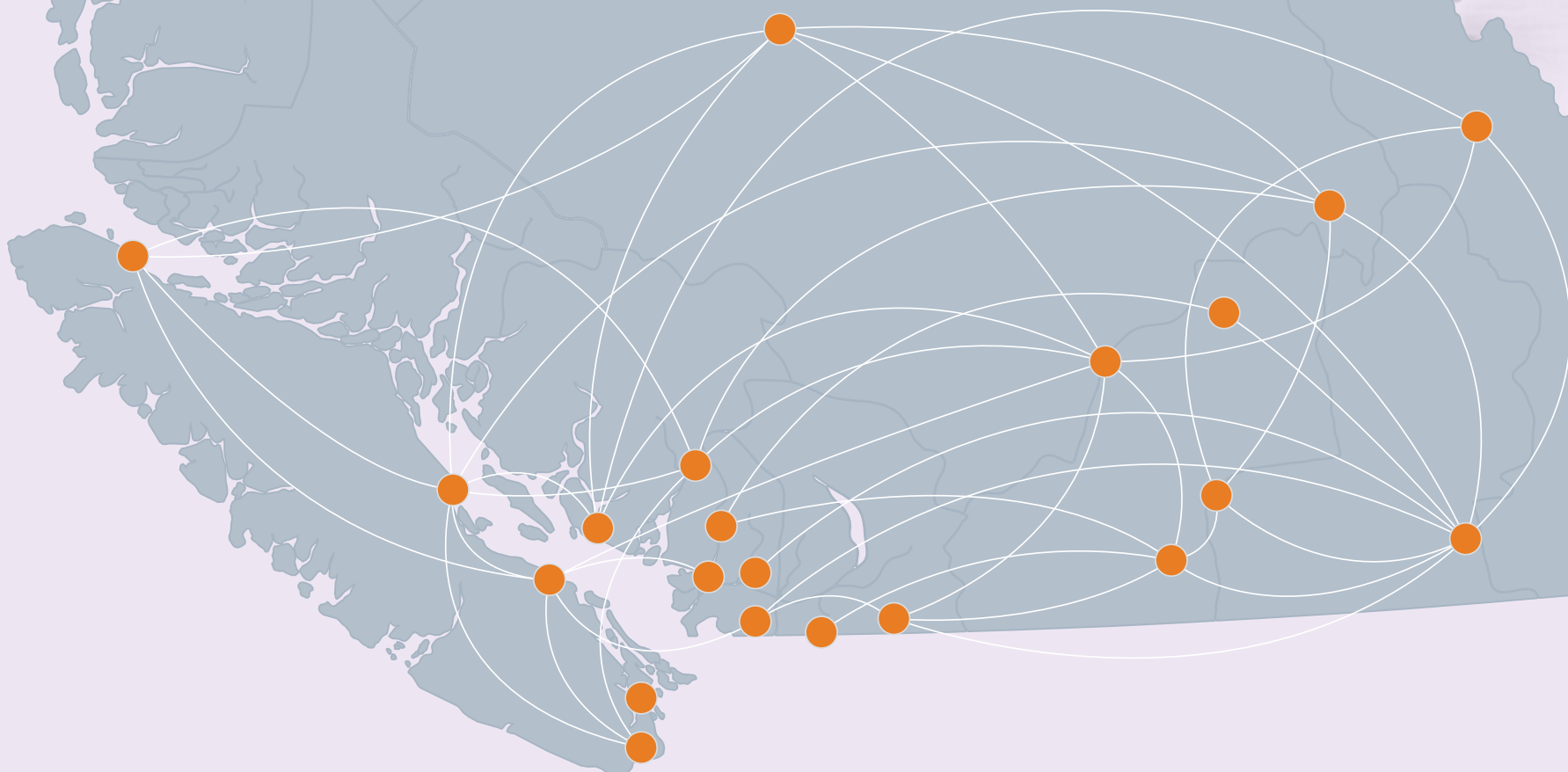




Maternity Spread Network 2017 to 2020

Fostering Collaboration for Collective Impact



Acknowledgments

The Shared Care Committee acknowledges and thanks the members of the Steering Committee, especially the clinical leads, for their collaborative contributions to the foundational development of the Maternity Spread Network.

The committee also extends its sincere gratitude to each of the obstetricians, family physicians, and registered midwives involved in the community projects, and to the staff team, for their efforts to foster collective impact in maternity care that has made a positive difference for patients and families. The committee would also like to acknowledge the contribution of Perinatal Services BC (PSBC) to many aspects of this initiative.

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Introduction

The future of maternity care within primary care in BC and across Canada is a topic of considerable discussion and concern. Maternity care providers—family physicians, obstetricians, and registered midwives—report that relationships and communication between their groups are a challenge. Further, expectant women report their own issues navigating unclear care pathways and inconsistent maternity care throughout their pregnancy journey.

In response, the Shared Care Maternity Spread Network was created to foster collaboration among providers to improve maternity care in BC.

Who We Are

The Shared Care Committee (SCC) is one of four Joint Collaborative Committees (JCCs) representing a partnership between Doctors of BC and the Ministry of Health, with the mandate to support family and specialist physicians, health care partners, patients, families and caregivers, to collaborate on health care improvement initiatives together.

With effective collaboration between family and specialist physicians and partners, Shared Care work sets the foundation for a culture of collegiality, innovation and team-based, patient-centered care to ensure a coordinated experience for patients in BC's health care system.

The Maternity Spread Network is one of five Shared Care Spread Networks aiming to link communities to work together, and to share successful strategies and resources to improve care for priority populations.

The Purpose of this Report

Sometimes within a complex environment like maternity care, the good work of skilled providers and committed stakeholders may not get much notice. This report is intended to remedy that. Its purpose is threefold:

1. To provide an overview of the network's activities and operations, its impacts, and progress toward shared goals.
2. To acknowledge the scope and accomplishments of communities that have undertaken innovative maternity projects since the inception of the Shared Care Maternity Spread Network, and to celebrate the significant value of the network as a whole.
3. To provide an opportunity to look at these accomplishments now, so we can build on them as the Maternity Spread Network transitions into a resilient, productive Community of Practice.

The Beginnings of a Spread Network

In spring 2017, the Shared Care Committee began engaging with interested communities and key stakeholders to discuss gaps in maternity care and opportunities to collaboratively improve maternity care in the province. A series of interprofessional consultations was then set up with family physicians, obstetricians, registered midwives, the First Nations Health Authority, Perinatal Services BC, the General Practice Services Committee Maternity Working Group, the Rural Coordination Centre of BC, and health authority representatives.

After the consultations, the potential value of collaborating to resolve longstanding interprofessional issues became more evident. Subsequent surveys indicated a high level of interest among providers in supporting an interprofessional collaborative approach to improve maternity care. Ninety-seven percent of survey respondents said they were more likely (than prior to the consultations) to participate in efforts to increase interprofessional collaboration in their community, and 88% said they were more likely to want to lead efforts toward the same goal.

This growing motivation to work together for change ultimately resulted in forming the Shared Care Maternity Spread Network with the broad mandate to build Interprofessional Collaboration between providers to improve care for mothers, babies and families. Interprofessional collaborative (IPC) practice has been widely promoted as an effective and efficient way to increase access for women to quality care and to improve provider satisfaction and retention.

In addition to building relationships and collaborative practice, the network aimed to support communities to adopt and adapt successful initiatives more efficiently than if they were working independently, and to align with provincial partners in their efforts to promote stable and sustainable maternity care.

“[The working group planning meetings were] really the best opportunity for maternity care providers to get together and really understand each other and their ways of delivering care.”

— Project Manager, Comox Group Maternity Care

The Comox Community Story

Over the last five years, the community of Comox has piloted a process-driven engagement, which has included needs-assessment surveys of both providers and patients, patient journey-mapping, and meetings and events to promote dialogue, build relationships, and find solutions.

