

## Perinatal Care Forum:

### *Building Sustainable Maternity Care Together*

November 14, 2025 | Fairmont Waterfront



Photo: 1) Top row, left to right: Tia Felix, Dr Brenda Wagner, Dr Hayley Bos, Dr Alicia Power, Dr Kathleen Ross, Dr Marianne Morgan, Dr Erica Phelps. Bottom row: Dr Julie Wood, Dr Shelley Ross.

### Event summary

The Steering Committee for the Perinatal Community of Practice (CoP), an initiative of the Shared Care Committee, hosted the 2025 Perinatal Care Forum on November 14, 2025, at the Fairmont Waterfront in Vancouver. This dynamic event convened over 100 physicians, nurses, midwives, allied health professionals, and system partners to share ideas on this year's theme: **building sustainable maternity care together**. Participants came from across the various health regions, both rural and urban communities, and included key partners from the health authorities, the Ministry of Health, the JCCs, and other health system leaders.

### Introduction and territorial acknowledgments

**Elder Syexwáliya** (right) from Skwxwú7mesh Úxwumixw (Squamish Nation) offered a Traditional Welcome to open the day.

This was followed by **Dr Shelley Ross**, family physician, and **Dr Julie Wood**, obstetrician/gynecologist (OB/GYN), joint co-chairs of the Perinatal CoP Steering Committee, who outlined the challenges BC maternity practitioners are facing.



**The Honourable Josie Osborne, minister of health**, addressed the audience in pre-recorded remarks, sharing the Joint Collaborative Committee's (JCC) quality improvement work and acknowledging that system change begins in forums such as this one.

**Dr Charlene Lui, president of Doctors of BC** (right), welcomed the group to the Perinatal Care Forum. She acknowledged the extremely challenging conditions under which some perinatal care practitioners find themselves, highlighted the unique value of all who contribute to the perinatal care journey, and thanked everyone who is already working on improving the system through JCC-funded projects.



## Supporting Each Other, Working Better Together: What's Possible?

Dr Cecile Andreas and Dr Maria Hubinette

### Team Essentials: Three vital conversations for teams

**Dr Cecile Andreas**, a retired family physician and International Coaching Federation-certified coach, gave practical advice to the group on what an effective and healthy team dynamic looks like and how it can be achieved, such as:

- Shared commitment to values, roles, and goals
- Shared leadership
- Empowering team infrastructure
- Learning culture
- Self-awareness and well-being
- Situational awareness and adaptability
- Psychological safety
- Supportive open flow of communication
- Creating team agreements

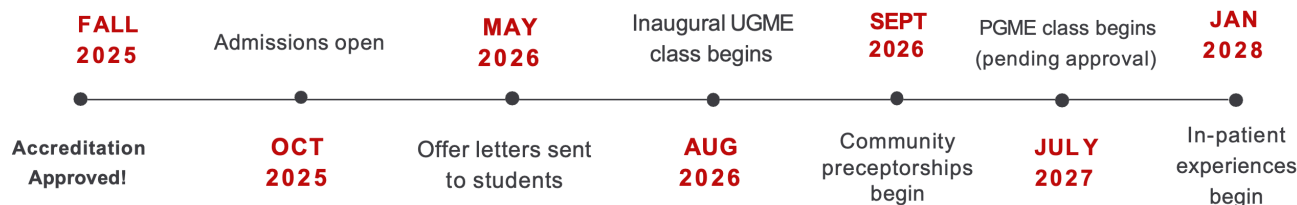


### Simon Fraser University (SFU) School of Medicine: A collaborative model for clinical learning

**Dr Maria Hubinette**, associate dean of education at the SFU School of Medicine (SoM), discussed the timeline and planning surrounding the recently accredited medical school.

- The SoM is based in Surrey and will expand within the Fraser region in the future, eventually expanding provincially.
- The program will be built around these pillars:
  - Primary care
  - BC's diverse communities
  - Community partnerships
  - Indigenous knowledge systems
  - Place-based learning
- Expected timeline to in-patient experiences:





- The curriculum for the MD program is condensed into three years.
- Principles include continuity with panel of patients, generalist, active, and experiential learning.
- The program favours a community model approach, where clinical learning is ~80% community-based and ~20% hospital-based.

