

CHALLENGES FOR DEVELOPING INTERPROFESSIONAL COLLABORATION BETWEEN HEALTH PROFESSIONALS WORKING WITH PREGNANT WOMEN EXPOSED TO CANNABIS

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MAIN PROJECT, TEAM, AND OBJECTIVES

Project

Entre tension et harmonie: conversations autour de la consommation de cannabis chez les femmes enceintes au Québec.

Team

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Objectives

Systematize how women, and their partners, assess cannabis use during pregnancy.

Systematize how health professionals respond and/or guide pregnant women with and without cannabis use disorder regarding cannabis use during pregnancy.

Assess the impact of the CA-2018 in the prevalence of diagnosed cannabis use disorder in pregnant women across Quebec regions.

BACKGROUND: CANNABIS CONSUMPTION IN PREGNANT WOMEN

- Through time, we have observed increasing support for the use of recreational and medicinal cannabis, with a decrease in risk perception(1,2)
- Studies have shown that pregnant women can use cannabis during pregnancy to relieve stress or anxiety, and manage nausea, vomiting, and pain(3).
- They tend to be younger, have fewer years of education, have a lower socio-economical level, public or no health insurance, and higher concurrent substance use(3,4).
- Evidence shows that cannabis consumption can have negative social and health effects on women and their children(5-11).
- Our preliminary results indicate that:
 - Cannabis is used to manage pregnancy-related symptoms.
 - Pregnant women could suspend but continue to be exposed to cannabis or reduce the quantity of cannabis consumption per day.
 - Pre-pregnancy use patterns, health status during pregnancy, and personal resources appear to influence their decision.
 - From the intersectional perspective, higher consumption of cannabis can be found in more disadvantaged groups.

BACKGROUND: PROFESSIONALS CANNABIS AND HEALTH

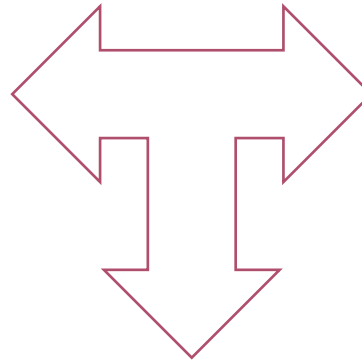
- Studies have shown:
 - Heterogeneity towards the support of medicinal cannabis among health workers(12-14)
 - Differences can be related to profession/specialty (12-19)
 - Professional and/or personal beliefs(12-19).
 - Previous experiences of prescription of medicinal cannabis (12,13)
 - Uncertainty on how to answer questions regarding cannabis use during pregnancy. This creates feelings of discomfort and insecurity, with professionals avoiding conversations(20,21).
 - Health professionals suggest that more information on the potential risks of cannabis use should be advanced to improve informed discussions between health professionals and patients(22).
- Our preliminary results indicate that:
 - Health professionals can recommend a reduction of cannabis consumption in certain cases.
 - Cannabis consumption can be absent in conversations with health professionals because:
 - This is not considered a health problem from the pregnant woman's perspective.
 - Health professionals are not asking directly about cannabis consumption.