Comox held events such as a World Cafe, where maternity care providers learned that they have more in common than what they once perceived, and with this understanding, they found that cooperatively developing solutions tailored to local needs became easier. Examples included creating a well-defined, easy-to-navigate maternity care pathway, and piloting group prenatal care that brings midwifery and family practice patients together for medical care, education, and peer support. Providers clearly defined their various roles and now regularly communicate and cooperate.

More on the Comox story is available.
[link to tool kit](#)



A NEW NETWORK MODEL

For the providers and project leads interested in improving maternity care, the innovative structure and processes of the Maternity Spread Network signalled a change from “business as usual.” At the community level, the network was supported by a different model than other Shared Care initiatives through additional supports provided by the Shared Care team, and new ways of collaborating for change and measuring outcomes.

Enriched Project Support

The centralized team consisted of a Shared Care Regional Liaison, Maternity Spread Network lead, a project manager, and an evaluator. In addition, each community completing a Maternity Spread Network project had access to:

- Project coaching, including orientation, standard surveys, and support to carry out surveys, data analysis, and data reports.
- Existing tested resources.
- Support to connect providers with project leads for peer mentorship and knowledge exchange.

Understanding Needs with Standardized Surveys

Before embarking on a new Spread Network project, the Shared Care surveys were administered throughout the Maternity Spread Network to ensure communities had access to high-quality perspectives from both patients and providers to better understand their needs, such as barriers to care. Using standard surveys offered several benefits at both the community and provincial level: surveys were comprehensive and ready-made; guidance for survey implementation was provided; and data analysis and reporting was available, including aggregated survey data identifying provincial trends and issues.

More than **2100 patient surveys** and **570 provider surveys** were conducted through Maternity Spread Network projects to gauge the current state of maternity care in communities, and to assess how family physicians, registered midwives, obstetricians, and other health care providers are working together to provide care.

“Innovation is happening; innovation looks different in different places.”

— Participant, Spring 2017 Workshop

“There are a lot of pieces to every puzzle. This project is no different. We had a great foundation leading us forward on this initiative; however, the Shared Care team provided constructive feedback and helpful resources along this journey, especially during our challenges.”

— Patti Murphy, North Vancouver Island Chapter Coordinator

Network Leadership

From the beginning, the Maternity Spread Network received guidance from a Steering Committee comprising clinical leaders representing family physicians, obstetricians, registered midwives, and a multi-stakeholder group of provincial maternity care leaders (see Acknowledgments). The aim was to improve maternity care in urban and rural communities province-wide by trialling creative solutions to complex issues such as prenatal education, perinatal substance use, perinatal mental health, and access to local maternity care.

STRATEGIC DEVELOPMENT

The Steering Committee supported the efforts of maternity care in urban and rural communities across the province and worked to align efforts to create sustainable, safe birth environments in communities.

As part of its strategic development, the Maternity Spread Network also brought together providers to share knowledge and build relationships:

- In spring 2017, Shared Care hosted a development workshop for 75 providers across disciplines to enhance understanding of one another's roles and to discuss interprofessional collaboration in maternity care.
- In March 2019, a network forum explored challenges and barriers to working together to improve interprofessional care between maternity providers. Attendees included 14 registered midwives, 13 general practitioners, 5 obstetricians, representatives from provincial organizations and health authorities, and project staff. Participants rated the workshop very positively with the most valuable aspects being commitment to action, collaboration and relationship building, and having open, safe conversations.

“[This was the] beginning of an honest, respectful conversation.”

— Family Physician, March 2019 Workshop

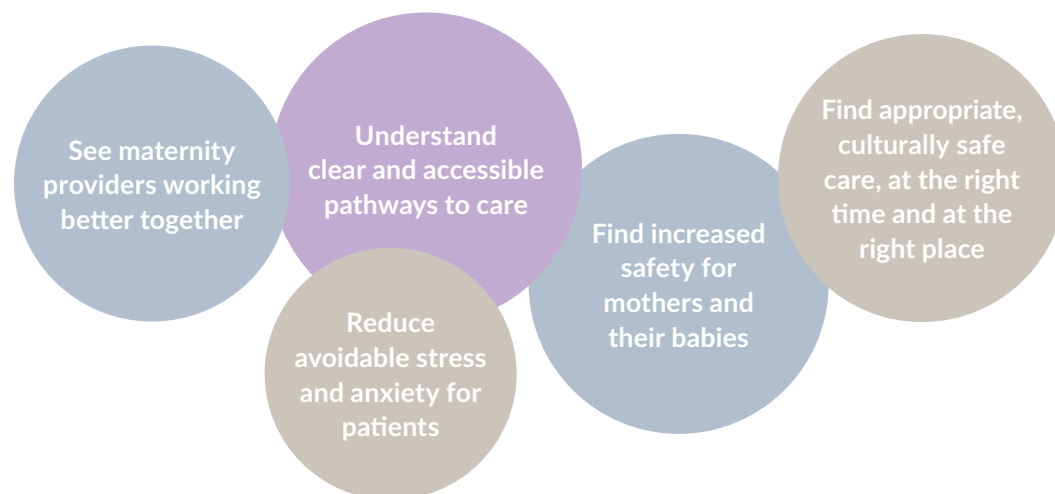
“There was so much energy and will to talk, generate ideas. [The] dialogue was incredibly productive and focused on building up.”

— Registered Midwife, March 2019 Workshop

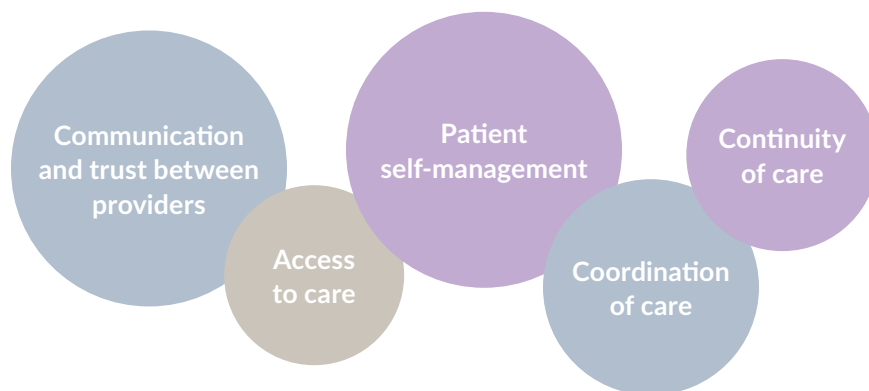


INTENDED NETWORK OUTCOMES

For mothers and babies in BC, the intended outcomes of the Maternity Spread Network were to:



For maternity care providers in BC, the intended outcomes of the Maternity Spread Network were to improve:



Additional information about the foundational interprofessional collaborative work that underpins the Maternity Spread Network is available in the comprehensive [Maternity Community Toolkit](#), *Enhancing Interdisciplinary Collaboration in Maternity Care: Pathway to Positive Change*, and in [Technical Guide for Billing](#) available from the Shared Care website.

“To me the thing we did that really made a difference in the community [was] to be able to see moms who were struggling be able to do better with that support because that was the whole point of everything.”

— Kootenay Boundary participant

“The group has really been able to solidify the thinking around providing prenatal care for the patients of the Valley, trying to leave personal biases out of it.”

— Comox participant



Accomplishments Through Collaboration

With five communities completing projects and 18 actively undertaking projects, the full impact of the Shared Care Maternity Spread Network is only just beginning to emerge. However, we do have evidence of tangible, sustainable change being made in maternity care from the results of the standardized surveys, project reports completed every two months, and regular check-ins with project teams. Together, maternity care providers and community partners have fostered a culture of respect that has improved relationships and built trust. They have used data to continually learn, adapt, and improve maternity care in their local contexts. They have been courageous and innovative with their collaborative work and have earned the rewards of interprofessional collaboration.

