

# A National Birthing Strategy for Canada

An inclusive, integrated and comprehensive  
pan-Canadian framework for sustainable  
family-centered maternity and newborn care.

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## 1. A CALL TO ACTION

In 2005, the World Health Organization set out to raise awareness and to promote action in an effort to reduce maternal morbidity and mortality and infant mortality. The theme selected - *Make Every Mother and Child Count* – aimed to recognize the importance of healthy mothers and children as the foundation of healthy and prosperous communities and nations.

The Public Health Agency of Canada marked this occasion by issuing a positive report on maternal and child health in Canada. In their report, Canada's maternal and early childhood survival rate was reported as among the best in the world due to universal access to health services, increasing number of women engaged in healthy behaviours during pregnancy and the implementation of successful public health interventions, such as immunization and the folic acid fortification of foods.

There is no doubt that the factors outlined by the Public Health Agency have had a positive impact on Canada's maternal and newborn morbidity and mortality rates. However, over the past 15 to 20 years, there have been demographic and societal trends that have had significant impact on the health care system, and more specifically on the delivery of maternity care, such as the increase in the age of women giving birth in Canada; the decrease in fertility rates; the increase in multiple births; the increase in the number of babies requiring medical attention in intensive care units; the health human resource shortages among maternity care providers, and regional disparities in the provision of maternity care services .

As a result, there is a serious threat to the sustainability of the maternity care system and there is an urgent need for the implementation of multi-dimensional and multi-jurisdictional solutions to these fairly complex problems.

### **1.1 *Maternal and Newborn mortality and morbidity rates on the rise***

In the past, Canada has taken pride in predominantly good maternal and child health outcomes as measured at the international level. In 1990 Canada achieved a satisfactory ranking when compared with other OECD countries: in maternal mortality 2<sup>nd</sup>, perinatal mortality (12<sup>th</sup>) and infant mortality 6<sup>th</sup>.

However, data released by the Organisation for Economic Co-operation and Development (OECD) in June 2006 (based on 2002 data) are cause for concern. The comparative indicates that Canada has slipped to 21<sup>st</sup> rank with regards to the prevalence of infant mortality (it was 6<sup>th</sup>), has slipped to 14<sup>th</sup> in perinatal mortality rates from its previous rank of 12<sup>th</sup> and to 11<sup>th</sup> position in maternal mortality rates (it was 2<sup>nd</sup>). And when it comes to the number of preterm birth rates, Canada has the dubious distinction of ranking amongst the highest in OECD countries.

### **1.2 *Inconsistent approach to provincial/territorial delivery of maternity care***

The delivery of maternity care services falls within the responsibility of the provinces / territories. There is no question that the maternity care delivery system in each community, province and territory will often contain unique elements, strengths and weaknesses, as each government must balance human resource, funding, liability, regulatory, educational, and demographic issues. As a result, inequities in access to quality maternity care have developed, in particular for women from

diverse and vulnerable populations, women in remote and rural communities and women in aboriginal communities.

Over the years, provinces and territories have implemented strategies and programs with varying degrees of success. Accountabilities for maternity care are not consistent across jurisdictions and across provincial and territorial ministries (health, education, public health, etc). To compound the challenges of access and equity, some changes in the maternity care system often occur at the local level without regional or province-wide input – for example, some hospitals have restricted access to their maternity care services or have eliminated the service in its entirety without consultation or oversight at a regional or provincial level.

As a result, there is no consistent system-wide approach to guide the evolution of the maternity care system in the future and some provinces and territories are ill-prepared to manage the current situation and future challenges. Clearly, many of the solutions identified by provincial and territorial governments and various stakeholders have been difficult to implement because of the lack of a national framework to guide the process.

A national strategy is required to address the fundamental system-wide changes required to ensure the sustainability of maternity and newborn care services and to provide leadership and support to provinces and territories during this transition. The establishment of a pan-Canadian strategy will provide the framework to address health human resource shortages, to promote communities of practice, to establish inter-professional education initiatives, to integrate multidisciplinary collaborative maternity care teams and to implement patient safety initiatives.

A national framework, with flexible implementation mechanisms, will allow provinces and territories to reduce barriers and develop solutions to meet the needs of their constituents and to maximize resources within an overall provincial and/or territorial plan.