## An Integrated Approach to Advancing Perinatal Care

### *Connecting the Dots & Aligning Our Efforts to Better Support Providers*

Dr Alicia Power, Brooke Knowlton, Dr Marianne Morgan, and Robert Finch

**Dr Marianne Morgan** (right, top), a family physician and provincial primary care medical lead at Perinatal Services BC (PSBC), began the session with a brief overview of PSBC, including its activities, actions, partnerships, and structure.

- PSBC:
  - Leads provincial coordination through purposeful partnerships
  - Reduces duplication, silos, and inefficiencies
  - Accesses and analyzes data to support planning and monitoring progress
  - Aligns the system to common priorities
  - Improves care quality and enables cost savings to the health care system
- Leadership structure:
  - Guided by a provincial steering committee composed of the Ministry of Health, regional health authorities, the First Nations Health Authority, Doctors of BC, Midwives Association of BC, and other partners.

**Dr Alicia Power** (right, middle), a family physician and member of the Shared Care Committee, provided a brief overview of the JCCs, highlighting the breadth of work funded. She further contextualized the four JCCs within BC's perinatal care landscape, citing initiatives such as the Rural Obstetrics and Maternity Sustainability program and the Family Physicians with Obstetrical Surgical Skills Network, among others.

**Brooke Knowlton** (right, bottom), senior manager of shared care and strategic initiatives, spoke about the JCCs' integrated approach to Ministry priorities and highlighted the different ways in which they support pregnancy and newborn care practitioners through vehicles like the Communities of Practice, medical staff associations, and more.





**Robert Finch**, executive director of PSBC, discussed their current strategy and future direction.

- The Premier's new mandate letter to Minister Osborne reflects the province's acknowledgment of the challenges in maternity:
  - Lack of a unified provincial strategy
  - Pregnancy and newborn care professionals, including family physicians who focus on obstetrics, often feel their voices are not being heard
  - Recruitment and retention challenges at all levels
- Proposed actions:
  - Complete community- and/or site-level practitioner surveys to inform models of care
  - Develop and implement strategies to:
    - Increase the number of midwives practicing in full scope
    - Support Longitudinal Family Physicians in providing early pregnancy care as well as routine post-partum care for unattached patients
  - Develop and implement a coordinated provincial approach for:
    - A consistent model for interprofessional clinic funding
    - Funding model for family practice reflecting complexity
    - Alternative Payments Program (APP) funding models for regional obstetrics
  - Expand OB/GYN residency spots and distribution.



## Panel Discussion

*Building, supporting, and sustaining perinatal care teams/networks/collaboratives in and across communities and regions—how do we break down the siloes and barriers?*

Dr Jennifer Kask, Dr Shaun Davis, Melanie Todd, Dr Sheila Smith, Cello Lukey, and Keisha Charnley

**Dr Jennifer Kask** presented on the **Birth-Related Cardiovascular Health (BiRCH) Clinic**.

- Five complications of pregnancy linked to future cardiovascular risk: high blood pressure, very small baby (below 10th percentile), placental abruption, early delivery, and diabetes in pregnancy.
- Many physicians are not trained to recognize how pregnancy complications can affect cardiovascular health later in life.
- Operating out of Campbell River Hospital Wellness Centre, they've expanded access to specialized care, even reaching remote communities through virtual visits.
- Developed educational resources, like "aide-memoire" cards that summarize key information on postpartum cardiovascular risk and risk reduction in future pregnancies.
- How will they know if their change is an improvement for patients? They will use survey data, non-attendance rates, return visits, and requests for self-referrals.
- 100% of patient participants would recommend the BiRCH Clinic to a friend facing similar pregnancy complications.
- 57% of patients affected were seen in formal follow-up the first year. The second year, it was 78%.



**Dr Shaun Davis** and **Melanie Todd** presented on **Maternity Care in the Interior Region**, providing an overview of maternity care in the Interior Health region, including their October 2024 Maternity Care Event.