To enable a culture of collaboration that enables systems thinking across multiple organizations, we are utilizing the [Collective Impact Framework](#). Research shows that for collective impact initiatives to be successful, typically there must be five conditions to produce true alignment and lead to tangible results:

1. A common agenda.
2. Shared measurement systems.
3. Mutually reinforcing activities.
4. Continuous communication.
5. Backbone support organizations.¹

All of these conditions exist in the Maternity Spread Network. From the beginning, the network:

- Shared an agenda to change maternity care in local communities.
- Implemented standardized surveys to measure change.
- Organized activities and communications, such as workshops, webinars, and forums that supported peer-to-peer knowledge sharing and honest conversations about challenges.
- Been supported centrally by the Shared Care team.

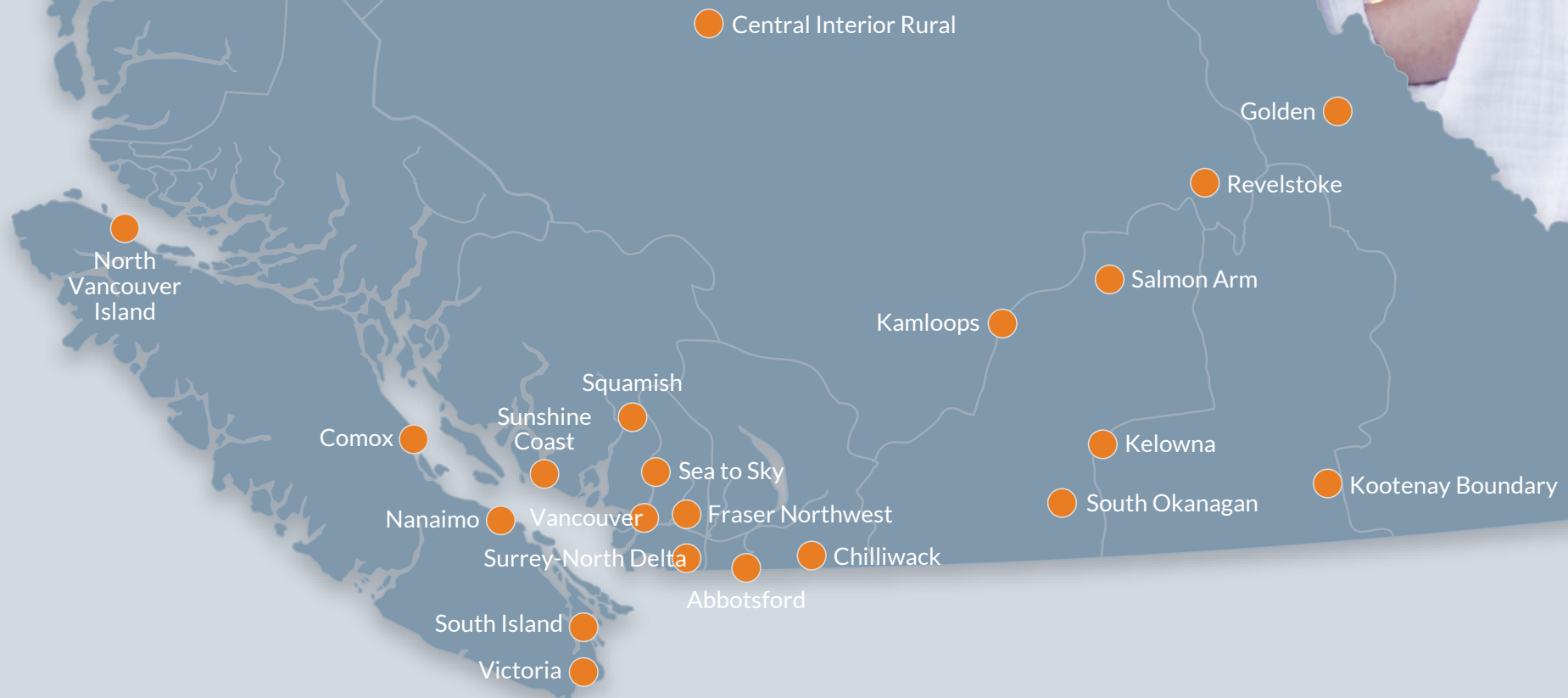
This work resulted in powerful collective impacts.

“The respect for each region’s different experience alongside the collaboration where our experiences align is reaffirming and encouraging... It is validating to know the Maternity Spread Network team feels that our small region has something to contribute, and our efforts are appreciated, as this is not always the case. I particularly appreciate ... data expertise and support my team otherwise would not be able to access, and enjoy knowing our small region is contributing to a wider BC experience.”

— Sarah Fletcher, Project Lead
Central Interior Rural Division
of Family Practice

¹ Kania J, Kramer M. Collective impact. *Stanford Social Innovation Review*, Winter 2011. https://ssir.org/articles/entry/collective_impact#

MATERNITY SPREAD NETWORK COMMUNITIES



COMMUNITY PROJECTS

Since the launch of the Maternity Spread Network three years ago, 25 communities across BC have been tackling issues within the following areas of focus:

1. Clarifying and improving local maternity care pathways.
2. Strengthening team-based care.
3. Clarifying roles and responsibilities, and standardizing care.
4. Improving communication and referral between providers.
5. Enhancing patient self-management and access to perinatal education resources.

There are currently 18 active Shared Care Maternity Spread Network projects funded by the Shared Care Committee that are supported by Shared Care Regional Liaisons and the resources of the network. (A full list of active projects as of April 2020, is provided in the Appendix.)

As well, to date five communities have completed projects, improving maternity care in Kootenay Boundary, Abbotsford, South Okanagan, Elk Valley, and Thompson Region. Highlights from project final reports below, offer evidence of creative approaches to complex issues being undertaken across the province, and demonstrate a strong focus on building interprofessional relationships and collaborative solutions that will sustain project outcomes well beyond planned activities.

Kootenay Boundary

In Kootenay Boundary, the project team's aim was to develop a coordinated, multi-sectoral reproductive mental health network in the region to ensure engagement and timely access to critical supports for new mothers suffering from intra- and postpartum anxiety and depression, and to improve the quality of attachment between moms and babies.

The team worked through four entry points (prenatal education, family physician/nurse practitioner, public health, and postnatal groups) to

You are not alone.

1 in 7 Mothers

experience depression or anxiety during pregnancy or postpartum

exhaustion?
appetite or sleep disturbances?
mood swings?
anxiety?
feeling overwhelmed?

Get Help >

Kootenay Boundary
Division of Family Practice
AGPS initiative

SharedCare
Partners for Patients

“My physician did not know what to do. Everyone wanted to screen me, but nobody knew what to do once they did. Some people are higher risk due to childhood trauma. They need to screen for higher risk and offer courses beforehand. I fell through the cracks. Don’t screen if you don’t have anywhere for me to go. Mental health and substance use care wait times were 1.5 months just for an interview, and I really needed help right away.”

— Kootenay Boundary Mom

develop a standardized approach to screening and supporting new mothers at risk of, or already experiencing mental health challenges, while seeking to reduce stigma and improve attachment between moms and babies. The effectiveness of the solutions tested varied. From the project evaluation, the project team learned that the regional Steering Committee, referral pathway, Motherwise support groups and multidisciplinary continuing professional development were the most effective methods of meeting the goals of the project.

More information is available in the final report of the Kootenay Boundary [Perinatal Mental Health Project](#), and in the detailed [Motherwise postpartum support group guide](#) developed through the project activities.

Abbotsford

In Abbotsford, the project team aimed to develop a local patient pathway for maternity care that could be easily communicated by providers, community partners, and patients. They worked on system quality improvements, such as streamlined referral processes to reproductive mental health services, and hosted multiple education events to build capacity and strengthen relationships among different providers.

The project was a success. To date, 4000 brochures (2900 in English and 1100 in Punjabi) have been distributed across Abbotsford and Mission to support vulnerable patients, including young parents and those with mental health struggles. The brochures were distributed through the collaborative efforts of Abbotsford Regional Hospital, BC Ambulance Service, local clinics, pharmacies, and community organizations.

