

Perinatal Community of Practice Engagement Event - Oct 20, 2022 - EXECUTIVE SUMMARY

The **Shared Care Perinatal Community of Practice (CoP)** province-wide virtual engagement event took place on Thursday October 20, 2022. [Perinatal CoP agenda](#).

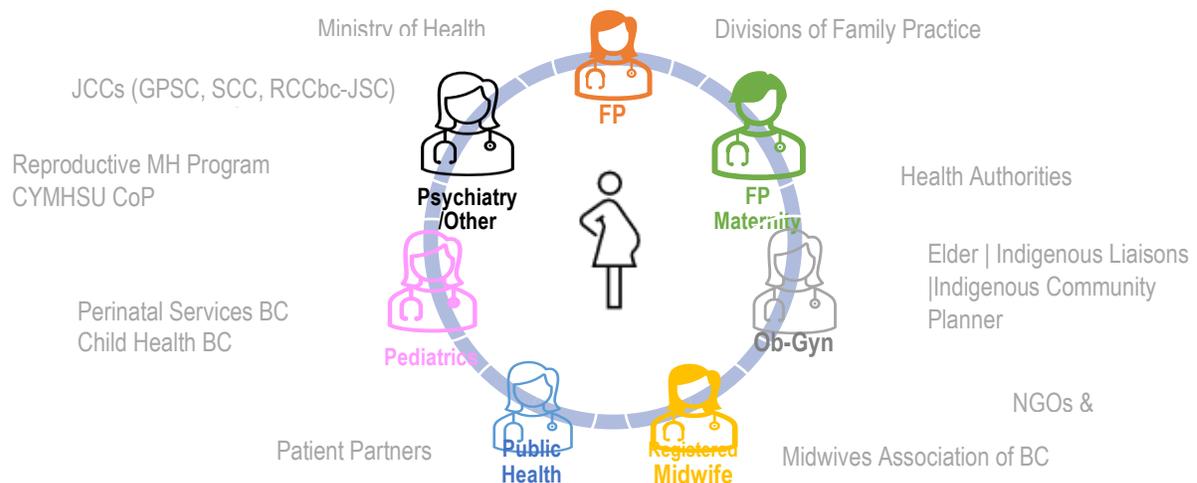
Objectives

Hosted by the Perinatal CoP Steering Committee, the purpose of the engagement gathering was to:

- Build relationships (between physicians, midwives, & healthcare partners)
- Share best practice & learnings re: perinatal care
- Describe & validate the Perinatal CoP shared purpose, vision & priorities
- Introduce the Perinatal CoP strategic plan & framework
- Understand Perinatal CoP's role & how it aligns with the PMH-PCN & Maternity Services Strategy
- [Explore opportunities to embed perinatal care in local communities](#)

Participation

126 participants from all health regions, including representatives from Divisions of Family Practice, Health Authorities, Ministry of Health, Patient Partners, & Community Partners engaged in rich discussion & presentations.



Highlights

The ambitious agenda for the half-day event, included the following highlights:

- [Patient journeys](#) with team-based care to increase understanding & inform dialogue.
- Team-based care collaborative journeys: *What's working well? What's possible?*
[SOS journey](#) | [Sunshine coast journey](#)
- [Maternity Services Strategy](#): *What are opportunities to advance perinatal care?*
- [Perinatal CoP Resource List](#) to enable embedding perinatal care in local communities.
- [Perinatal Regional dialogue](#), in breakout rooms, to explore embedding perinatal care.

What did we hear from Regional Communities? Key issues around embedding perinatal care:

- Burnout - Recruitment & Retention - Health Human Resource capacity
- Funding inequities & funding model misalignment
- Physical space limitations
- Inadequate privileging for locums across sites & regions
- Team-based collaborative care – building relationships
- Engagement of Health Authorities
- Community Engagement – including patients, families, and Indigenous partners
- Sustainability of services

What did we hear from Partners? Opportunities to Advance Perinatal Care through the CoP:

Maternity Services Strategy

- **PSBC to collaborate with Perinatal CoP members** to identify gaps & spread best practice models to support PCN & perinatal planning for vulnerable communities.
- **PSBC to partner with Perinatal CoP** & MOH Primary Care Division to support coordination of maternity & newborn services through the PMH-PCN considering team-based care approaches.
- **Input needed from Perinatal CoP members** as SMEs & end-users to implement care pathways.
- **Input needed from Perinatal CoP members** as SMEs & end-users in the codesign of prenatal education that recognizes pregnancy & birth as a sacred, natural, & a culturally significant celebration in a family's life.
- **Perinatal CoP members needed for Working Group** to move forward the collaboration with hospitals & health centres to ensure ceremony, cultural practices, learning & family gathering as part of maternity services if desired.

Ministry of Health – Opportunities for Dialogue & Learning

- Communities are welcome to dialogue with MOH re: evolving needs around perinatal services.
- Interested communities are encouraged to connect with approved communities using PCN funds for dedicated perinatal initiatives, to explore & understand how PCN resources are being utilized.

Community of Practice – Opportunities for Building Relationships, Sharing, & Learning

- Providers & health system partners are encouraged to sign up with the CoP to receive updates, resource information, and information about learning, sharing, & networking opportunities: Email shared_care@doctorsofbc.ca (note “Perinatal CoP” in the subject line).

Feedback – Participant Experience (51 respondents, 40% survey response rate)

What was the most valuable or interesting aspect of the event?

- Learning about Collaborative Care Models
- Networking, Learning & Sharing Opportunities, Breakouts

Overall satisfaction with event:

- **96% = agree/strongly agree** they were satisfied with the event; **4% = neutral**

Did the event meet the stated objectives?

- **94% = agree/strongly agree** the event met stated objectives; **6% = neutral**

I am confident Perinatal CoP will have an influential role in improving patient & family care:

- **83% = agree/strongly agree; 17% = neutral**

Whom else should we engage in the CoP?

- Health Authority | Mental Health, Social Workers, More Midwives, Public Health, OB-GYN
- Indigenous Partners – including all Providers, FNHA, Nation Health Directors
- People with lived experience - including Rural, MHSU, Indigenous women - urban & remote.
- UBC Family Practice Residency Program
- Front line providers in communities not currently offering direct perinatal care
- Ministry of Children & Family Development |All birth workers, MOAs

What could improve your event experience?

- More time in regional/local breakout rooms; Less presentation time
- In person event | Nothing to suggest/NA

What's Next?

- Steering Committee Debrief: November 2022
- Engagement Event Report Distribution: November 2022
- Creation of electronic mailing list of CoP members for continuous communication & engagement
- Development of Learning, Sharing, & Networking Opportunities - Fall Winter 2022/23
- Ongoing support to development of local CoPs
- CoP Co-Chair Update to Shared Care Committee - January 24, 2023
- CoP broader Engagement Event - Fall 2023

Perinatal Community of Practice Engagement Event - Oct 20, 2022 - FULL REPORT

Created by: *Jennifer Scrubb, MSc*

Report Content: This report includes the following content (*page numbers in brackets*):

- **Objectives & participation** (4); **Land acknowledgement & welcome** (4-5); **Opening remarks** (6-7);
- **Patient Journeys** (7); **Maternity Services Strategy & Supports** (8-9)
- **Perinatal Community of Practice: Purpose, Vision, Framework** (10-13); **Resources** (14)
- **Exploring Team-based Care** (14-17); **Regional Dialogue** (18-20); **Closing** (21); **Next Steps** (21)

INTRODUCTION

A province-wide engagement event to build a Shared Care Perinatal Community of Practice (CoP), took place on Thursday October 20, 2022, via Zoom, from 1:00pm to 5:00pm.