CANNABIS ACT 2018

Pregnant women
with cannabis
consumption

Health and social
professionals

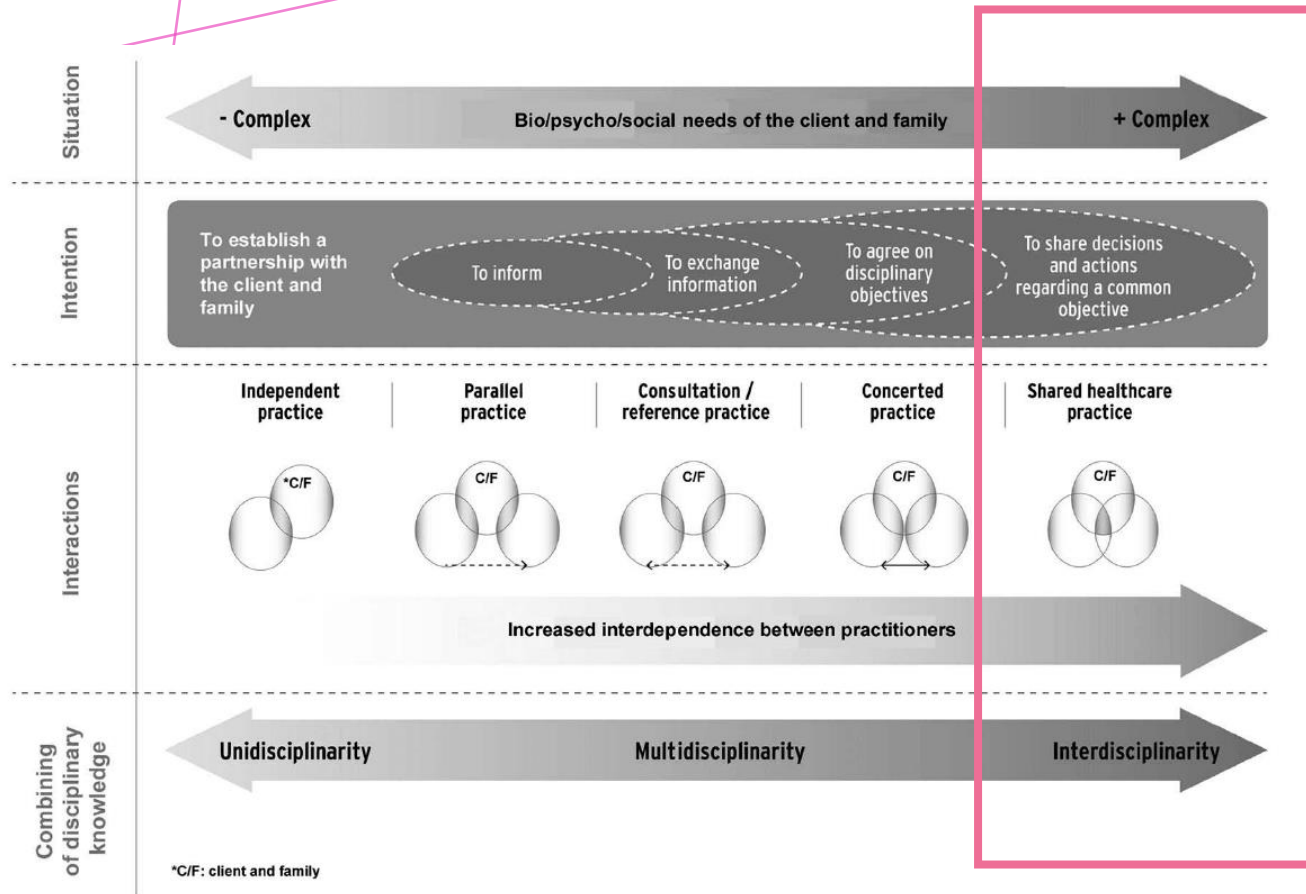
1. Reduced risk perception on general population.
2. Cannabis is used for tackling pregnancy-related symptoms.
3. A population that tends to be in disadvantaged situations



1. Difficulty in starting conversations.
2. Heterogeneity among medicinal cannabis consumption.
3. Tension between recreational and medicinal cannabis consumption.

A Coordinated and integrated response from the healthcare system for this population, framed as a complex case, is needed.

Interprofessional collaboration may respond successfully to the needs of women exposed to cannabis during pregnancy.