The team has also shown that its engagement bolstered collaboration and communication among providers and Fraser Health to:

- Advance patient-centred care.
- Improve understanding of the roles of family physicians, obstetricians, and registered midwives.
- Enhance family physician knowledge in providing maternity care through clinical education events with psychiatrists and pediatricians.

The lessons learned through the project engagements included identifying opportunities to distribute the informational brochures, what challenges remain, and next steps to continue to improve maternity care. The evaluation report of the [Maternity Pathways Mapping Project](#) can be found [here](#).

South Okanagan

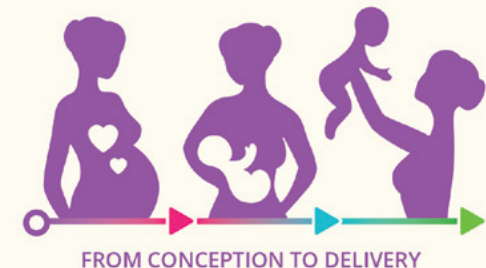
The South Okanagan Maternity Project was initiated in response to declining numbers of family physicians and difficulties recruiting and retaining new colleagues. The concern was that the loss of family physicians and the potential closure of the Primary Care Maternity Clinic would severely impact patients, other maternity provider groups, and Penticton Regional Hospital.

“I am absolutely amazed at all the work and how positive the results have been. It was a great piece of work.”

— Kootenay Boundary Provider

Maternity Care Resources and Services

in Abbotsford and Mission



This brochure provides information about:



The different types of maternity care providers.



Local resources to support your pregnancy.

The project team first engaged provider groups in discussions that helped them to move past entrenched issues and siloed practices, and to develop personal and professional trust to allow for community-based problem solving. They then developed a Primary Maternity Care Steering Committee comprising family physicians, midwives, obstetricians, pediatricians, patients, Interior Health, and allied professionals. The goal was to develop a Maternity Care Community Model to improve continuity and sustainability of maternity care that allowed for flexibility in times of emergency or when birth and provider numbers fluctuate. As a result of this foundational work, an interdisciplinary maternity clinic pilot project has been launched at Penticton Regional Hospital. Additional funding for next steps will ensure the model will be maintained as a part of the community's primary care network. More information about this project can be found in the [final report](#).



“We know what each of us wants. We’ve absolutely built relationships. There’s a really good understanding of the maternity care we’re providing and what we all need to practise.”

— Maternity Care Provider, South Okanagan

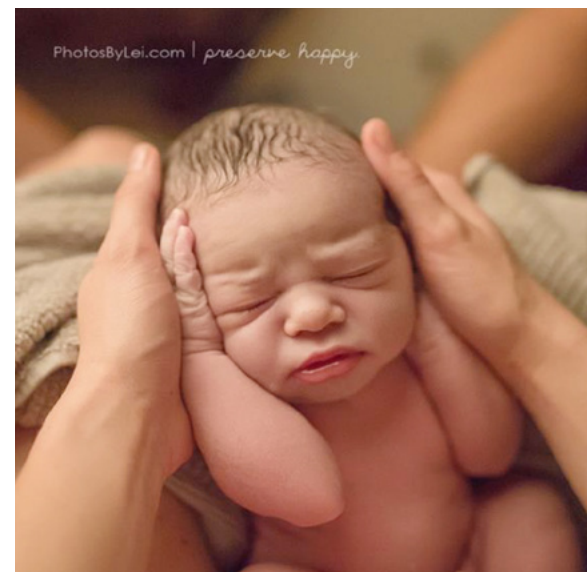


Elk Valley

In Elk Valley, the provider leads engaged with an integrated team of health professionals to explore solutions to the lack of sustainable, consistent maternity services. They collaborated to improve outcomes through a variety of approaches, including:

- Establishing an interdisciplinary maternity collaborative committee.
- Mentoring nurses to improve confidence in providing maternity care.
- Exploring the establishment of a maternity clinic staffed by an integrated team of professionals.
- Actively engaging with specialists.

Over the course of the project, Interior Health Authority became fully engaged. As a result of project activities, interprofessional collaboration and mentorship was increased, and quality improvement activities took place. Full details of these activities are available in the project final [report](#), which also identifies continuing gaps like geographical challenges that require ongoing collaborative approaches to overcome.



Thompson Region

The Thompson Region Maternity Care Initiative project team engaged with maternity care providers and other partners to explore and document the current state of primary care obstetrics. The needs-assessment provided an opportunity to formally survey the maternity care needs in the region from the perspectives of both providers and patients.

Among other actions, in an effort to improve timely access to quality maternity care, the project team launched an antenatal package for providers and implemented changes to the antenatal referral process in Kamloops. The need for this initiative emerged as a critical theme from both patients and providers.

The [Thompson Maternity Care Initiative](#) report is a rich source of information to guide next steps for the community, articulating the need to improve timely access, coordination, and interdisciplinary communication in maternity care.



“Interdisciplinary care is a very beautiful thing. Patients comment on it and that always feels great when they see a ‘team.’”

— Thompson Region Provider

KEY SURVEY FINDINGS – WHAT WE LEARNED

Before most Shared Care Maternity Spread Network projects began, two sets of standard surveys were administered to various communities: one for patients and one for providers. The goals of the surveys were to capture patient and provider voices to enrich project planning and implementation, to better understand local needs, and to identify provincial challenges and trends. To this end, the surveys assessed the following dimensions of care:

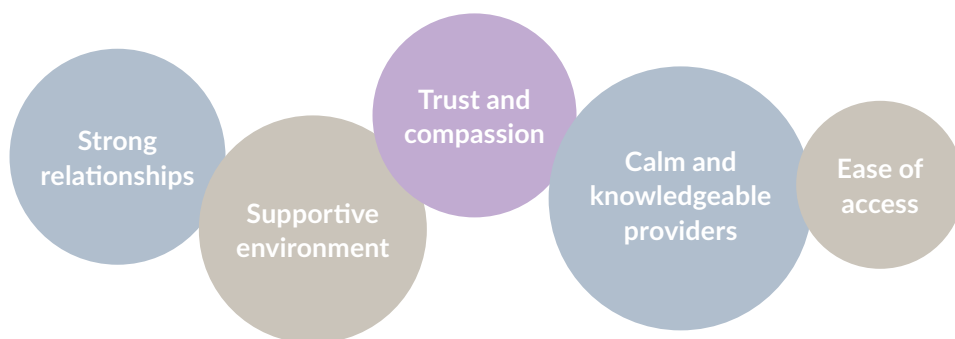
- Access and coordination.
- Experience and satisfaction.
- Interprofessional collaboration among providers.
- Barriers to care.
- Recommendations to improve care.
- Education, awareness, and training (provider survey only).

More than 2100 patients and 550 providers from several communities completed the standard patient and provider surveys. The full survey reports can be viewed for both [patients](#) and [providers](#).

Patient Survey

Overall, patients expressed feeling very well cared for across provider types and all communities. Patients particularly highlighted:

Nurses were often referenced in the patient survey, particularly for the support they offered in the delivery room and with breastfeeding. As well, patients with registered midwives highlighted home visits, longer appointments, one-on-one care, and the involvement of siblings as positive aspects of their care.



“Once my child was born I had no further contact with the maternity clinic as I ended up with a C-section. C-section doctor had one follow-up. He sat at his desk while I showed him my incision. He said ‘looks good’ and that was that. Never saw him again.”

1 Patient Satisfaction

Patients were asked about their satisfaction and how well their team collaborated to provide care during the three perinatal stages (before, during, after labour and delivery).



WHAT WE LEARNED

Patient satisfaction with postpartum care is significantly lower than for other stages of maternity care.

Patients rated care from their maternity team significantly lower for postpartum care than for other stages of maternity care.

Patient satisfaction with maternity care and patient ratings of how well their team worked together is significantly correlated.

