

# Building Blocks for Maternity Care

GPSC Summit

April 17, 2018



# Learning from experiences...

*"I live in 100 mile house and have been told by my doctor that he does not do maternity care, and that I need to travel to Williams Lake to see a doctor who practices maternity.*

*This is crazy, there are enough doctors in 100 Mile. Why do they not provide maternity care, having babies is a normal part of life.*

*I can't afford to take time away from work to travel to Williams Lake for a 20 minute prenatal checkup.*

*Surely there must be some alternatives – my doctor says that 'that is just the way it is, nobody wants to do maternity these days'."*

# Learning from experiences...

*“I have heard talk on the radio about ACEs and how it can affect your health. I had a tough childhood and now that I am pregnant, I don't want my childhood experiences to affect my baby. What can I do?”*

# Learning from experiences...

*“I am really disappointed with my labour and delivery. I arrived at the hospital where my doctor delivers babies only to be told that there wasn't enough nursing staff to look after me.*

*I was transferred to another hospital while I was in labour. They took good care of me but I wasn't able to have my own doctor do the delivery, after we had spent so much time talking about what was important to me during labour and delivery.”*

# Learning from experiences...

*“I have been using recreational opioids for many years and tried to get off while I was pregnant. I now am going home while my baby stays in the NICU on weaning doses of narcotics. Why can't I be with my baby?”*

# Learning from experiences...

*“I find there is a general disconnect and lack of professionalism between the midwives and obstetricians. It is obvious that they differ in opinions, methods, and calls in situations. This should be understood...but professionally, they must work together to support the patient.”*

# Presenter Disclosures

The session presenters have no commercial interests or biases to declare:

- Dr Shelley Ross
- Nancy Falconer
- Kim Williams
- Dr Charlene Lui
- Dr Marvin Lemke
- Dr Jeanette Boyd
- Dr Tahmeena Ali
- Dr Karen Buhler

# Welcome

Dr Shelley Ross



# What's Happening in BC?

- GPSC Maternity Working Group
- Shared Care Provincial Maternity Initiative
- RCCbc Rural Surgical and Obstetrics Network

# GP-to-GP Networking

Dr Charlene Lui & Dr Marvin Lemke

Burnaby





# INTERPROFESSIONAL COLLABORATION in MATERNITY CARE

THE KOOTENAY- BOUNDARY EXPERIENCE

Dr Jeanette Boyd

“True teams are made  
when you put aside  
individual wants for  
collective good.”

OUR JOURNEY TO  
INTERPROFESSIONAL  
COLLABORATION

## BASIC PRINCIPLES

- Presence
- Respect
- Inclusivity
- Co-creation
- Support

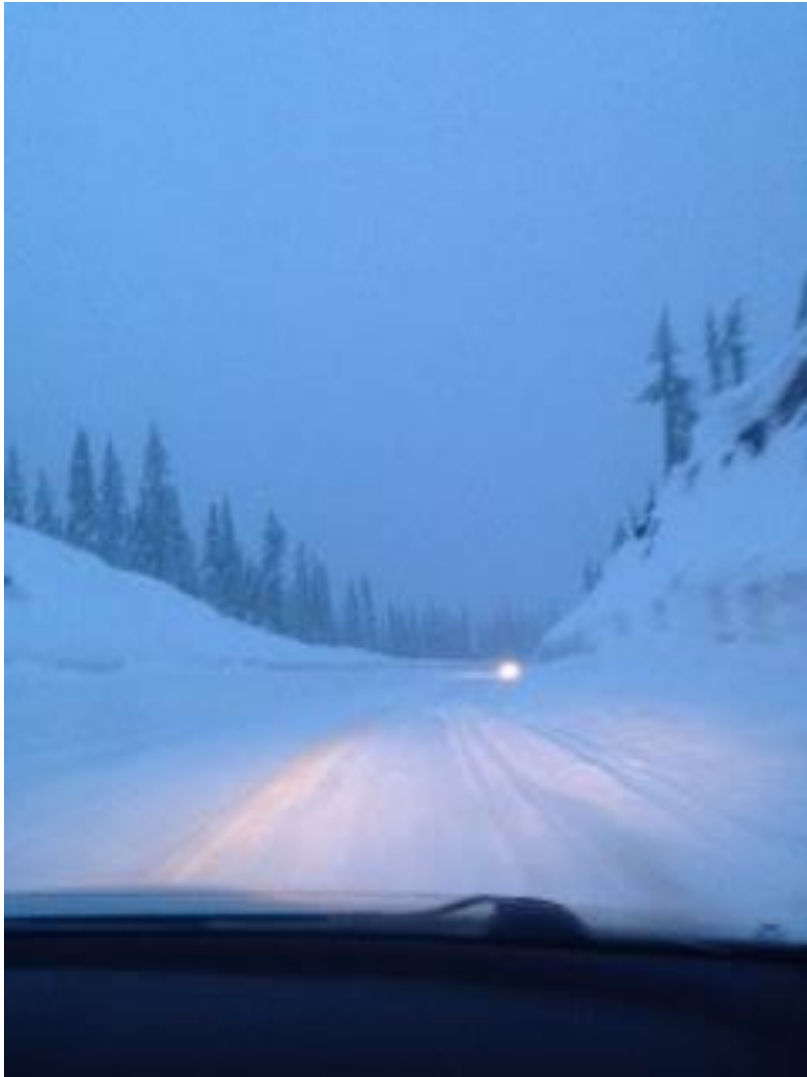
# Essential Components

START WHERE YOU ARE.  
USE WHAT YOU HAVE.  
DO WHAT YOU CAN.