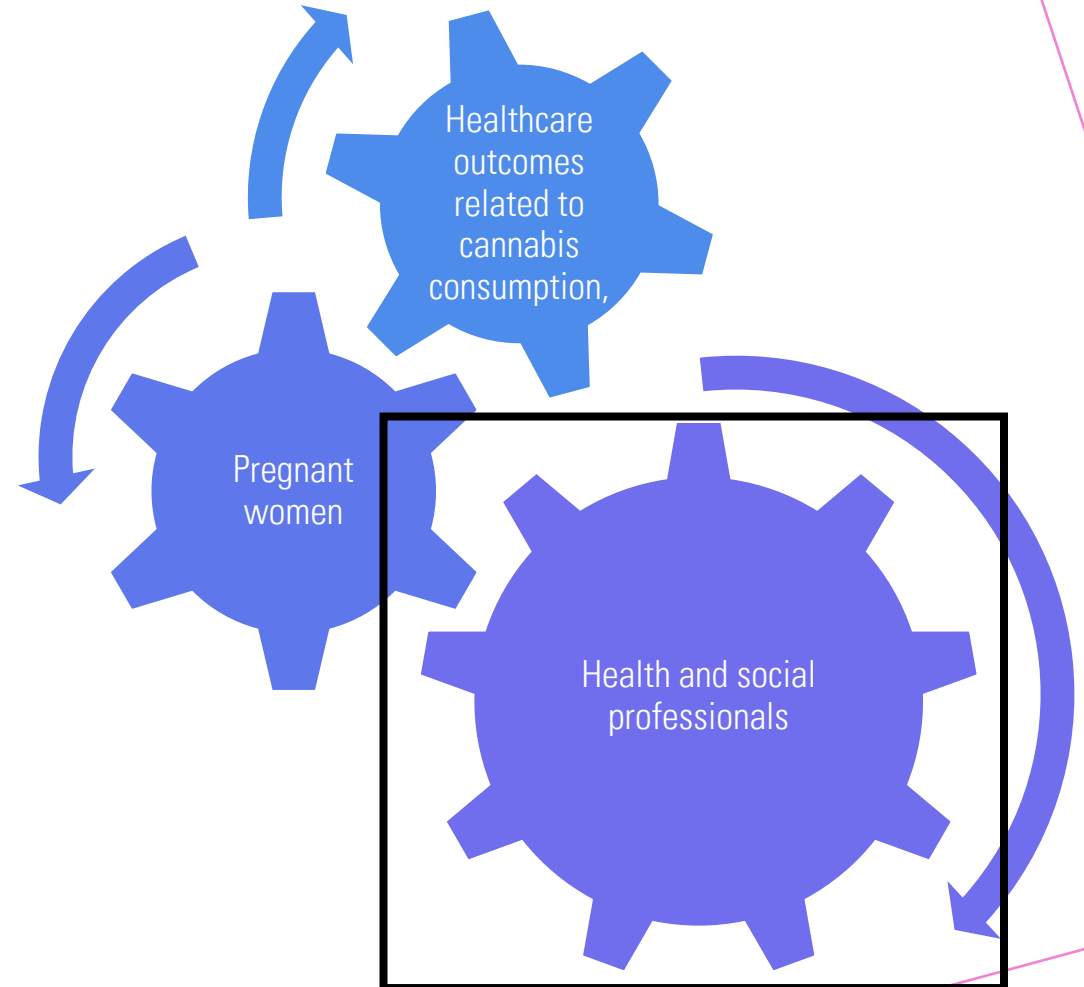


Fox et al. 2021. Communication and Interprofessional Collaboration in Primary Care: From Ideal to Reality in Practice.

- Complex case: pregnant women with cannabis consumption.
- The objective is to align peoples' needs with the selection of adequate health resources to provide comprehensive and integrated care.
- Adjust the type and intensity of collaborative practice among health and social professionals according to the biopsychosocial needs of a person and their significant others(23).

RESEARCH QUESTION

- What and how are interprofessional practices developed within teams in Quebec's health and social system when they interact with pregnant women with cannabis consumption?



METHODS

- Qualitative study.
 - Study population: Health professionals (physicians, nurses, psychologists, midwives, and social workers) working in Québec's health system for at least five years who have interacted with patients with cannabis use, including pregnant women. Regions included: Montérégie centre, Montreal centre-sud and Maurice centre du Quebec .
 - Qualitative tool: focus groups and interviews performed in person or virtually.
 - Analysis: content analysis will be performed.