“We need more home visits by the health care nurses. It’s hard to get to the health unit with two little kids and a newborn.”

2 Mental Health

Patients were asked if they had mild-moderate and moderate-severe mental health concerns during their pregnancy or after labour and birth.



WHAT WE LEARNED

Overall 1 in 3 patients reported experiencing mental health issues during their perinatal journey, broken down as follows:

Patients reported having mild-moderate mental health concerns during pregnancy (18%) and after labour and birth (16%).

Patients reported having moderate-severe mental health concerns during pregnancy (5%) and after labour and birth (9%).

“I never in my life would have guessed that I’d have to deal with postpartum depression, but I did and it was quite severe and the wait time to even see the counselor who would then pass on information to my doctor was too long in my case and I got much worse while waiting. In the end I went back to the doctor to ask for help even before seeing her because my situation was getting progressively worse.”

3 Access to Care

Patients were asked a variety of questions about their access to care including where their care was provided, access to a provider, and access to services.



WHAT WE LEARNED

Overall, 1 in 3 patients delivered outside their home community.

Patients had a significantly harder time finding maternity care from a registered midwife compared to all other providers.

Patients frequently reported challenges accessing postpartum resources such as mental health support, breastfeeding, and social support.

“I signed up for the best beginnings with the health unit, and I left three messages after my son’s birth and no one ever got back to me. We struggled with breastfeeding and his weight gain.”

“We need to have a hospital available for deliveries that is not over an hour away.”



Provider Survey

Overall, providers reported primarily positive working relationships between other maternity care providers, describing them as “respectful, collegial, and supportive.”

1 Provider Satisfaction

Providers were asked about their satisfaction with providing maternity care in their community.



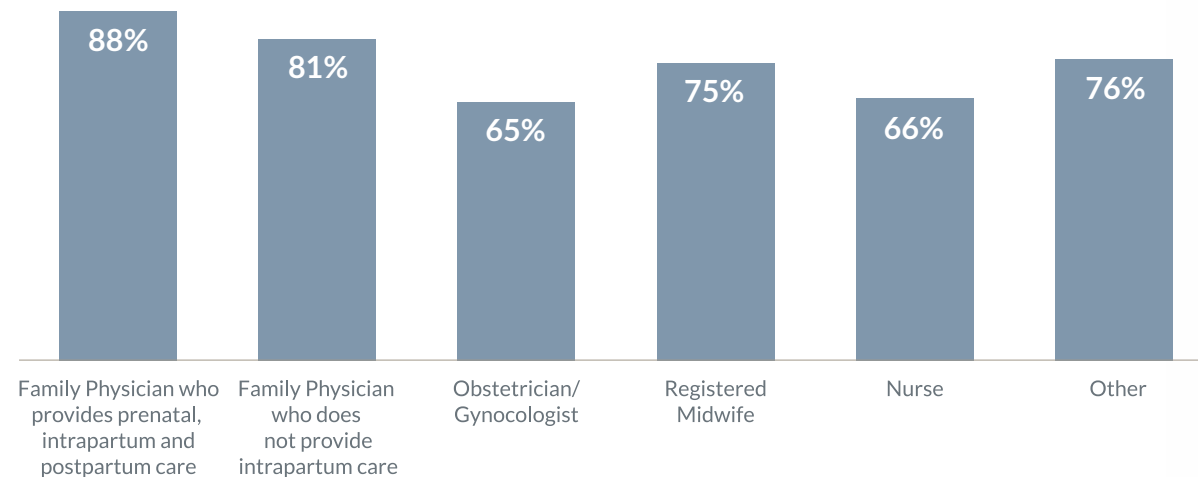
WHAT WE LEARNED

73% of providers are “satisfied” or “very satisfied” with their relationships with other providers.

Family physicians who provide full maternity care report being most satisfied about the quality of care provided in their community.

Obstetricians are least satisfied about the quality of care provided in their community due to lack of balance between personal and professional commitments, dissatisfaction with access and coordination issues, and lack of collaborative opportunities.

Provider Satisfaction: Quality of Care



“I enjoyed meeting new parents and seeing them regularly – it made me feel more comfortable. I also liked hearing perspectives from both doctors and the midwives.”

— Comox Group Maternity Care Participant

2 Interprofessional Collaboration

Providers were also asked about their satisfaction with interprofessional collaboration in their community.



WHAT WE LEARNED

59%

of providers are satisfied with their colleagues' understanding of roles and scopes of practice.

60%

of providers are satisfied with how their colleagues communicate with each other

63%

of providers are satisfied with how colleagues respect and support each other

3 Access to Care

Providers were asked about various aspects of access to care and care coordination in their community.



WHAT WE LEARNED

1 in 3 providers indicate wanting to attend more births.

1 in 4 registered midwives and obstetricians report having to delay care or turn away patients in the last six months due to capacity concerns.

66

"The midwife scope of practice and education is not understood. There are midwives still scared to consult specialists for fear of bullying and retribution."

66

"I find that the relationship between different provider groups is severely lacking. The conversation that occurs, which is degrading to other provider groups, is completely inappropriate and frequently occurs in public areas in front of different groups."

Summary

While progress has been made, gaps in care and challenges remain in maternity care across BC, including:

- Lack of postpartum support to identify potential issues such as postpartum depression, breastfeeding, coping skills, parenting, and social support.
- No timely access to support for mental health issues throughout the maternity journey.
- More difficulties finding a registered midwife than other provider groups.
- Limited access to deliver in home communities.

Providers expressed a desire to practice interprofessional collaboration; however, they highlighted the following barriers:

- Limited opportunities for interacting or communicating with provider groups.
- Need to improve the collective understanding of each other's scope and roles.
- Lack of understanding of scope of practice between provider groups.
- Need more opportunities for providers to interact across provider groups, including interprofessional education opportunities such as MoreOB, department meetings, and case conferences.
- The fee structure for interprofessional collaboration or a shared model of care is restrictive.
- Need to explore new shared care models at the provincial level for interprofessional, team-based care, including a payment system that would allow providers to work together.
- Few opportunities for education with other provider groups.
- Lack of shared communication tools such as shared medical records.
- Insufficient resources to support high-risk patients to deliver locally.
- Insufficient community support and in-hospital nursing support.
- Need more providers for maternity care.

“The fact that maternity MDs receive no on-call stipend (MOCAP) for maternity call, however, and are doing this for free is an incredible oversight and one that I believe is harming maternity services province wide, especially rurally.”

“I would like our hospital, or the health units, to help support group prenatal care (such as Connecting Pregnancy). There is good evidence that this is an excellent model of care and doing it for the community where women live would be really cool. But it requires space and time, which is expensive (office rent, etc.).”

Next Steps

TRANSITION TO A COMMUNITY OF PRACTICE

With 21 of 35 Divisions of Family Practice now engaged in multiple maternity projects since the Shared Care Maternity Spread Network was established three years ago, the next step in the network's evolution is to develop and implement a maternity-focused Community of Practice. The [Community of Practice](#) will focus on incorporating lessons learned from interprofessional collaboration and community activities over the past three years, to address emerging priorities in support and alignment with the following Shared Care strategic priorities:

1. Strengthen processes and measurement approaches to ensure Shared Care Committee goals, objectives, and expected outcomes are known and directly integrated into all activities.
2. Continue to support local innovation activities and harvest the learnings.
3. Formally focus on successful innovations which will result in substantive measurable impact on health service delivery and outcomes across the province.
4. Define and implement a suite of performance indicators with the intent to measure and understand work processes and achievement of desired outcomes.
5. Define and conduct formal Shared Care evaluation at the local and provincial level.

The transition from a Maternity Spread Network to a Maternity Community of Practice will begin in summer 2020. The new Community of Practice will deepen dialogue, promote active knowledge sharing, and provide more opportunities for members to organize purposeful actions with tangible results for patients and families, maternity care providers, and communities.