- ARTHUR ASHE

VORHUB VUNT

- Engagement Opportunities
- Patient Engagement
- Focused Projects
- Ongoing discussion
- Support



## KB: Desired Outcomes

- improved Sustainability and Resilience within provider community
- Strong and timely Communication/care coordination
- Improved Access to care for patients

# KOOTENAY BOUNDARY INITIATIVES

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REGIONAL PERINATAL COMMITTEE

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FP/MW COLLABORATIVE CLINIC

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BREASTFEEDING CLINICS

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PERINATAL MENTAL HEALTH GROUPS

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TELEMATERNITY

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MOM: mobile maternity specialist consultation

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EDUCATIONAL OUTREACH



## BENEFITS OF INTERPROFESSIONAL COLLABORATION: Providers and Patients

- Improved sustainability and resilience
  - Providers continued to provide obstetrics
  - More providers in our community
  - Increased provider confidence and competence
  - Increased provider satisfaction
  - Preservation of patient choice in care provider





## BENEFITS OF INTERPROFESSIONAL COLLABORATION: Providers and Patients

- Strong and Timely Communication/Care Coordination
  - Improved continuity of care
  - Stronger relationships amongst care providers
  - Decreased fragmentation of care
  - Increased access to timely consultation

# BENEFITS OF INTERPROFESSIONAL COLLABORATION: Providers and Patients

- Increased access to care for patients
  - Increased opportunity for breastfeeding support for patients
  - Increased opportunity for mental health support for patients
  - Increase in types and accessibility of options for maternity care
  - Increased accessibility of regular PN care for patients



# LESSONS IN INTERPROFESSIONAL COLLABORATION

- KEEP TALKING
- BE OPEN
- ASSESS, ADAPT and EVOLVE
- PATIENT-CENTRED





# Adverse Childhood Experiences

Dr Tahmeena Ali

White Rock/South Surrey

*The three types of ACEs include*

**ABUSE**



Physical



Emotional



Sexual

**NEGLECT**



Physical



Emotional

**HOUSEHOLD DYSFUNCTION**



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

# Table Talks

Thinking about what we've just heard related to:

- Primary maternity care
- Inter-professional collaboration
- Adverse Childhood Experiences

**As we create Primary Care Networks,  
what do you need to provide the best  
possible care to the pregnant women you  
care for?**

# *SUBSTANCE USE IN MATERNITY CARE*

*what's new?*

1. Perinatal addictions expertise is now available on the RACE Line 24/7




# *SUBSTANCE USE IN MATERNITY CARE*

*what's new?*

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2. Rooming-in model of care to spread to communities in BC

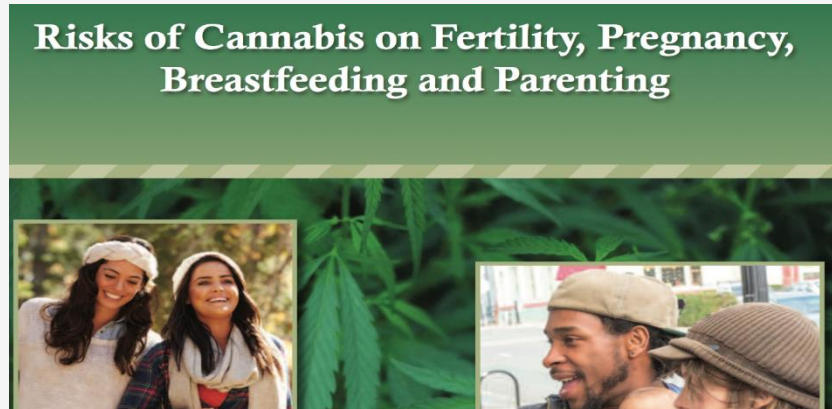
- Ministry of Health and Fir Square leader, Dr. Ron Abrahams, are in discussions to create supports for implementation of this standard of care to any community
  - Includes formal education workshop, interdisciplinary consultations, addressing barriers, and ongoing support
  - Integrated interdisciplinary outpatient and inpatient services
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# *SUBSTANCE USE IN MATERNITY CARE*

*what's new?*

3. Marijuana: information on health effects is critically needed.
  - Women largely think it is safe in pregnancy
  - Providers lack information/resources
  - Ontario **BEST START** resources are useful:



# *QUESTIONS FOR DISCUSSION*

What do you need in your community to manage moms and babies with substance use issues?

- What are the next steps?

With new marijuana legislation coming, what do you need to provide the best care for moms and babies?

- What information do you need?
  - What other resources do you need?
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# Moving Forward...

Thinking about emerging Patient Medical Homes and Primary Care Networks...

**What are TWO key areas where you need support to provide the best possible maternity care in your community?**

Thank you!