Objectives

Bringing together physicians, midwives, and other healthcare partners, the purpose of this engagement gathering was to:

- Build relationships (between physicians, midwives, & healthcare partners)
- Share best practice & learnings re: perinatal care
- Describe & validate the Perinatal CoP shared purpose, vision & priorities
- Introduce the Perinatal CoP strategic plan & framework
- Understand Perinatal CoP's role & how it aligns with the PMH-PCN & Maternity Services Strategy
- [Explore opportunities to embed perinatal care in local communities](#)

Participation

Building on the inaugural Maternity CoP engagement event in November 2021 (an intentionally small gathering of 35 participants), this expanded event convened **126** diverse participants from all health regions of the province, including representatives from:

- Divisions of Family Practice - *33/36 Divisions* - Family Physicians, Executive Leads, Staff
- Child Health BC - Leaders & Staff
- Child & Youth Mental Health & Substance Use Community of Practice
- Doctors of BC
- Health Authorities - Perinatal Leaders & Public Health Leadership
- Indigenous Partners
- Joint Collaborative Committees (SCC, GPSC, JSC-RCChc)
- Midwives Association of BC
- Ministry of Health - Executive Leaders & Staff
- Non-Governmental Organizations
- Nursing
- Patient Partners
- Reproductive Psychiatry

1. Greeting & Land Acknowledgement

Dr Shelley Ross, family physician (Burnaby), and Co-chair of the Perinatal Community of Practice (CoP) Steering Committee, welcomed participants, acknowledged the privilege of using and sharing the land from which the virtual meeting was being broadcast, and introduced her Perinatal CoP Co-Chair **Dr Julie Wood** (Ob-Gyn Burnaby), along with remaining **CoP Steering Committee members: Dr Cathy Clelland** (Tri-cities), **Lehe Spiegelman** (Sechelt), **Melanie Mason** (Victoria), and **Dr Brenda Wagner** (Squamish, formerly Richmond).



Dr. Shelley Ross, FP
Co-Chair



Dr. Julie Wood, OB-GYN
Co-Chair



Lehe Spiegelman, RM



Dr. Cathy Clelland, FP



Dr. Brenda Wagner, OB-GYN



Melanie Mason, RM

Perinatal Community of Practice Steering Committee

- ♦ **Co-Chairs:** Dr. Shelley Ross, Dr. Julie Wood
- ♦ Lehe Spiegelman, Dr. Cathy Clelland
- ♦ Dr. Brenda Wagner, Melanie Mason

The **Perinatal CoP Working Group** was subsequently introduced:

- **Barbara O'Meara** - Patient Partner, Francois Lake
- **Elder & Dr. Roberta Price** - Coast Salish Matriarch & Elder
- **Dr. Paula Lott** - OB-GYN, Kamloops, & Specialist Services Committee member (*in absentia*)
- **Dr. Sara Sandwith**-Family Physician, Comox Valley, & RCCbc representative
- **Dr. Shirley Sze** -Family Physician, Kamloops, & Co-Chair - Child & Youth Mental Health & Substance Use CoP
- **Perinatal Services BC - Dr. Ellen Giesbrecht** -Prov. Medical Director & OB-GYN; **Robert Finch** – Exec. Director
- **Ministry of Health - Shana Ooms** -Exec. Director, Primary Health Care Division, & MOH Co-Chair, Shared Care Cttee
- **Kelly McQuillen** - Executive Director, Primary Care Planning & Implementation Oversight
- **Jeremy McLay** - Director, Primary Care Strategy

Perinatal Community of Practice Working Group



Dr. Cathy Clelland, FP
Chair



Dr. Shelley Ross, FP



Dr. Julie Wood, OB-GYN



Lehe Spiegelman
RM



Dr. Brenda Wagner
OB-GYN



Melanie Mason, RM



Dr. Sara
Sandwith



Shana Ooms
MOH



Dr. Shirley Sze, FP



Barbara O'Meara
Patient Partner



Elder & Dr. Roberta Price



Robert Finch
PSBC



Dr. Ellen Giesbrecht
OB-GYN
PSBC



Jeremy McLay
MOH



Kelly McQuillen
MOH



Dr. Paula
Lott
OB-GYN

2. Welcome

Elder & Dr Roberta Price, Coast Salish Matriarch, offered a warm welcome to all participants coming together in a wide virtual circle to enable good, positive, and respectful thoughts and words, as well as blessings for the safe delivery of grandchildren and great grandchildren, and healing and protection for those experiencing grief and tragedy.

3. Opening Remarks

Ms. Shana Ooms, Executive Director, Primary Health Care Division, MOH and Shared Care Committee Co-Chair, provided an overview of the provincial vision for perinatal care, in the context of primary care, as well as plans that can be aligned with while building a Perinatal Community of Practice in BC.

Ms. Ooms emphasized the importance of perinatal care during pivotal moments along the perinatal journey, acknowledged persistent **workforce, education, and system challenges** re: access to perinatal services, and described efforts to advance the new **Maternity Services Strategy**, in partnership with Perinatal Services BC and key partners (including the Perinatal CoP), to address perinatal challenges through province wide collaboration and engagement.

Maternity Services Strategy (MSS)

The MSS will bring greater focus and priority to the **transformation of perinatal care**, including supporting new and improved approaches to service design, workforce planning, care delivery, and health promotion, while considering cultural safety, patient choice, digital technology tools, and transportation needs.

What have we been working on?

- Focussing on ways to **stabilize care in rural & remote communities** and ways to **better support interprofessional maternity services**. This includes:
 - Taking steps to **better align payment models** & to provide compensation options to support teams to deliver comprehensive care.
 - **Stabilizing services** (pilot) through APP Registered Midwives contracts (for participating rural & remote sites).
- Striving to **strengthen focus on maternity services as part of PCN implementation**.
 - Each PCN is expected to include low risk maternity, antepartum, & post partum care in its suite of comprehensive services.
- Exploring opportunities to **better coordinate & expand perinatal services** as part of planning processes including **access to midwives in PCNs** & other team-based care settings.
- Developing a **sub-policy on low-risk maternity services in PCNs** to guide service models & attributes expected to be available to maternity patients in PCN geographies.

Acknowledging pressures communities face, Ms. Ooms encouraged perinatal providers and partners to **leverage resources through PCN envelopes** until additional funding sources can be secured. In the meantime:

- MOH, with PHSA, is working on **costing of perinatal services in PCNs** to go forward to Cabinet and Treasury Board for additional funding.
- GPSC recently announced **\$1M available to all PCN communities** & Divisions of Family Practice to enable local dialogue around perinatal services.

- **\$118M short term stabilization dollars** as well as **new to practice incentives** are available to better support FPs, along with **adding more doctors, nurses, & training seats** to improve access.
- **Privileging process review** is underway to ensure responsiveness to system & provider needs.

To conclude, Ms. Ooms highlighted the need to **work together to develop new solutions to bridge current gaps in perinatal care** in BC, by bringing the unique on the ground experience, **through the Perinatal Community of Practice**, to actualize system improvement over the long term.

4. Patient-Family Stories – Our Journeys with Team Based Collaborative Care

Two community members from rural and urban-rural areas, respectively, shared their unique experiences with team based collaborative care, to increase awareness and inspire dialogue re: embedding perinatal care in local communities.



Andrea

What matters most to you re: your perinatal journey?

- *I'm able to connect with people I feel really comfortable with, and I know they're going to advocate for me and listen to me, if I have any concerns, and really take care of me, my baby & my family, because it's a journey for all of us.*

What benefits did you experience with team-based, collaborative care?