MOVING FORWARD TOGETHER

The Shared Care Maternity Community of Practice will strive to align efforts with others supporting maternity care in BC across the Joint Collaborative Committees. The Maternity Community of Practice will seek to actively collaborate with those leading key maternity initiatives such as the Rural Obstetric and Maternity Support Program and Rural Surgical and Obstetrical Networks, and to support the work of the upcoming Maternity Services Strategy.

Appendix A: Active Maternity Spread Network Projects (As Of April 20, 2020)

TITLE	COMMUNITY	REGION	PROJECT FOCUS
SC Maternity Project	Chilliwack	Fraser	Build interdisciplinary relationships, create an interest in collaborative maternity care and provide patients with education and resources to have a healthy and supported perinatal journey.
Surrey North Delta Maternity	Surrey North Delta	Fraser	Prenatal education and resources for refugee women in pregnancy. Developing resources and video: what to expect from maternity care.
FNW Maternity	Fraser Northwest	Fraser	Collaborative care model.
Supporting birthing in Ridge Meadows	Ridge Meadows	Fraser	Facilitate creation of self-sustaining antenatal program, develop maternity resources for online distribution, provider networking and education.
Mama's Matter	Central OK	Interior	Focus is on improving culture on the perinatal unit and improving breastfeeding experience on the perinatal unit.
IPC Collaborative	Golden	Interior	Improve and expand the interprofessional approach to perinatal care between local primary providers, regional specialists, allied health providers and stakeholders, alongside patient voice.
TR Maternity	Thompson Region	Interior	An Alternate Practice Arrangement model for a low risk maternity service at Royal Inland Hospital is envisioned.
Salmon Arm Maternity	Salmon Arm	Interior	Production of guidelines for midwife and GP collaboration specific to Salmon Arm. To include home birth guidelines; clarification of roles; patient triage; MRP clarification; consensus based guidelines for who stays in community.
Revelstoke Maternity	Revelstoke	Interior	Enhance maternity care collaboration and services available locally.
CIRD Maternity Spread Network	R&R Central Interior	Interior	Enhance interprofessional collaboration in maternity care.
Maternity Care Project	Sea to Sky	Vancouver Coastal	Maternity needs assessment and planning.
EASI	Vancouver	Vancouver Coastal	Responding to gaps in patient preparedness along the various stages of their maternity care journey.
Sunshine Coast Maternity	Sunshine Coast	Vancouver Coastal	Improve interprofessional collaboration in maternity care.
Enhancing Perinatal Care in the Comox Valley	Comox	Vancouver Island	Focus on two streams to address the unique needs of marginalized and vulnerable perinatal populations: a group care pilot to support perinatal and postnatal care and education for women and families, interdisciplinary approach to help support antenatal mental health.
Obstetrics Collaborative	Nanaimo	Vancouver Island	Working together to build understanding across professions, improve relationships, streamline common work and ultimately enhance the childbearing experience for women and families in Nanaimo.
Perinatal SU Stabilization	South Island	Vancouver Island	Develop a perinatal medical stabilization pathway at Victoria General Hospital to expand access to MHSU services for pregnant women.
Maternity Care for Women & Families in Mt Waddington	R&R North Vancouver Island	Vancouver Island	Focus on providing culturally safe, accessible care closer to home. Improve provider confidence, collaboration among providers.
Perinatal Mental Health Screening	South Island	Vancouver Island	Create an effective and standardized method for screening women in the first trimester and referring patients to appropriate community-based resources.

Appendix B: Maternity Spread Network Patient/Provider Feedback Storyboard



Patient and Provider Surveys: Key Findings from the Maternity Care Spread Network

Lori Wagar, Wagar Consulting on behalf of Shared Care Committee

Download Storyboard [here](#).

INTRODUCTION

Capturing the patient and provider voice enriches project planning and implementation. Yet the ability to systematically collect patient and provider voices is often hindered by project capacity and available resources.

In 2017, the Shared Care Committee launched their Maternity Spread Network with the goal of increasing interprofessional collaboration in maternity care in BC. Interprofessional collaboration has been widely promoted as an effective and efficient way to increase access for women to quality care and to improve provider satisfaction and retention.

As a way to capture patient and provider voices, standard surveys were developed under the direction of a provider steering committee and in collaboration with seven initial participating communities in the maternity network. The patient and provider surveys were designed to assess the following dimensions of care:

- Access & Coordination of Care
- Experience and Satisfaction
- Interprofessional collaboration among providers
- Barriers to Care
- Recommendations to improve care
- Education, Awareness and Training (Provider survey only)

Currently, there are 23 Maternity Spread Network projects.



AIM

To ensure communities have access to high-quality patient and provider surveys to better understand their local needs before embarking on a new project. Also, to identify provincial challenges and trends.

PROCESS

As part of Shared Care processes, a needs-assessment is conducted in each community participating in the Maternity Spread Network using the patient and provider surveys. Each community decides how to distribute the surveys and the number of surveys needed based on their local experience and context. Some communities engage with media or online platforms, or work with their provider clinics or attend maternity groups. Each community is encouraged to add their own questions to the surveys to reflect their local needs. After data analysis is completed centrally for each community, the community project team should be able to focus on 4-6 emerging themes to move forward with for project planning.

BENEFITS

- Access to comprehensive ready-made surveys created with input from many participating communities
- Central support and guidance available for survey implementation, data analysis and reporting
- Availability of aggregated survey data identifying provincial trends and issues (e.g. fee structures)

KEY FINDINGS: PATIENT SURVEYS

PATIENT SATISFACTION

How satisfied were you with the care you received during your pregnancy (before/during/after)?
Patient satisfaction with POSTPARTUM CARE is significantly lower than for other stages of maternity care.

How well did the team of maternity care providers work together to support your needs during your pregnancy (before/during/after)?

Patients rated care from their maternity team significantly lower for POSTPARTUM CARE than for other stages of maternity care.

Patient satisfaction with maternity care and patients' ratings of how well their team worked together is **SIGNIFICANTLY CORRELATED**.



"Once my child was born I had no further contact with the maternity clinic as I ended up with a c section. C section doctor had I follow up. He sat at his desk while I showed him my incision. He said 'looks good' and that was that. Never saw him again."

MENTAL HEALTH

Did you have any mental health concerns during your pregnancy or after labour and birth?

1 in 3 patients reported experiencing mental health issues during their perinatal journey.

"I never in my life would have guessed that I'd have to deal with postpartum depression but I did and it was quite severe and the wait time to even see the counsellor who would then pass on information to my Dr was too long in my case and I got much worse while waiting. In the end I went back to the Dr to ask for help even before seeing her because my situation was getting progressively worse."

ACCESS TO CARE

1 in 3 patients delivered outside their home community.

Patients repeatedly report challenges accessing postpartum resources such as mental health support, breastfeeding and social support.

Patients had a **SIGNIFICANTLY HARDER** time finding maternity care from a registered midwife compared to all other providers.

"We need more home visits by the health care nurses. It's hard to get to the health unit with two little kids and a newborn."

"We need to have a hospital available for deliveries that is not over an hour away."

"I signed up for the best beginnings with the health unit and I left 3 messages after my son's birth and no one ever got back to me. We struggled with breastfeeding and his weight gain."



2,145 patients across 12 communities completed the maternity patient survey.

KEY FINDINGS: PROVIDERS

PROVIDER SATISFACTION

Overall, how satisfied are you with your relationship with other maternity care providers in your community?
73% of providers are "satisfied" or "very satisfied" with their relationships with other providers.

How satisfied are you with the **QUALITY** of prenatal and postpartum/intrapartum maternity care provided in your community?

Family Physicians who provide full maternity care report being **MOST SATISFIED** about the quality of care provided in their community.

Obstetricians are **LEAST SATISFIED** about the quality of care provided in their community.



INTERPROFESSIONAL COLLABORATION

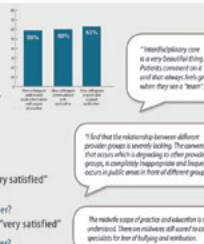
Overall, how satisfied are you with your relationship with other maternity care providers in your community?
73% of providers are "satisfied" or "very satisfied" with their relationships with other providers.