### ***1.3 Bringing Childbirth Back to Remote, Rural and Aboriginal Communities.***

Many women in remote and rural communities, including women in aboriginal communities, often have to travel great distances to give birth, resulting in cultural, social, physical and financial problems for the mother, baby, family and community.

Women in remote, rural and aboriginal communities must be able to give birth within their family, social and community structure. Women in these communities should have reasonable access to perinatal services, including appropriate care during normal labour and birth in their community and/or village.

Clearly, a comprehensive health care system could provide women in these communities continuity of care and community-based, culturally appropriate care where there is cooperation between health care professionals and community members to serve the needs and interests of the community at large.

A National Birthing Strategy for Canada will enable planning, communication and trust building between these communities and health care providers and facilitate the provision of appropriate guidelines, protocols and models of care to ensure women and their families have access to

comprehensive perinatal care in their communities according to their needs and beliefs. (See Addendum, An Aboriginal Birthing Strategy for Canada).

#### **1.4        *A Commitment to Canada's Families***

Family-centred maternity and newborn care is a core value of Canadian society and of its health care system. The Canadian government has consistently supported actions to highlight the importance of healthy mothers and children within the foundation of Canadian society. For many years mothers were provided with a handbook entitled "*The Canadian Mother and Her Child*". More recently, Health Canada, in collaboration with some 70 stakeholders, produced comprehensive national guidelines for the provision of family-centred maternity and newborn care.

Clearly Canadians embrace the core values of the family, the mother and child and these beliefs must be maintained, protected and promoted within a system committed to healthy mothers and children.

Providing safe individualized care to each woman and newborn is complex and requires the provision of skilled care coordinated at the local, regional and provincial levels across Canada. Clearly, the provision of quality maternity care to Canadian women must also address the inequities in access, in particular as it relates to diverse and vulnerable populations.

Investing in healthy mothers and babies during the prenatal, antenatal and postnatal phases of care is an investment in the future health of generations of Canadians and key to the long term prosperity of the country as a whole.

A National Birthing Strategy for Canada is therefore essential to promote the national guidelines for the provision of family-centred maternity and newborn care. This would ensure an inclusive, integrated and comprehensive pan-Canadian approach to sustainable family-centred maternity and newborn care.

#### **1.5        *A Growing Shortage of Maternity Care Providers***

One of the significant factors threatening the sustainability of maternity care is the shortage of maternity care providers. If there is no strategy to address the shortages of maternity care providers, it will be impossible for Canada to have sustainable family-centred maternity and newborn care. It is interesting to note that most industries have implemented a contingency plan to address labour shortages but there is no contingency plan to deal with the serious human resource shortages that afflict maternity care.

This document includes input from partners that provide intrapartum care, including obstetricians, family physicians, midwives and nurses. We do acknowledge that there are health human resource shortages in other professions providing services to the mother and child including dietitians, ultrasound technicians, physiotherapists, social workers, anaesthesiologists and pediatricians.

Providers of intrapartum maternity care are in a unique situation in that a woman in labour requires immediate attention and the timing of the delivery is not usually a procedure that can be scheduled

according to the availability of maternity care providers. A “wait-time” approach to this sector of health care will not work. Therefore, as part of primary health care strategies women must have access to maternity care services 24-hours a day, 365 days a year. In other words, every pregnant woman and her baby should have access to skilled labour monitoring and care, skilled attendance for intrapartum care and a referral and transfer processes for women and their babies should there be intrapartum complications in their community or as close to home as possible

### **1.5.1 Family physicians**

The delivery of maternity care services in Canada is affected by its vast geography. The “full service” FP is often the maternity care provider for a rural or remote community. CIHI and Statistics Canada data reveal that the percentage of births attended by Canadian FPs fell from 37% in 1996/97 to 28% of total births in 2002/03. Between 1990/91 and 2000/01, Canada’s birth rate also declined from 14.5 to 10.1 per 1000 population. Demographic changes are among the many factors that have affected the viability of small volume family practice obstetrics, resulting in the loss of skilled practitioners from the pool of maternity care providers.