- *I was always within the same care team.*
- *Bringing a baby into the world is very personal, and exciting, and overwhelming. The team effort took anxiety & worry out of it.*
- *I could stay where I was comfortable and really felt safe.*

Who were the healthcare providers on your team?

- Midwife - Family Doctor - Nurse - OB - Public Health Nurses



Dana

What benefits did you experience with team-based, collaborative care?

- *I got information, input, & support from different care providers.*
- *I felt like their communication was always seamless.*
- *I always felt like they had my best interest at heart.*
- *They made you feel like you were the only patient they were caring for.*

What could have improved your journey?

- *Meeting with a lactation consultant during the first week (after birth) might have been a benefit for me upon reflection of what I found most difficult.*
- *At different times during our stay in the hospital, it seemed like they were sometimes stressed for nursing staff.*

Who were the healthcare providers on your team?

- Family Physician - Midwife - Nurses - OB

5. Maternity Services Strategy – Provincial Approach to Advancing Perinatal Care

Mr. Robert Finch, Executive Director, Perinatal Services BC (PSBC), provided an overview of the Maternity Services Strategy (MSS) - now in its second year, shared an update on progress of key projects, and outlined next steps for years 2 and 3 – all with a goal of aligning the Perinatal Community of Practice with the MSS, through ongoing engagement and collaboration.

Presentation slides: [Maternity Services Strategy](#).

Opportunities for collaboration with the Perinatal Community of Practice were identified:

- R3** Support primary care network and maternity services planning for vulnerable communities

 - **Collaborate with Perinatal COP members** to identify gaps & spread best practice models.
- R3** Support the coordination of maternity and newborn services through the patient's primary medical home and/or primary care network, considering team-based care approaches

 - **PSBC partners in this work with Perinatal CoP**, and MOH Primary Care Division.
- R3** Implement refreshed maternity, newborn, and postpartum care pathways based on current evidence

 - **Need input from Perinatal CoP members** as SMEs and end-users.
- R1** Co-design prenatal education that recognizes pregnancy and birth as a sacred, natural, and a culturally significant celebration in a family's life

 - **Need input from Perinatal CoP members** as SMEs and end-users.
- R1** Collaborate with hospitals and health centres to ensure ceremony, cultural practices, learning and family gathering as part of maternity services if desired

 - **Need Perinatal CoP members for Working Group** to move this forward effectively.

Maternity Services Strategy Next Steps

- Costing of Years 2/3+ for approval, to move the work forward.
- Formal Communications Plan
- Collective work with partners to understand where excellence is happening.

How can PSBC best engage with Perinatal CoP members – you are the experts in the network!

- Members are welcome to contact Robert Finch directly with ideas.

Maternity Services Strategy Vision: Stronger Teams, Stronger Communities: Together for Better Births

Maternity Services Strategy Supports

Supports to enable achievement of MSS goals were highlighted by **Ms. Kelly McQuillen**, Executive Director, Primary Care Planning & Implementation Oversight, MOH, and **Mr. Jeremy McLay**, Director, Primary Care Strategy, MOH, following a brief overview of the Primary Care Network (PCN). [Perinatal Supports for PCNs \(presentation slides\)](#).

- Current PCNs in implementation: 61 across 30 communities
- Number of PCN Service Plans approved as of October 2022: 64
- 19 Service Plans (30%) outlined a need for maternity services/& or identified maternity as a priority population; 12 of these plans proposed maternity resources; 9 were approved.
- Remaining 45 Service Plans neither highlighted a need for maternity services nor had approved or planned maternity services.

Opportunities to embed perinatal care in PCNs

- Communities are welcomes to dialogue with MOH re: evolving needs around perinatal services.
- Those interested may reach out to the 9 approved communities using some PCN funds for dedicated perinatal initiatives to explore & understand how PCN resources are being utilized.

Supports for PCN Service Planning were outlined including:

- GPSC \$1M one-time funding for physician engagement.
- Shared Care - Maternity Spread Network Funding
- Primary & Community Care Mapping Innovation Support Unit (ISU), UBC Faculty of Medicine
- Team Mapping Facilitation - ISU, UBC Faculty of Medicine
- Health Authority Perinatal Leads
- Ministry Primary Care Regional Directors (PIO Team) & GPSC Transformation leads

MOH Sub-policy on PCN Maternity Services

- **Expectation:** The primary care system can reliably deliver perinatal care in communities across the province.
- **Goals:**
 - Support primary care initiatives in PCNs within a maternity context.
 - Provide guidance on coordination & implementation of low-risk maternity services within PCNs & within individual clinics.
 - Enable embedding perinatal planning in the PCN process
 - Help communities reimagine how services are organized & delivered
- **Timing:** Aim to have a policy in place this year to help direct & guide PCN planning for next fiscal year (2023/24) to positively influence annually developed Service Plans.
- **Next Step:** Draft sub-policy will undergo consultative phase with PSBC-MSS team.
- Currently no new funding for implementation of policy, although work is underway in the background (through MSS).

6. Perinatal CoP Connecting Regions

Dr. Julie Wood provided a quick overview of the Perinatal CoP to achieve a shared understanding of purpose, vision, priorities, & framework and enable participants to partake in deeper discussion in their regions to explore opportunities to create local Communities of Practice around perinatal care.



Perinatal CoP: Shared Vision

- Perinatal care is person & family centred, timely & accessible, culturally safe (Indigenous cultural safety & humility), & seamlessly integrated as a core service of the PMH-PCN.



Perinatal CoP: Purpose

What are we trying to do?

- Build a productive, resilient perinatal - focussed Community of Practice (CoP).

Why?

Shared Purpose:

- To equip physicians, midwives, & their healthcare partners with resources & opportunities to foster relationships, share knowledge & collaboratively advance perinatal care in BC, resulting in optimal care for patients.

What are we trying to do?

- We're aiming to build a Community of Practice (CoP), transitioning from & leveraging the Maternity Spread Network, aligning with the Maternity Services Strategy & expanding to include all perinatal care providers & broader system partners (at the community, regional, & provincial level) in BC.
- The CoP provides an opportunity to support not only the pregnancy journey, but the overall health & well-being of parents & their babies, as well as address gaps in the system by equipping physicians, midwives, & their healthcare partners with resources to foster relationships, share knowledge & collaboratively optimize patient care.
- The Community of Practice is about action & ultimately impact on the ground (close to home, ideally).