How satisfied you are with:

How colleagues understand each other's roles and scopes of practice?
59% of providers replied being "satisfied" or "very satisfied" (only 41% of Registered Midwives)

How colleagues communicate with one another?
60% of providers replied being "satisfied" or "very satisfied"

How colleagues respect and support each other?
63% of providers replied being "satisfied" or "very satisfied"



"Interdisciplinary care is a very successful thing. Patients connect on it and that always looks great when they are a 'team'."

"I found that the relationship between different provider groups is heavily relying. The communication that occurs which is depending on other provider groups, is completely responsive and frequently occurs in public areas in front of different groups."

"The reality scope of practice and education is not understood. There are missteps all around to not be successful for the sake of changing and continuing."

ACCESS TO CARE

1 in 3 providers indicated wanting to attend more births.

- I prefer to attend fewer births
- I prefer to attend more births
- I attend about the right amount of births



"The fact that most MBs neither mean-call (MBs) for maternity call, however, and are doing the full line on an on-call overnight and one that there is a barrier to our service with, especially rural."

"I would like our hospital, or the health units to help support Group Prenatal care such as Connecting Pregnancy. There is good evidence that this is an excellent model of care and doing it all. The community where women live would be really good. But it requires space, and time, which is expensive (often over \$2k)."

WHAT WE NOW KNOW

FOR PATIENTS

- Lack of postpartum support to identify potential issues such as postpartum depression, breastfeeding, coping skills, parenting and social support
- No timely access to support for mental health issues throughout the maternity journey
- More difficulties finding a registered midwife than other provider groups
- Limited access to deliver in home communities

FOR PROVIDERS

Providers express a desire to practice interprofessional collaboration, however, they highlighted the following barriers:

- Limited opportunities for interaction or communication between provider groups
- Lack of understanding of scope of practice between provider groups
- Restrictive fee structure for interprofessional collaboration or a shared model of care
- Few opportunities for education with other provider groups
- Lack of shared communication tools such as shared medical records
- Insufficient resources to support high-risk patients to deliver locally

As a result of using standard patient and provider surveys, we have systematically identified key issues for interprofessional collaboration in maternity care for both patients and providers. Community projects can apply their findings to focus their activities on local gaps and provincially the survey results identified common themes to focus work going forward.

Appendix C: A Closer Look – Two Stories from the Field

The following two stories are examples of the diverse work undertaken by communities as part of the Maternity Spread Network. The urban-based project highlights the need to identify and align information on existing resources and supports to improve access for women, and to help them confidently self-manage care. In the rural setting, improving interprofessional collaboration is resulting in births closer to home—a positive outcome for all, especially First Nations communities.

NORTH VANCOUVER ISLAND MATERNITY PROJECT: CREATING SPACE FOR CONVERSATIONS

In 2003, low-risk elective maternity services were temporarily suspended in Mount Waddington Regional District on North Vancouver Island. In 2004, the services started up again at the Port McNeill Hospital.

Over the next 15 years, several key projects informed the current Shared Care project in maternity care on North Vancouver Island. Most recently, the Centre for Rural Health Research published its study *Building Blocks for Sustainable Rural Maternity Care—The North Island*. This report identified the following:

- Community members lack confidence in the local maternity service and want local midwifery care.
- Having to travel for care causes financial burdens, logistic challenges, and the psycho-social impacts of loneliness and isolation.
- Local nursing staff lack confidence and competence in providing maternity care and would like local midwifery support, not only for clinical support, but for ongoing clinical education.



Figure 1. One-hour catchments from Port Hardy hospital and Port McNeill hospital (RHRSNbc)

About the Community

North Vancouver Island serves a population of 12,000-plus residents, includes remote outlying areas, and is approximately a three-hour drive from Campbell River. Many of its communities are more accessible by boat or plane than by road.

Shifting Context

2015: “British Columbia, like many other jurisdictions in Canada and internationally, is currently undergoing a review of the structure and organization of rural maternity services. This has been precipitated by the ongoing challenge of sustaining small rural maternity services due to a confluence of reasons including difficulties recruiting and retaining rural providers with maternity skills and the predominance of specialist-based, centralized care.”²

2019: “While there is continued erosion of some of the small surgical sites supported by General Practitioner with Enhanced Surgical Skills (Fort Nelson, 100 Mile House), there is also an influx of funding, support and consequent energy to other like services through the Rural Surgical Obstetrical Networks funding.”³

² Kornelsen J, McCartney K, Newton L. The safety of rural maternity services without local access to cesarean section. Vancouver, BC: *Applied Research Unit Realist Review*, 2015

³ Centre for Rural Health Research. *Building Blocks to Sustainable Rural Maternity Care: The North Island Project*, 2019

Currently, each year physicians at the Port Hardy Hospital perform six to eight emergency births, and physicians at the Port McNeill Hospital perform four to six planned, low-risk births. A further 50 to 80 births from the region take place in hospitals down island, three to four hours by road from Port Hardy, either at North Island Hospital in Campbell River or in Courtenay Comox, depending on the weather. In 2018, a registered midwife was hired by the First Nations Health Authority (FNHA) for the North Vancouver Island.

Patients have expressed the positive impact of accessing care closer to home and having more care options:

“Not having access to midwife care has been so frustrating (in the past)...
this is game changer for us.”

— North Vancouver Island Patient

“The more options and choices for care the better.”

— North Vancouver Island Patient

Project Description

The North Vancouver Island Shared Care maternity initiative supports exploring and developing a sustainable, patient focused, community responsive model for rural maternity care closer to home. The project aims to:

- Integrate with community- and First Nations-based public health and maternal/child wellness programs.
- Build trust among team members and enhance the team's collaborative, communication, and problem-solving skills.
- Co-develop and co-implement a plan to increase confidence and obstetric skills competence among acute care nursing staff.
- Develop a local on-call and provider support pathway for emergent situations.
- Work with the downstream specialist services to refine referral pathways that enable the interprofessional team to provide local maternity care.

Focus on Relationship Building

The North Vancouver Island Shared Care maternity initiative built on previous work, and incorporated extensive information on patient and provider perspectives which had been gathered through two research projects, each with a solid foundation of community and stakeholder engagement. In particular, the strong relationship between Island Health and the FNHA contributed to the project momentum. The Shared Care initiative played a pivotal role ensuring physicians are also part of the relationship.

This is not to say that the Shared Care initiative has escaped all challenges and contentious issues. Recently, a decision was needed on how to allocate services for a patient-centred model for maternity care in the region. Island Health leadership recommended shifting low-risk births from the Port McNeill Hospital to the Port Hardy Hospital. The process to reaching this recommendation was brief and did not fully engage local providers; consequently it was met with resistance from providers on both sites.

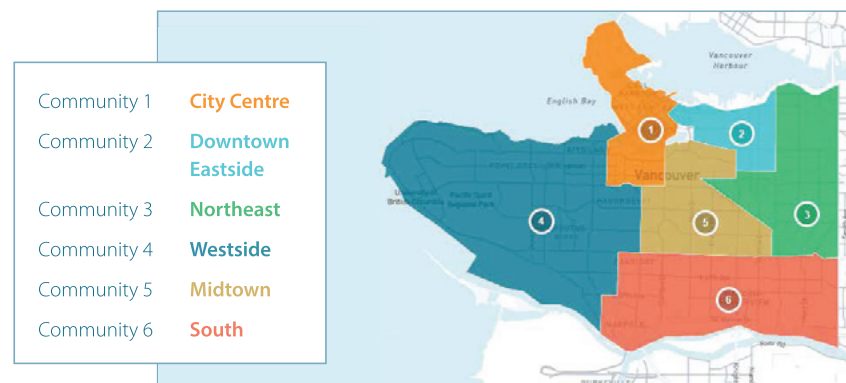
Island Health leaders quickly acknowledged the difficulty with the process, and took action to re-engage providers. This included having a discussion with all providers on the original proposed options with a focus on benefits, challenges, and risks of each.

