



groww

Supporting the Sexual and Reproductive Health of Pregnant People Who Use Drugs in Canada: Existing Programs and Ways Forward

Holly Mathias¹, Lesley Ann Foster², Ashleigh Rushton³

1. University of Alberta, Edmonton, AB, 2. Queen's University, Kingston, ON, 3. The University of the Fraser Valley, Chilliwack, BC

INTRODUCTION

- 5-6% of pregnant people in North America use unregulated drugs.¹
- Substance use during pregnancy can cause a range of health issues (e.g. low birth weight, maternal morbidity).^{2,3}
- Pregnant people who use drugs (PPWUD) face barriers to accessing sexual and reproductive health care during pregnancy (e.g. stigma, lack of availability).^{2,3}
- Supporting maternal health care is a global priority through the Sustainable Development Goals.⁴

What programs and practices exist to support PPWUD's access to sexual and reproductive health services in Canada?

METHODS

We conducted a scoping review using Joanna Briggs Institute (JBI) methodology and reported using PRISMA-ScRV.

Included	Excluded
Primary studies, reviews, text and opinion papers, systematic reviews, dissertation and theses, commentaries, media articles, websites, conference presentations and reports	Conference abstracts, letters, meeting minutes, blog posts, speeches and/or transcripts from legislative assemblies.
Illicit drugs (per Health Canada) ⁵	Alcohol, cannabis and tobacco
Pre, peri and postnatal period	Not available through institutional holdings
January 2016 - June 2023	
Population or individual-level program in Canada	
English or French language	