Perinatal Community of Practice



Shared Priorities



Protecting Relationships

Embedding Perinatal Care in local Communities

While acknowledging gaps in care along the patient journey:

- Prenatal & Postnatal care
 - Access
 - Continuity
 - Transitions
- Mental Health & Substance Use
- Perinatal care for patients experiencing vulnerability

Supporting Providers

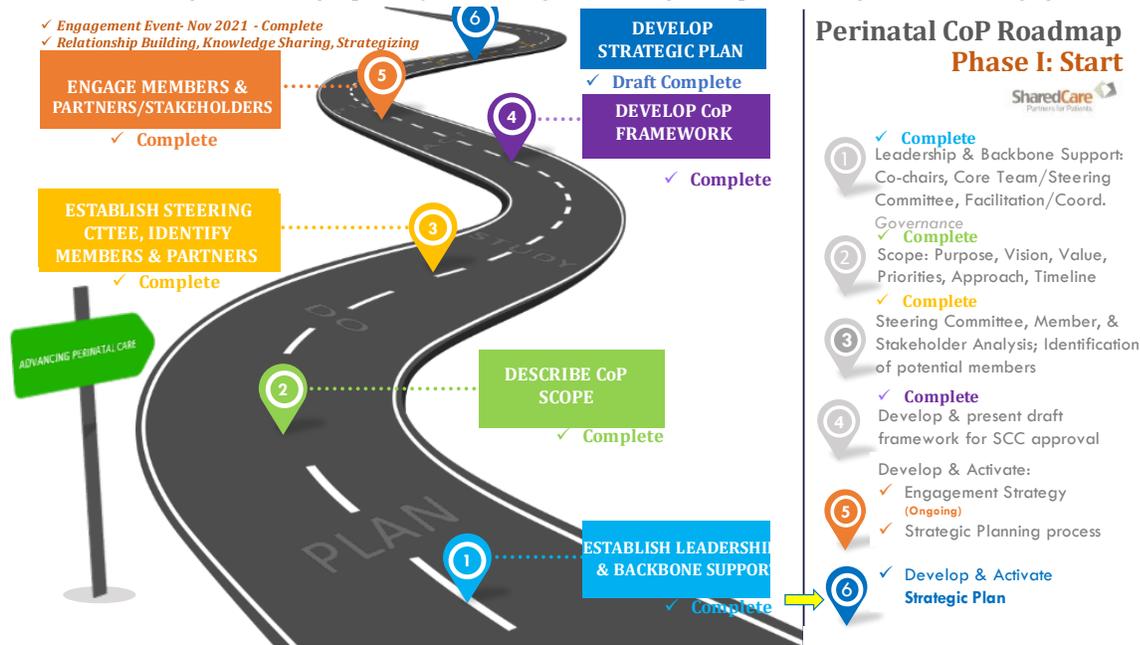
Priority Focus Areas

- ◆ Improving access to a primary care provider/PMH for unattached perinatal patients & their families
- ◆ Bringing care & supports to communities
- ◆ Facilitating the development of a care path for newborns
- ◆ Facilitating the transition to ongoing postpartum care & supports
- ◆ Supporting seamless transitions in care
- ◆ Facilitating sharing of best practices & learnings
- ◆ Supporting education, knowledge translation, & training

The **Perinatal CoP Roadmap** was introduced to reflect on previous work and to help set a future direction. Still in its early stages, the CoP continues to make progress.

Several stages have been completed including:

- Establishing leadership and backbone supports
- Mapping CoP broader membership & key partners/stakeholders
- Defining a shared purpose and vision, and identifying priorities;
- Soft launching the CoP by hosting an intentionally small inaugural engagement event in fall 2021.
- Drafting a strategic plan for year 2 of the CoP, & an associated budget - approved by SCC, April 2022.
- Actioning the strategic plan by activating a Working Group & hosting a broader engagement event.



Perinatal CoP Strategic Plan: 2022-2023

Area of Focus: ADVANCE PERINATAL CARE THROUGH CONNECTING TO LOCAL COMMUNITIES (PMHPCN)

Optimizing Clinical Care & Services | Innovation | Collaboration

1. Establish CoP Governance Structure

- Maintain CoP-Perinatal Services BC (PSBC) collaborative meetings to enable alignment.
- Establish CoP-PSBC meeting schedule.
- Define CoP role in Maternity Services Strategy (MSS) governance structure & engage accordingly.
- [TBD] Support implementation of MSS year 1 priority projects through CoP membership.
- Identify CoP infrastructure support
- Develop CoP Steering Committee Terms of Reference
- Maintain regular (quarterly) Steering Committee meetings.

Embed Perinatal Care within local communities (including PMH -PCN)

2. Establish PMH-PCN Working Group

- Develop Working Group Terms of Reference
- Identify & Recruit Working Group members
- Launch & monitor Working Group

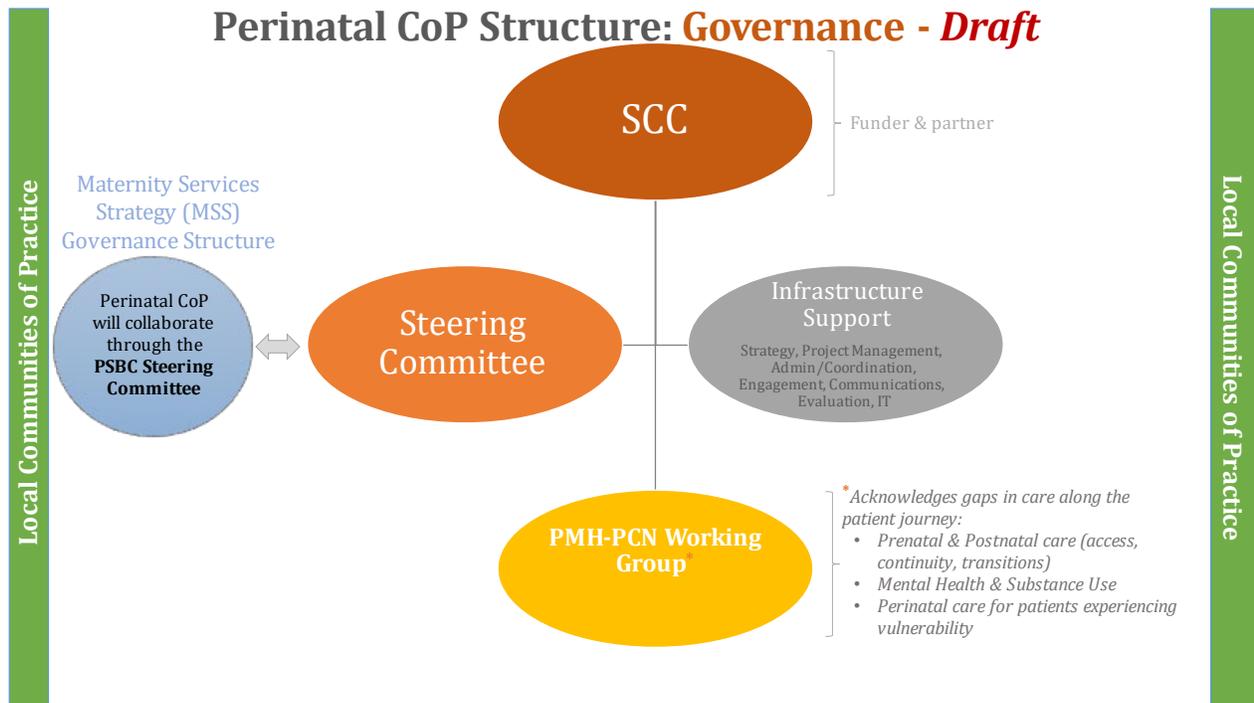
3. Develop & Implement PMH -PCN Working Group Action plan

4. Develop a provincial framework to guide & support local communities to address local perinatal issues of importance.

Area of Focus: STRENGTHEN RELATIONSHIPS

1. Expand membership by 170% (to 100) through increased engagement, collaboration, & building partnerships.
2. Host 1 broader engagement event
3. Develop & Activate Engagement & Communications Plan
4. Establish CoP Infrastructure Support through Doctors of BC

Perinatal CoP Structure: Governance - Draft



Perinatal CoP Steering Committee Objectives:

- Provide active & visible leadership of the Perinatal CoP at the provincial level
- Represent the interests of all Perinatal CoP members, as appropriate
- Maintain & enhance relationships across the province.
- Provide guidance & advice to Perinatal CoP Working Group(s)
- Ensure alignment of the initiative to the Maternity Services Strategy, Patient Medical Home – Primary Care Network, GPSC Maternity Working Group, and SCC strategic priorities.
- Identify & remove barriers or challenges impacting CoP development & implementation (at the local or regional level)

A Provincial Framework applicable to local communities (see 'Local CoPs' in governance chart above)

- At the provincial level, the Perinatal CoP Steering Committee & Working Group would inform system redesign priorities through collaboration at the community and practice levels, as well as invite new members with a strong interest in perinatal care to the Community of Practice to build local and provincial networks (local CoPs).