In the end, most providers agreed with the original recommendation, but the renewed process ensured that each provider had a chance to engage. The outcome reflects the respectful relationships established and how they were crucial to the success of the project.

EASI: EFFECTIVE AND SEAMLESSLY INTEGRATED MATERNITY CARE

The Vancouver Division of Family Practice faces a unique challenge of creating continuity of care for patients and providers across three health authorities. Over the past few years, physician members have recognized gaps in maternity care services and joined the Shared Care Maternity Spread Network in 2017 to build a collaborative committee to strengthen connections and integration across maternity care.

About Vancouver



Map from https://divisionsbc.ca/sites/default/files/inline-files/VDoFP%202019%20Annual%20Report_FINAL_web_2.pdf

Subsequently, the Vancouver Division collaborative committee on maternity care expanded to include key stakeholders to explore issues across the maternity continuum of care. Key stakeholders on the committee include:

- Delivery hospitals in the Vancouver catchment.
- Relevant roles within health authorities in Vancouver.
- Most responsible providers (family practitioners, obstetricians/gynecologists, midwives).
- Patient partners, “mama bloggers,” and allied health workers (e.g., public health, counsellors, prenatal educators, doulas).

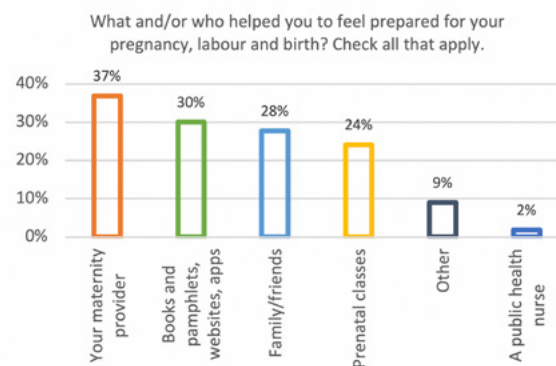
Collaborating with the Shared Care Maternity Spread Network provided the committee with an opportunity to focus on generating concrete outcomes. Over time, the central aim of the committee has become to make the maternity care journey “EASI”—effective and seamlessly integrated—for patients and providers.

The strategic direction of the collaborative committee has been shaped by a needs assessment survey coupled with clinical and lived experiences. Surveys conducted from October 2017 to February 2018 collected from a broad sample of 125 providers and 152 patients in Vancouver. Patient journey mapping was also conducted for 14 pregnancies.

Patient Responses

Patient preparedness was a key theme in these surveys. While maternity providers were at the helm of offering guidance, the survey highlighted that 30% of patients also turn to books, pamphlets, websites, and apps. The need to support maternity care with consistent, high-quality information was evident in the qualitative comments:

- “[I want] more resources. There is a lot of bad information on the Internet.”
- “[There needs to be] better support in recovery and less conflicting advice.”
- “I got misinformation from nurse to nurse, and each nurse told me something different when I asked them how to feed/top up my jaundice son. I was so disappointed with my aftercare.”



Provider Responses

The Most Responsible Provider survey identified gaps in care coordination and called for “more opportunities to learn from each other” along with “more opportunities to work both collaboratively and autonomously.” Visible outputs of collaborative efforts were also noted as an important theme.

An integral step in the information-gathering process was validating the results and partnering with provider colleagues to create interventions for impact. The need for consistent, reliable information throughout the perinatal journey was clear. As a next step, the EASI Maternity Care Project was born.

EASI Maternity Care Project

Informed by data, detailed experiences, and diverse perspectives, the aim of the project is to create an online “one-stop-shop” maternity information hub for patients and providers based in Vancouver.



Left to right: Claire Heath, Dr. Ashnoor Nagji, Pamela Kambo, and Cindy Chan.

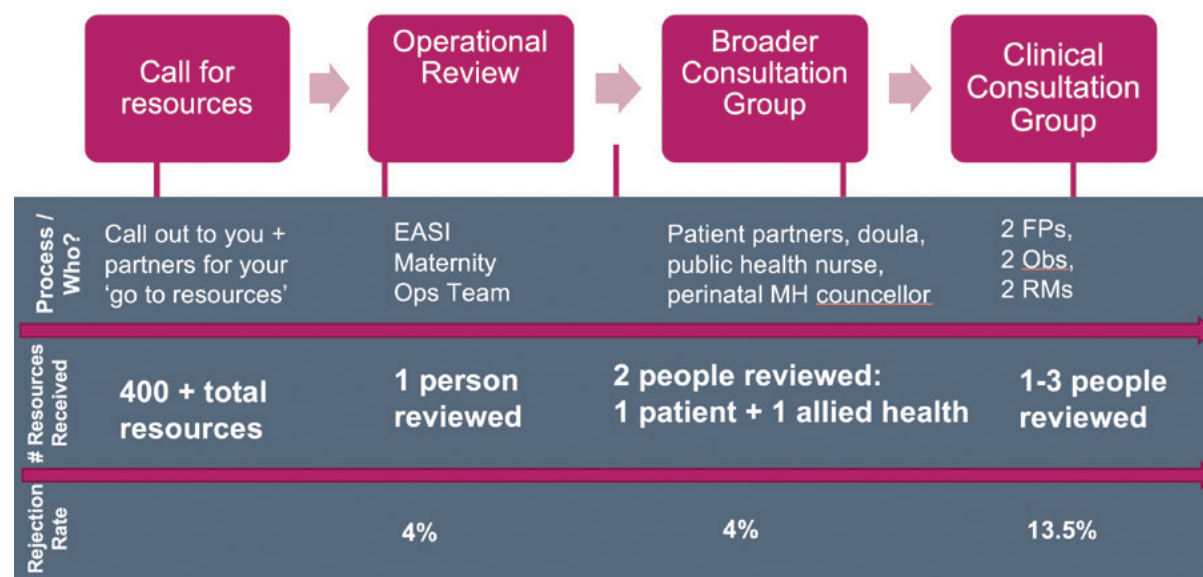
The EASI Maternity Care Project is a multiphase undertaking of the Vancouver Division of Family Practice, BC Women’s Hospital, and St. Paul’s Hospital, with representation from Vancouver Coastal Health. The interprofessional and collaborative approach ensures robust, valid information is reviewed and curated through a standardized approach for clinical relevance and utility for all. Not only does this process align information to benefit patients and providers alike, it also strengthens provider relationships, which in turn enhances care.

“I had a difficult case and needed a consult from the obstetrician. Because we worked together on the EASI project and had on difficult issues in that context, we had built a relationship that impacted how we approach patient care also.”

— Dr. Ashnoor Nagji, MD, CCFP (AM), FCFP, Clinical Associate Professor, Faculty of Medicine, UBC, Associate Professor, School of Population and Public Health, UBC

Rolling out in a phased approach, the project recently completed Round 1, which focused on curating and reviewing pre-pregnancy and early pregnancy resources. Next, the project will move on to platform development and user experience design.

Round 1 ~ Pre Pregnancy + Early Pregnancy



Throughout the EASI Maternity Care Project, the team is guided by the following principles to ensure success:

- Active engagement, humble learning, creating space for conversations.
- Be informed by data and use a quality improvement iterative approach.
- Build trust in the work of EASI Maternity Care through mindful considerations of diversity and inclusion.
- Provide examples that build trust in partnership and leadership.
- Have a common goal to unite providers and create an excitement for collaboration.
- Catalyze collaborative efforts to extend into the clinical realm by using the trust and communication developed during the work of EASI Maternity Care to apply to patient care.

Through this process and with the product of a “one-stop-shop” online information hub, the EASI Maternity Care Project looks forward to adding value to the maternity care journey of patients and providers in Vancouver and beyond.



Shared Care Committee

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and the BC government

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