The traditional model of the FP as someone who follows a woman throughout her entire prenatal course, attends the birth and follows up with postpartum and newborn care, is becoming less frequent as the roles of FPs diversify to allow subspecialization within the profession, leading to greater networking between FPs and family practices. FPs are also ideally placed to collaborate with their obstetrical, midwifery and nursing colleagues to deliver innovative models of care.

In the National Physician Survey 2004, 57% of family physicians (FPs) reported involvement in maternal or newborn care. While only 13% reported involvement in intrapartum care in 2004 (a drop from 17% in 2001), 47% were still providing prenatal care, 43% postpartum care and 50% newborn care. These data are best interpreted in light of a report from the Canadian Institute of Health Information (CIHI) indicating that activity levels for those individual FPs still doing intrapartum care increased significantly between 1992 and 2001. In particular, the average number of births attended by urban female FPs increased by 60% over this time period.

Although FPs who provide full maternal and newborn care report great satisfaction with their professional lives, they may stop providing intrapartum care for a variety of reasons. Ontario researchers recently asked new FPs about the reasons for their decisions to not include intrapartum care in their practices. They cited concerns about their personal lives, confidence in their obstetrical skills, and the perceived threat of malpractice suits. However, with the development of collaborative practices, evolving models of care, changing methods of remuneration and greater exposure during training, FPs have greater opportunities to experience the professional satisfaction and rewards of continuing involvement in maternal and newborn care.

### **1.5.2 Obstetricians**

Obstetricians in Canada provide routine *and emergency* obstetrical care in 330 hospitals, 24 hours a day, 7 days a week, 52 weeks per year. The Society of Obstetricians and Gynaecologists of Canada has been forecasting a shortage of doctors practicing obstetrics for over a decade. We know there are 1650 practising obstetricians / gynaecologists in Canada but according to medico legal insurance data, only 1050 of these specialists provide intrapartum care. Indications are that

the shortages of obstetricians will become even more severe in the future. For example, a *Survey on Practice Patterns in Obstetrics and Gynaecology* conducted by the Society of Obstetricians and Gynaecologists of Canada in 1999 reported that at least 34% of Canada's 1050 obstetricians planned to retire within the next five years. In addition, during the period between 1992 and 2002, the number of obstetricians / gynaecologists performing deliveries in Ontario declined by 9% annually while the number of active obstetricians / gynaecologists remained constant, indicating a trend by obstetricians / gynaecologists to stop providing obstetrical care. All of these factors have contributed to unacceptable delays for women seeking appropriate prenatal care.

The Health Council of Canada asserts that "the successful reform of primary health care will make better use of highly qualified health professionals". Yet, obstetricians in Canada attend over 80% of births. As a result, there is an inefficient use of the high-level skills and training of obstetricians.

### **1.5.3 Midwives**

Midwives are registered primary care providers, independent health professionals in five provinces and one territory: British Columbia, Alberta, Manitoba, Nova Scotia, Ontario and Quebec and the Northwest Territories. Midwives provide 24/7 care in their practice settings, providing antepartum, intrapartum and postpartum care in hospitals, birthing centres, and at the pregnancy womans' homes.

Thus, midwifery care is not available to all Canadians – midwifery is either not legislated, or funded in the province where they live: it may be practice-restricted, or hospital privileges are denied, or it is simply not available in all communities. Currently, there are several universities that offer midwifery programs in addition to the routes of entry for experienced midwives from other jurisdictions. There are currently 700 registered midwives practicing in the provinces where midwives are regulated. As such, there are insufficient registered midwives to fill the void left by obstetricians and family doctors who are no longer doing intrapartum maternity care, that is, delivering babies. The university education programs require funded spaces to meet enrollment demand. Graduate attrition needs to be addressed.

### **1.5.4 Nurses**

Registered nurses provide care in community and hospital settings. There are 13,801 registered nurses whose primary responsibility is maternal-newborn care (*Workforce Trends of Registered Nurses in Canada, 2005: Registered Nurses Database, CIHI.*) These RNs may provide one or all of the following: prenatal, intrapartum, post partum and/or neonatal care for expectant families. Nurses participating in pre-natal care in family practices or community health clinics may not be included in these figures. Nurses care for women and attend almost every birth in Canada, the exception being births where two midwives are in attendance. Occasionally nurses are the only health care provider present, when there is no physician or midwife available. It is imperative therefore to also consider the education preparation of health care providers who work in situations where they might attend births in the absence of other care providers to ensure women have the support during childbirth that they require. Nurses provide essential services during all phases of perinatal care and can play key roles in new models of inter-professional collaborative care to better meet needs of families.