We envision that each local CoP would, in alignment with the provincial framework:

- Identify the unique mission & goals for their local Perinatal CoP;
- Build their local Perinatal 'Community' - by identifying members, partners, & supports; and
- Define the practice/function of the local CoP - including governance, processes, & engagement.

Perinatal Community of Practice Resources and Supports

To prepare participants to explore embedding perinatal care in local communities, **Dr Julie Wood** shared information about provincial resources - [Perinatal CoP Resource List](#) - that can assist with exploration, planning, & implementation. This includes family physician maternity funding opportunities, mental health resources, Pathways Medical Care Directory, and parenting supports.

Dr Tracy Monk, Doctors of BC representative on GPSC, presented information on GPSC's \$1 million one-time funding for PCN planning to optimize perinatal services.

- Available to be accessed by Divisions of Family Practice – application required.
- Funds can be used to convene community partners to enable conversations to support local planning.
- Funds need to be spent by March 31, 2023.
- [More details & presentation slides: GPSC funding for PCN planning.](#)

7. Exploring Team-based Collaborative Care

In alignment with patient stories, two collaborative perinatal healthcare teams from urban-rural & rural communities (South Okanagan Similkameen & Sunshine Coast) shared their unique journeys of collaborative care – *how does it work? what's working well? lessons learned? opportunities?* - to inform and inspire those in other communities contemplating, engaged in, or planning for collaborative care in their local areas. Presentation highlights are below:

SOS Maternity Care: Presenters - Dr. Jennifer Begin (FP) & Susie Lobb (Registered Midwife)
Presentation slides: [SOS journey](#)



Exploring Team-Based, Collaborative Maternity Care



Oct. 20, 2022

The South Okanagan Similkameen Division of Family Practice and the South Okanagan Maternity Centre are located on the traditional, unceded and unsundered territory of the Syilx (Okanagan) people.



In 2014, maternity care in the South Okanagan was in crisis

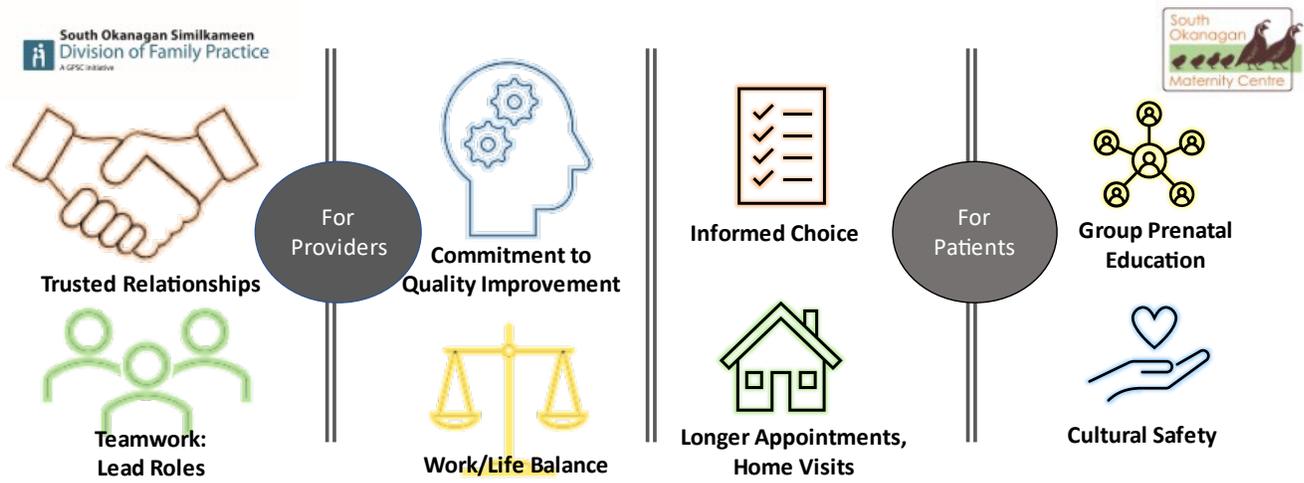
- The family physician's presence was in decline due to compensation challenges, competition, and long hours.
- Maternity providers worked in isolation, with a notable lack of personal and professional trust between individual provider groups

An advisory committee was assembled

- Family physicians, midwives, obstetricians, pediatricians, patients, Interior Health, and allied professionals.

Goals were established

- Sustainability
- Patient choice
- Keep providers practicing
- Work/life balance for all providers
- Flexibility, cross-coverage, and ease of transfer of care
- Educate community providers and patients about care options



What's Working Well?

Supportive Documentation: ["Enhancing Interprofessional Collaboration in Maternity Care"](#)

Sunshine Coast Maternity Care: - Presenters Dr. Rayna Sivakova (FP) & Lehe Spiegelman (Registered Midwife) **Presentation slides:** [Sunshine coast journey](#)



Goals: Sunshine Coast Maternity Care

- Develop a sustainable collaborative model
- Develop infrastructure
 - Pooled billing
 - Central Scheduling
 - Shared EMR/Medical Records
- Engage community and families
 - Education
 - Website and print resources
 - <http://sunshinecoastmaternitycaregroup.ca/>
- Engage stakeholders
 - Nurses, OB's, Hospital Admin, PHN, HA

Results

- Building Team Trust
- Building foundation + infrastructure
 - Pooled billing on OSCAR
 - Scheduling for shared call
- Education
 - Website established
 - Parent + community education
- Group prenatal sessions in 3T (in person for the first few months, virtual since Mar 2020)
- Monthly Case reviews and team meetings
- CPD: NRP, FHS, CPR
- Parent buy in to benefits of group care
- Informal simulations training for hospital based team
- Support from provincial systems – RCCBC; Shared Care; Perinatal Services BC
- Maternity Care – kept on the Sunshine coast
- Conference presentations: FMF, JCC
- Tighter doula network including 2 funded through FNHA

Sunshine Coast Maternity Care – continued -

Opportunities

- Increase cultural safety and humility training opportunities
- Seek additional funding to support ongoing administrative costs
- Explore salary model
- Explore inclusion with local PCN
- Collaborate more closely with other team-based care groups
- Enhance maternity services in local community

Lessons Learned

Administrative infrastructure and support

Shared team vision

Health authority champions – local & regional

Building team culture & values

Clinical Practice evolves with the team– not static

Keep families at the centre of the care team at all times

8. Exploring Opportunities to Embed Perinatal Care in Local Communities

All event participants, in regional breakout rooms, engaged in conversation to begin exploring ways to translate the provincial vision for perinatal care into local dialogue. Summaries & themes are highlighted below. [Read more details from regional dialogues: Perinatal Regional discussions.](#) Due to a high number of participants, a few regions were divided into 2 separate groups (e.g. Fraser1, Fraser2), to optimize discussion.

Fraser1

Themes:

- Lack of physical space
- Lack of capacity & availability of professionals
 - Pediatricians
 - Perinatologists
 - Social workers
 - Doulas
 - Nurses
- Lack of government support

While the discussion focussed on the **need for more resources** - specialists, physical space, time, & help from Health Authorities - the group agreed **it would be beneficial to fund conversations** between physicians, midwives, & other perinatal care providers to better understand what each of their roles entail, their capabilities, & what gaps exist.