CURRENT STATUS OF THE PROJECT

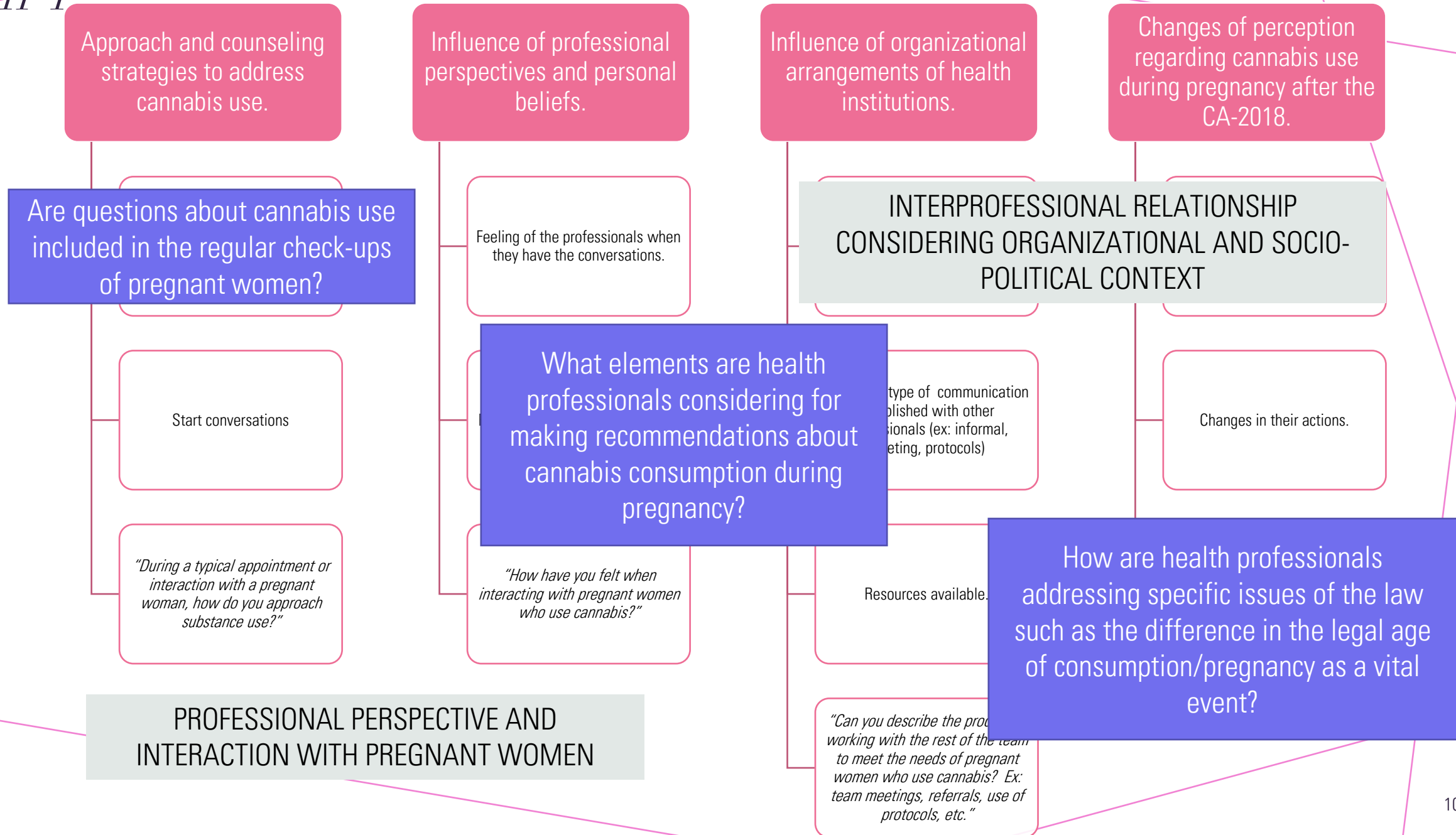
Final approval for initiating the work with health professionals on March 22.

