



A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: How working in a team enhanced the stability and continuity of maternity care.

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The Subtleties of Group Process in Providing Collaborative Maternity Care

When I was chosen by my clinic to be the GP involved in the patient medical home (PMH) initiative, I was excited about the possibility of creating something suitable for the community. In the past, there was no clear sense that what physicians thought was important could be communicated up the chain at the health authority to someone who could make it come to fruition to benefit the community. When a physician came into our community, they were asked to participate in the hospital, in the emergency room, doing surgical assists, in obstetrics, and GP anaesthesia. The side effect was physician burnout and difficulty recruiting new physicians, especially to do obstetrics.

Obstetrics work in our community was a tremendous burden, requiring around the clock time, energy, commitment, expertise and skill. The fee structure for funds directed to emergency and obstetric call coverage also exposes gender inequities in almost every aspect. When our hospital administrator was informed of impending retirements and the vulnerability of our obstetrics service and the need for support, the response was that patients could travel to another community which requires significant resources and travel time to reach.

As part of our PMH work, we lobbied alongside our midwife colleagues for a maternity care hard call system. Each physician used to handle her or his own obstetric patients 24/7, 365 days per year. We would name a second physician in case of illness or being away. Now a group of 5 physicians work 24 hour shifts, and during that shift, handle all obstetric care in the hospital- we are on call for labour, delivery, maternity patients coming in through the Emergency Department, and issues that arise such as decreased fetal movement and membrane ruptures. Now, when I'm not on call, I can go for a long bike ride or spend time in the garden. I'm less sleep deprived, and I can attend my practice without having to reschedule appointments that have been booked in advance.

We had to go through a process of communicating and understanding the differences in our professions before this project could move forward and create areas of concrete progress. The "dive in and fix it" skillset that we use in every patient encounter had to be set aside to deal with the situation in which we found ourselves. We needed a different sort of approach that allowed a more complex and subtle group process to take place. We had to participate in the process and build trust to the point where midwives were equal members of the primary care team. We attended education sessions, did morbidity mortality rounds, and worked with nurses together. We still have slightly different mandates- physicians don't do home births, while midwives do. The obstetric care we provide through the hospital is shared equally, and we represent each other's patients, which has been very important for the safety and health of our patient population and the resilience of our provider population.

The most significant change for me was my own personal learning about working with a group. The whole process was so much slower than I ever could have imagined, yet once we had the basic principles and a deeper understanding of the perceptions of the problem from each perspective, we were able to create



stable delivery of maternity care with a robust system that can survive past the retirement of aging physicians and other challenges our community faces. This is significant to me in a philosophical way because the delivery of care to women has been a priority my entire life. Labour and delivery are moments in which we experience ourselves as truly powerful, and to support women when they are most vulnerable and powerful is a profound part of my life as a caregiver.