Fraser2

Themes:

- Gaps in care
- Funding inequities across hospitals
- Recruitment & retention
- Sustainability
- Engagement of Health Authority

Acknowledging **gaps & inequities** exist in the system, healthcare providers are afraid to share what resources they have for fear of them being taken away.

Sustainability of perinatal services **is being threatened** and **recruitment & retention are key issues** across all communities.

Interior

A Happy Clinic Attracts Providers

Themes:

- **Diminishing health human resources** to deliver primary maternity care is a common problem.
- Need to have **Health Authority involvement** in providing a maternity clinic.
- **Team based care is important**, including stable MOA, Nurse in Practice & access to Allied Health Professionals such as Social Workers & Mental Health Counsellors.

Interior - continued-

Interior Health has many rural areas that are delivering maternity care. The number of maternity care providers is decreasing, making it burdensome for those that are left. On-call shifts are particularly hard to fill. Those that are providing maternity care are often providing oncology care, pain management, anesthesia, etc. in addition, and if they left any of those areas to concentrate on maternity care, those areas would be vulnerable.

Those areas that have established a successful maternity clinic have done considerable planning and have joined forces of midwives and family doctors. Pooled billing is a common solution, but a salary model would be welcomed.

There is a need for a rural primary maternity care locum program. To be successful, it needs to be well funded, covering travel and accommodation and providing a guaranteed daily rate.

Any directive making maternity care a necessary part of the PCN plan is late in arriving. For those PCNs where the plan is well underway, it will not be possible to take away funding from other initiatives and transfer it to maternity care. New monies will need to be available. For those still in the planning stages or early in their PCN work, it would be easier to readjust priorities to include maternity care.

Collaborative practices are administratively heavy. Health Authority involvement to help with recruitment and retention, providing staff and physical space, would be welcomed.

Not all PCNs allow patients from the maternity clinics to access their services, such as mental health and social work.

The importance of a stable MOA in the clinic was highlighted. Some clinics had a nurse in practice which was very helpful.

Island1

*Is it ever confusing to figure out what all the funding available is for & how to access it!
Bringing FPs & Midwives together is relationship based.*

Themes:

- Complexity of providing maternity care has evolved over time.
- More complex medical & mental health complications.
- Fee-For-Service model has not supported the nature of care needed.

Great opportunity to share issues and ideas but **need sustainable funding** to continue the momentum at the community level. **Team based care** that is appropriately funded with **infrastructure support** is key to attract & retain providers & keep the perinatal system sustainable.

Island2

Themes:

- Burnout and difficulty recruiting & retaining.
- Difficulty engaging across disciplines to do team-based care.
- Inadequate cross-site privileging for locums.

- Inadequate recognition of, tracking of, and response to diversions and short staffing.
- Some communities struggle to get the FPs to the table; others struggle to bring in the Midwives.
- Patient complexity & vulnerability are outstripping the old models of care.

Northern

Networking & Engagement

- **Patients and families' perspectives** need to be included in developing & receiving services, through community engagement.
- **Engaging Indigenous communities** in understanding and providing culturally safe services.
- **Aligning with Provincial or Northern Health Strategy.**
- **Connecting with local teams** - they are involved in service provision & know better who to connect such as OB, maternity provider, local CoP.
- Other groups to connect: Family Physicians, NPs, Public Health Nurses.
- **Public Health Nurses** are navigating families within the health system. - key group to connect, involve & build solid communication with.

The importance of coordination with Public Health Nurses is key to leveraging local opportunities. They act as patient navigators at local level. Further, expanding the definition of risk beyond the medical is also important in understanding the impact of inadequate services to patients and their families. Taking this into consideration, the engagement of families and Indigenous communities should be considered as a key factor in developing the services and networking at the local level.

Vancouver Coastal

Supports needed to meaningfully engage partners in dialogue & planning:

- Support for expenses (e.g. MOA)
- Clinical workflow associate which could unburden the MOA.
- Space in the hospital.
- Midwife group joining with the FP group
- Centralized clinic across the hospitals to reduce many barriers.
- Address mistrust in care in rural & remote communities.
- Include the Indigenous voice at various committee tables.
- Optimize Indigenous programs, services, and supports
- VCH, Division of Family Practice & MOH to help address challenges around maternity & family care providers.

Closing Remarks

Dr. Ian Schokking, Shared Care Committee Co-Chair, remarked on the day including challenges to be addressed through local and systemic solutions. Further, Dr. Schokking noted the evolution of obstetrics, since the time he started practicing medicine, to encompass a much more complex set of patients with an increased average age of first pregnancy, and many co-morbid conditions. In conclusion, Dr. Schokking emphasized the importance of and need for team support in perinatal care.

Next Steps

Before closing the event, Dr Wood outlined next steps in the CoP building process, including ongoing Working Group meetings to action the strategic plan, and increasing awareness of the Perinatal CoP through quarterly JCC newsletters & the Shared Care website.

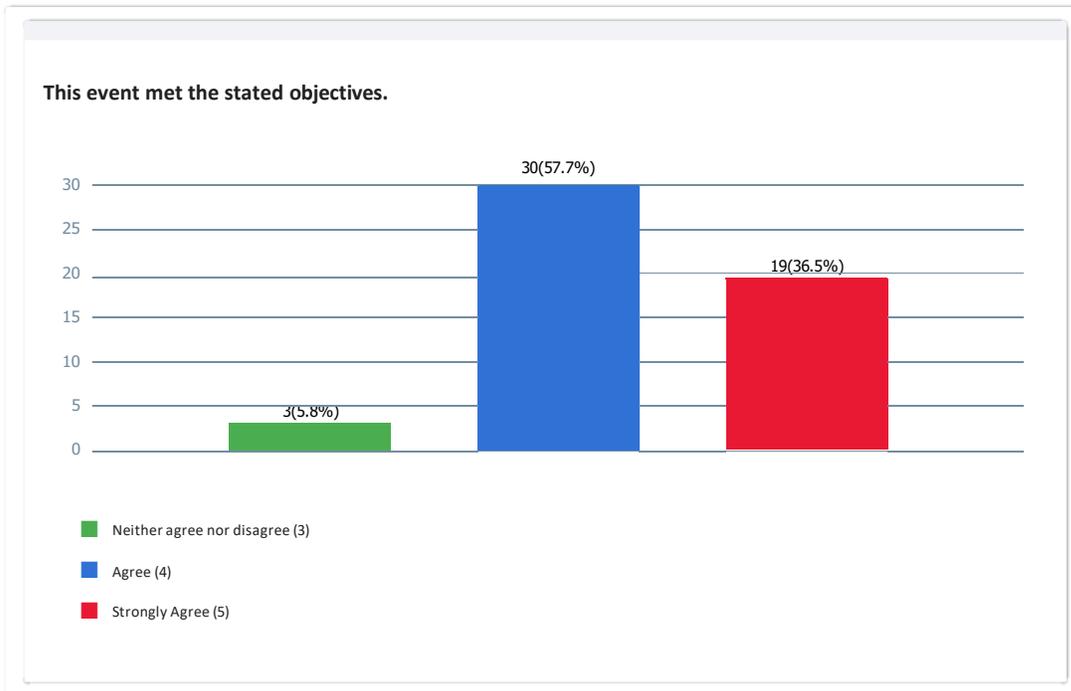
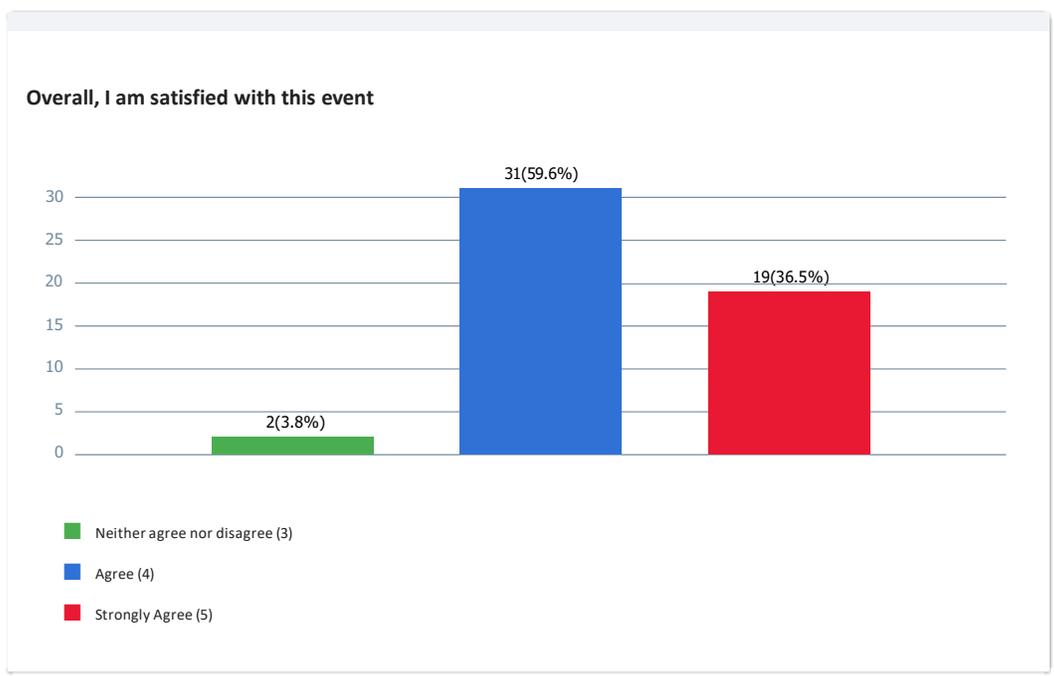
- Steering Committee Debrief: November 2022
- Engagement Event Report Distribution: November 2022
- Creation of electronic mailing list of CoP members for continuous communication & engagement
- Development of Learning, Sharing, & Networking Opportunities - Fall Winter 2022/23
- CoP Co-Chair Update to Shared Care Committee - January 24, 2023
- CoP broader Engagement Event - Fall 2023