Iterative process



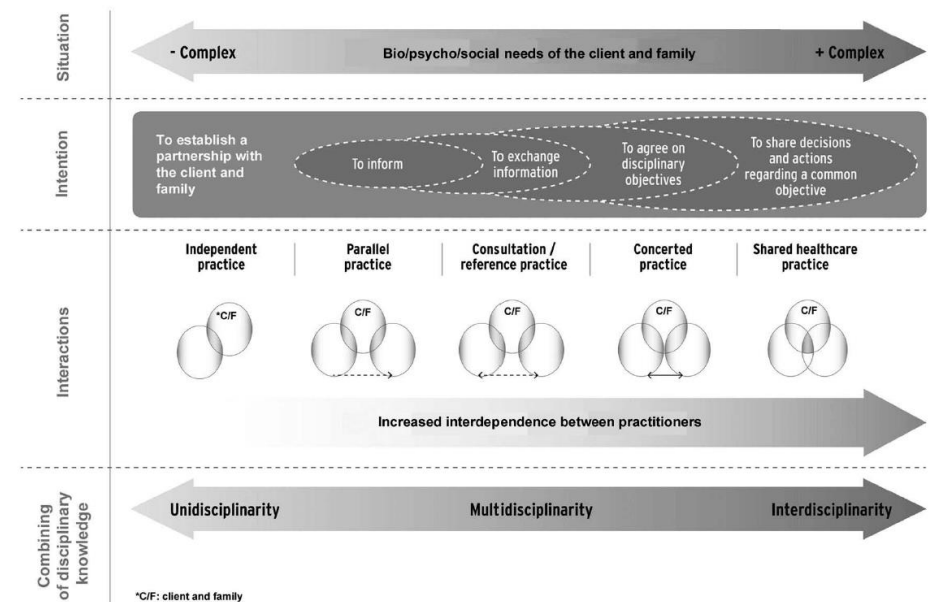
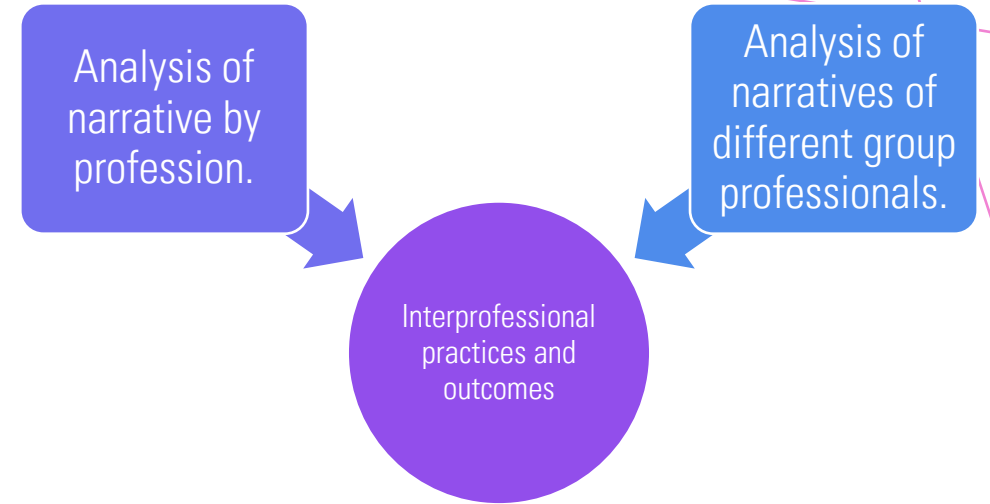
- General professional questionnaires.
- Interview script.

- Application in Montérégie and Multicenter ethics proposal.
- Informed consent.



ANALYSIS

- How do they frame this case?
- Is the case more or less complex from the professional perspective?
- Are professionals establishing direct partnerships with pregnant women without considering other professionals, or are they sharing decisions and actions to respond to a common objective?
- Are they approaching the situation from a unidisciplinary or interdisciplinary perspective?



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Assess the impact of the CA-2018 in the prevalence of diagnosed cannabis use disorder in pregnant women across Quebec regions.

Responses of social and health professionals to pregnant women's needs and their significant others.

Organization of activities within the social and health systems in Quebec.

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