul style="list-style-type: none"> Percentage of low birth weight babies inferior to the provincial average : 3,9 % (LMB) vs 5,7 % (QC) Percentage of premature births inferior to the provincial average : 6,3 % (LMB) vs 7,1 % (QC)
	Services offered to all family members	<ul style="list-style-type: none"> Positive impacts on attachment bonds, parenting skills and the establishment of social links
Access to services for an under served clientele	Reaches and retains a clientele that would otherwise not have access to the health system , either by lack of knowledge, by fear of the system or because of accessibility problems	<ul style="list-style-type: none"> Long term follow-up of very vulnerable families and clienteles At least 60% of women followed at La Maison Bleue do not qualify to the program « Services en périnatalité ou pour la petite enfance » (SIPPE)
Performance of the service offer	Optimizes existing resources to increase access and reduce costs	<ul style="list-style-type: none"> One stop shop for varied services More than half of interventions are done by professional other than medical This transfer of more costly interventions to other resources allow an increased service offer at equal cost.

La Maison Bleue : solids links with the community



Conclusion

Interdisciplinary collaboration allows families to access a team of professionals, whose members work daily together and who intervene together. This enables us to maximize each intervention with the synergy of the group.

For more information
www.maisonbleue.info/en



References

- « Évaluation de la mise en œuvre, des effets et de la valeur économique de La Maison Bleue » (Dubois N. et al. 2015)
 - « La Maison Bleue: Comment nourrir la passion de soigner pour atteindre les objectifs de la loi 20. L'exemple d'une pratique clinique réussie en périnatalité et petite enfance ». *(Mémoire présenté par Dre Vania Jimenez à l'Assemblée Nationale le 25 mars 2015 dans le cadre du projet de loi 20.)*
- «L'empreinte de La Maison Bleue: Fondements et guide de pratiques 2016 » (Chapitres 1-3)

*These 3 documents can be consulted on our website:
<http://www.maisonbleue.info/rayonnement>*

Questions?



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