APPENDIX

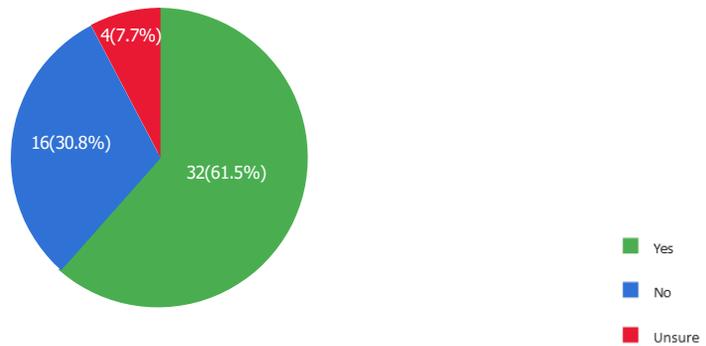
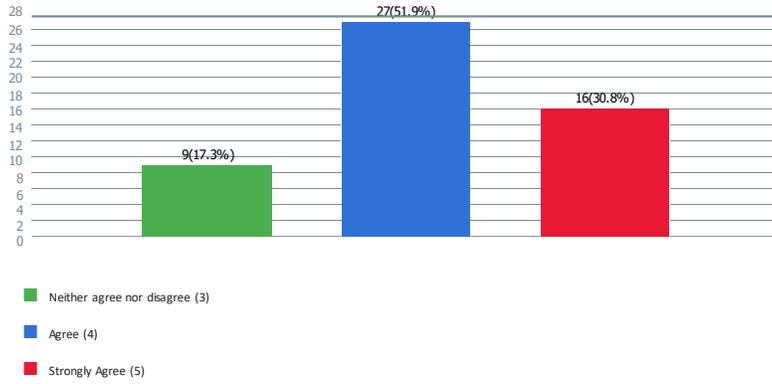
Event Evaluation Report

All event participants were encouraged to complete a brief online evaluation survey to: determine their overall satisfaction with the event & whether event objectives were met; identify participant interest in signing up for the CoP email list to receive updates & engagement opportunities; and identify opportunities for improvement.

Fifty-one participants completed the survey (40% response rate).



I am confident that the Perinatal Community of Practice (CoP) will have an influential role in improving patient & family care.



Have you participated in a Shared Care project, meeting, or event in the past?

What was the most valuable or interesting aspect of today's event?

As a midwife, I enjoyed having an opportunity to hear from GPs and other professionals around the province in a collaborative context to help find common themes/concerns & find creative strategies. I found it particularly helpful to hear about the various collaborative care structures around the province & how they are using collaborative/interprofessional care to reduce burden on providers and improve retention/prevent or manage burnout.
i liked all of it! good mix of shared info and discussions great job facilitating by everyone involved.
breakout rooms for networking
Small group discussion and sharing of unique models of practice
Regional breakout groups, Sunshine Coast presentation
Learning about existing supports and resources that are out there, although will need a copy of the slides to be able to remember them!
The break out room was good. It was good to hear where our colleagues are struggling and how we can support each other. I am a midwife who is not interested in a shared practice, but I do consider myself collegial and would love to find ways to support our GPs providing maternity care.
Hearing about the novel maternity care practice models from the Sunshine Coast & Penticton. And getting so many people together from so many different parts of the province!
hearing stories of successful clinic initiatives in other communities patient stories were beautiful, but more diversity would have been appreciated
Unclear - this was shared with me on very short-notice and I wasn't able to attend until 4:30.
Learning about successful examples of community-developed solutions to address gaps in care.
Knowledge of programs Provincially and working Shared Care Groups. Discussions of lack of funding, programs and employees locally and regionally
The update and information from MoH around PCN. Also hearing the stories of team based care with the joint midwifery and physician clinics.
I really enjoyed the breakout rooms
Seeing the disparity across the province of shared care opportunities. It is an excellent way to provide care but "getting there" has significant barriers unfortunately needing many committees coming together for funding
It was very valuable to hear that there is work being done to sustain perinatal care in both rural and urban communities.
There were a few highlights one being the presentation from the Sunshine Coast. Although each community unique in their needs so many common threads that need to be addressed. Looking forward to being a part of this CoP moving forward.
nice to hear from different regions and divisions of perinatal community of practice.
break out sessions and collaborating with other in my region and then provincially. Reassuring almost to hear that we are all facing the same challenges.
Connecting with other providers and the breakout group
Networking with other providers
networking all presentations were excellent
Learning about other people's solutions to local limitations to providing maternity care. I was very intrigued by how Penticton is managing their practice.
To understand priorities of the MoH and the MSS plan. To have a clearer picture of how other communities are structuring their maternity services. To talk with people within our Health Authority.
Hearing some momentum regarding the MSS and the solution orientation from many people on the call
Networking with other perinatal care provider, discussing the gaps in care in our communities.
Info about Pathways public directory and the maternity resources in Clinician Pathways. I suddenly realized we can stop collating pdf's of resource links that will be dead in a few months and are impossible to find, and begin to use Pathways as our sustainable and maintained repository of clinician resources and tools in a place where they can be used by clinicians working across different roles and across generalist practice. Sustainability in resource curation. And key to environmental scan to check Pathways and get anything missing in our area, added.
networking
The feedback in the small groups
being able to see and speak with colleagues involved and passionate about perinatal care in BC! To hear the support for collaborative models between FPs and Midwives
Networking with others who provide maternity care to find out new avenues and solutions for our local community
Hearing the variety of priorities across the province and the enthusiasm to improve care for families in all settings.
Working as a team to provide a timely maternity care to our vulnerable community
Hearing from other communities and groups about what is working well.
The presentations from the shared care practices
So great to reconnect with our provincial friends and colleagues, and to hear all that has evolved and changed since previous collaborative care meetings in the past!
The level of engagement by participants was heart-warming.
the break out groups
Hearing about collab care around the province
hearing from representatives of teams doing team-based prenatal care and the opportunity to discuss with local providers about challenges, brainstorm solutions
Knowing that the MoH understands the particular difficulties experienced by rural communities in providing perinatal services was really useful. Robert Finch's presentation illustrated this in particular.
Better understanding seamless team-based care from patient's perspective.
communication and sense of belonging
Finding out about what other communities have done, what opportunities there are for our community, and also networking between colleagues.
hearing other people's concern and solutions - always good one is not alone in this!
networking in smaller groups