- Maternity care providers in the Interior region are currently working in silos, with no forum to build relationships, share experiences, and learn from one another.
- Key challenges identified: practitioner staffing shortages, volumes and increased patient demand, burnout, scope of practice, compensation (relative to other areas of practice), negative learner and locum experiences, accountability and governance.
- Recommendations: regional rounds; regional position for maternity care access and flow; Interior Health Maternal, Newborn, Child & Youth Network; and creating a central listing for maternity care locums.
- Looking ahead, they hope to address the system-level issues, break down silos between communities and providers, and seek ongoing funding and infrastructure to support a regional lens.



**Dr Sheila Smith** presented on maternity services at Bulkley Valley District Hospital.

- A family doctor-run hospital serving approximately 14,000 people. The closest hospitals with specialist care are Terrace and Prince George, located 215km and 450km away, respectively.
- Previous state: single registered nurse (RN)-run department with birth rates hovering around 200 per year.
- Change in Spring 2024:
  - Created a separate maternity department with two nurses, 24/7.
  - Allied Health additions (social worker, physiotherapist, unit clerk, Indigenous care coordinator, respiratory therapist).
  - Six licensed practical nurses, seven medical-surgical RNs, and six emergency room RNs.
  - Eight maternity RNs, either newly hired or returned to the department.
    - Following these changes, 16 OB lines were fully staffed, and the RN vacancy rate was zero.
  - Maternity backup availability has increased from under 25% to nearly 90% following this work.
  - “On a scale of 1-10, I feel supported when I work maternity”.
    - Average score in 2022: 5.42
    - Average score in summer 2024: 9.63



**Registered midwives Keisha Charnley** (right) and **Cello Lukey** (below) presented on **Huckleberry Midwives**, an Indigenous-led midwifery practice in Vancouver, on Musqueam, Squamish, and Tsleil-Waututh territory.

- They provide wrap-around culturally relevant midwifery care, holding space for birth evacuees and late-to-care patients.
- Work alongside and in collaboration with OBs and family physicians, Families in Recovery Program at BC Women's Hospital, Lu'ma Medical Centre, and First Nations Primary Care Network.
- Impacts of colonialism on Indigenous patients: disconnection, violence, poverty, shame, racism, isolation
- Impacts of Indigenizing health care (e.g., Huckleberry Midwives): connection, safety, reciprocity, ceremony, belonging, feeling seen
- Elements of Indigenous wraparound care:
  - More time to build relationships
  - Referral pathways from smaller communities in BC
  - Support with access to culturally safe doula care and Elders
  - Assistance with navigating systems, including FNHA benefits, MCFD meetings, and BabyGoRound referrals.
  - Annual birth storytelling event
  - Complementary care, such as pelvic floor physiotherapy
- Despite positive outcomes and client satisfaction, the urban Indigenous-led midwifery model lacks sustainability.
- Indigenous midwives have historically only practiced in Vancouver for two to three years.
- They still struggle with hiring and retaining new midwives due to an unstable compensation model.



## Breakout Discussions

Through arranged seating and time allocated at the end of each presentation, the Perinatal Care Forum was purpose-built to foster collaboration and provide participants with an opportunity to inform health system improvement and strategic planning.

Participants brainstormed around PSBC's strategy, the SFU School of Medicine's MD and hands-on learning programs, and team-based care in BC. The insights collected will inform the CoP's strategic plan and PSBC's maternity services strategy.

## Closing Remarks

**Dr Shelley Ross** and **Dr Julie Wood** (pictured below with flowers) delivered a heartfelt “thank you” to all in attendance, highlighting how interprofessional collaboration is fueling improvements in perinatal care in BC. As their term comes to an end, they will step down as steering committee co-chairs and welcome Dr Hayley Bos, OB/GYN, and Dr Kathleen Ross, family physician (pictured below) to the stage. A symbolic “passing of the forceps” took place, representing the outgoing co-chairs’ ongoing commitment to perinatal care and ensuring a smooth transition in steering committee leadership.



## Resources

Thank you for attending the Perinatal Care Forum. Resources from the presentations are accessible via the [Shared Care website](#).