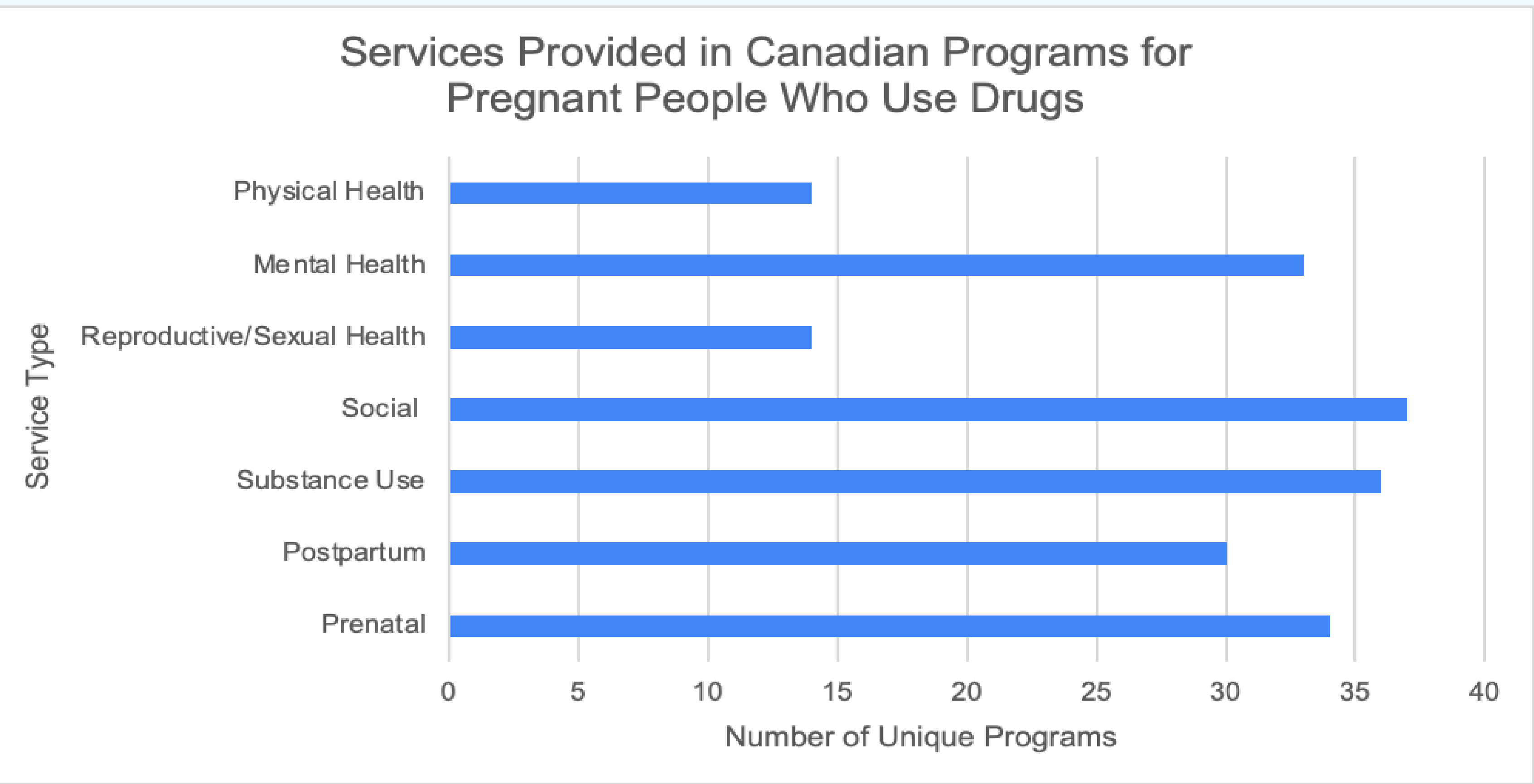
RESULTS

A total of **71 texts** were identified, outlining **46 unique programs**.

Only **14 programs** (30%) provided targeted sexual and reproductive health services (e.g. contraception, fertility treatment).



Figure 1: Map of Canadian Programs
This map indicates where programs for PPWUD were identified in Canada.



Helpful Practices

- 1 Providing non-judgmental care (n=13, 28%)
- 2 Being community-based (n=12, 26%)
- 3 Using a harm reduction philosophy (n=12, 26%)

Outcomes

- 1 Keeping mother and baby together (n=18, 39%)
- 2 Connections to other services (n=14, 30%)
- 3 Reducing substance-related harms (n=14, 30%)

Most programs were located in the provinces of **British Columbia** (n =15, 33%), **Ontario** (n=10, 22%) and **Alberta** (n=8, 17%).

WAYS FORWARD

Most programs in Canada are in **urban areas** or in **more populous provinces**. There is a **gap in services** in rural, remote and Northern communities.

Indigenous peoples are **disproportionately impacted** by the toxic drug crisis and maternal health concerns, yet **few services exist for this population**.

Few programs offer **specific sexual and reproductive health care** (e.g., contraception, family planning, fertility treatment, access to abortion).

PPWUD experience a range of **harms from interactions with the carceral, welfare, and treatment systems**.

Increased investment is needed to expand services in underserved communities, including investment in telemedicine and community-based programs.

More Indigenous-led services and programs are needed. Cultural and spiritual activities should be integrated into existing programs.

The reproductive rights and justice of PPWUD must be upheld through the elimination of legal, socioeconomic and administrative barriers to abortion, contraception and comprehensive care.

System-wide reform is needed (e.g. family-centered programs, dismantling mandatory treatment policies).

REFERENCES

1. Kar P, Tomfohr-Madsen L, Giesbrecht G, Bagshawe M, Lebel C. Alcohol and substance use in pregnancy during the COVID-19 pandemic. *Drug Alcohol Depend.* 2021;225:10876.
2. Levander XA, Foot CA, Magnusson SL, Cook RR, Ezell JM, Feinberg J, et al. Contraception and healthcare utilization by reproductive-age women who use drugs in rural communities: a cross-sectional survey. *J Gen Intern Med.* 2023;38(1):98–106.
3. MacAfee LK, Harfmann RF, Cannon LM, Minadeo L, Kolenic G, Kusunoki Y, et al. Substance use treatment patient and provider perspectives on accessing sexual and reproductive health services: Barriers, facilitators, and the need for integration of care. *Subst Use Misuse.* 2020;55(1):95–107.
4. Proulx KR, Ruckert A, Labonté R. Canada's flagship development priority: maternal, newborn and child health (MNCH) and the Sustainable Development Goals (SDGs). *Can J Dev Stud.* 2017;38(1):39–53.
5. Health Canada. Controlled and illegal drugs. Health Canada. 2023. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs.html>.

Please scan to read the full paper