Opportunity to hear how other communities are doing things.

The group discussions and breakout rooms

The small group discussion (Break out sessions)

Very informative

As the Perinatal CoP develops, whom else should we engage in CoP activities (e.g. learning & sharing events, networking)?
Nurse Practitioners
It would be great to help communities develop their own "chapters" of CoP that are local and well-connected to this provincial group. i.e. so we can locally organize and share resources such as templates, suggestions, mentoring. for example a community engagement survey with a menu of questions to choose from might be helpful and a way to spread it and collate. (a survey account that Shared care uses? a place to share them and look at what other communities found out. Cannot count on the Divisions as they are not interdisciplinary and not necessarily seeing perinatal care as a priority. Rename this group BC Perinatal CoP so as not to mix up with other smaller local CoP Perinatal groups. Was Brenda W. the only OB here? Ellen had to cancel. but we need to recruit others. RNs both hospital based and community based. esp. Public health. they are so important, and we keep mentioning them, but don't see them!
health authority MICY program executive director
Labour & Delivery RNs, Lactation Consultants, Prenatal Educators, Doulas
More midwives (*2) and indigenous representation, ER
I think that UBC Medical School / Faculty of Medicine should also be involved as the only physician training body in BC. Many of our OB & FP future colleagues are trained locally and if we can't entice them to stay, then we have no hope of recruiting from other areas of the world/country.
n/a
I think we need to bring more midwives into the process. Starting some connection with FP Residency Programs for networking/recruitment. The PCN's need to be more involved in supporting maternity care.
more community providers!!
Please include RHA public health leads for mat-child. Like me, we were only notified at the last minute and couldn't fully participate.
n/a
It would be great to link all Maternity Care Providers Provincially
First Nation communities including FNHA and Nation Health Directors.
- repro MH - more midwives - more FHA leadership - community organizations involved in supporting women through pregnancy and early childhood - Ministry of Children and Family Development
health authority
Health authority RN managers - maternity RN shortage seems to be a problem across the province.
Health authority rep/admin e.g. individual that manages nurses or clinical planner that supports new ideas within hospital - clinic, workflows etc.
most of the parties are involved in the meeting today. nothing to add.
all low-risk maternity care providers. representatives from health authorities.
I think this group was well rounded
Public health Lactation consultants Social workers
PSBC; GPSC MWG all FP OBs; RMs in BC decision makers/funders
Perinatal nursing leaders
Closer with the Health Authority and encourage them to discuss health and human resource planning for primary care. Public health, mental health.
People with lives experience who are rural, impacted by mental health or substance use, Indigenous women urban and remote who have experienced maternity care.
Learning events for family physicians to improve their ability to care for patients in early pregnancy and post-partum
Pathways team. Would be helpful to have a deeper dive e.g. into the mental health, addictions and indigenous resources in Pathways in addition to the maternity resources in Pathways
Include Health Authority partners - the appropriate decision makers.
Health Authority Partners perhaps?
Divisions of family practice director as well as health authority representatives
Further engagement with Health Authority. Additional engagement with family physicians/midwives outside of clinical hours.
Front line providers in communities not currently offering direct perinatal care. In Burns Lake we have two primary care clinics. One is independent and the other is based in the hospital. Do they know about this and the support offered now and that could be offered if they speak up?
Midwives Nurse Practitioners Social workers Public health nurses
I don't have much to add here.
networking
n/a
All those who provide services to pregnant women and their babies
health authorities
- doulas - all Indigenous mat care providers
health authority- public health representatives
Patients Midwifery leadership Doulas Public health nurses
not sure
N/A
Those who are directly providing the perinatal care, as well as the key stakeholders. Would have been good to have some representation from the health authorities. Glad many other stakeholders were there.
obstetricians
Divisions of FP, MSAs, maternity clinics,
nurses
Not sure

What could have improved your event experience?

Could anything more be said or shared about funding changes and the advocacy that is happening there?? it still feels so precarious and current "solutions" are complicated tenuous workarounds.
I look forward to hopefully meeting in person one day.
I miss understood that it would be 4 hours! Oops. I'm glad I was able to attend the full session, but it was a long time to dedicate.
Earlier breakouts
n/a
I felt like the Maternity Services strategy update was rushed - I would like to understand this better. Especially some more details about possible Alternative Payment Plans. Also, some clarification on the different funding opportunities (Shared Care/Maternity Spread network and the GPSC funding) and how they can be utilized, what the limitations are. Some examples of other communities' projects could be helpful. I think we also need to dig a bit deeper into recruitment and retention and how the PCN models can be adapted to support this and FP maternity care in general.
in person
More advanced notice.
n/a
-A list of Regional resources and programs for the newbies
more focused group in breakout session
It was an excellent event!
event done on a weekend perhaps or after clinic hours.
need more specific plans on next steps for recruitment and retention!
I think shorter presentation
More time in breakout rooms, less time with presentations
Shorter videos of patient stories. A story from an indigenous lens or equity denied group. Demonstration of collaborative care with more midwifery or non-physicians in shared leading/facilitation
Na
More time to connect at the local level to continue the conversation
what could improve if not already planned: receiving meeting minutes after meeting to see the thoughts that were captured
A little bit more break out groups
In person
I liked the small group meeting. Focusing on community needs is essential
Not having to juggle looking at my office results, taking phone calls and going to the nursing home to sign a death certificate with attending this meeting! This is bit tongue in cheek, but also truly reflective of what every day is like. Being pulled in so many directions is what is breaking family medicine.
It would have been nice to have a bit more understanding of what the breakout room was meant to accomplish. We were a bit slow to get started, and I think it was because the prompt questions didn't really fit the needs of the group. Once we got started talking "off script" about our own gaps and challenges, it was much more fruitful, but felt like we were off track from the intended purpose (if there was one).
picking a group with a focused topic, ie: locum recruitment
The slides which tried to explain what the CoP was and how it works with other organizations needed more time and explanation. I don't really understand what CoP is/ where it came from/ how is funded.
not sure
N/A
A little bit more group work over the course of the day, instead of all the presentations at the beginning and the interactive group work only right at the end
nothing - it was good
it was well organized. Hopefully we can all meet in person in the near future
less presentations and more breakout rooms
Not sure
More case scenario