### **1.5.5 *Human resource challenges in rural and remote areas***

Childbirth in rural and remote areas presents unique challenges. Rural family physicians are more likely to provide obstetrical care than their urban counterparts (27% reported delivering babies in 2000, compared with 12% in urban areas).

Decisions to regionalize maternity care have forced rural hospitals to close obstetrical units thus compounding the human resource problems. This has also had a serious impact on the viability of small communities and their ability to safely provide appropriate primary health care services, including maternity care. As a result, shortages are felt most acutely in rural and remote communities.

Childbirth in rural and remote areas of Canada presents unique challenges in two ways for both women needing care and for care providers. First, the distances required to access facilities and specialized equipment, especially for high-risk pregnancies; and second, the lack of peer support for providers and coverage for their practices. Specifically, the challenges to the sustainability of rural maternity practice include the limited number of physicians available for on-call services; the lack of caesarean section capability; the lack of available anaesthesia services; and the small number of births in rural areas.

### **1.6 *Informed decision-making for women and their families***

Women often identify with a particular health care provider through which they access the larger health system, and may often see an obstetrician for primary maternity care services. As a result, there is a lack of awareness and understanding of different models of maternity care that could be available to women and their families within their community, their region, or their province.

Public education is needed to provide information to women and their families about the options available to them in their communities for maternity care. Public education is also required to promote the benefits of the integrated, multidisciplinary approach to maternity care that improves the quality, effectiveness and efficiency of maternity care services in health care organizations.

## **2. ESTABLISHING A NATIONAL BIRTHING STRATEGY FOR CANADA**

The shortage in health human resources is a priority identified in the First Ministers' 2003 Accord and is a key element of its 10-year plan. In addition, the Health Council of Canada has stated that we need more obstetricians, family doctors, midwives and nurses who can participate in collaborative maternity care teams. The data released by the OECD shows some disturbing trends with regard to maternal and newborn mortality and morbidity rates. Yet, Canada does not have a national strategy to address these serious priorities; there is no national contingency plan to address the HR challenges in maternity care.

Given the current shortage of maternity care providers, the context of overall birth and population needs, and the capacity of the health care system to provide maternity and newborn care, it is imperative that a national strategy be established to address questions such as:

How can we ensure Canadian women will have access to quality maternity care as close to home as possible services where safe and feasible?

How will declining birth rates, the increase in multiple births, and other demographic trends affect the demand for health care services for mothers?

What is the best mix of obstetricians, family physicians, midwives, nurses, and other care providers to meet maternity care needs?

What are the implications for training, costs, scopes of practice and the delivery of health services?

With several jurisdictions developing maternity care programs, how can we achieve economies of scale and reduce duplication by establishing communities of practice and by sharing best practices in the provision of efficient maternity care services?

How can we ensure maternal and newborn safety in the context of severe shortages of maternity care providers?

How can we minimize medico-legal risks in maternity and newborn care and the potential negative impact of these risks on the recruitment and retention of maternity care providers?

A National Birthing Strategy for Canada will provide the framework to ensure there is an inclusive, integrated and comprehensive pan-Canadian approach to safely providing family-centred maternity and newborn care within a challenging maternity care environment.

The following outlines the vision of A National Birthing Strategy for Canada and the strategies needed to turn this vision into reality.

### ***2.1 Shared Goal, Shared Vision***

To ensure sustainable and appropriate family-centred maternity and newborn care through an inclusive, integrated and comprehensive pan-Canadian birthing strategy.

### ***2.2 Objectives***

To create a sustainable birthing strategy that is focused on maternal and newborn care.

To facilitate the establishment and funding of a national maternity care strategy by the federal government with the support of provincial governments.

To establish a blueprint for the provision of optimal maternal / newborn care services in urban, remote, rural and aboriginal communities.

To encourage the use of communities of practice through post-graduate education and the use of coordinated guidelines and protocols.

To maintain the channels of communication and the alliances among maternity care provider groups, governments and other relevant stakeholders.

To guarantee optimal outcomes for mothers and their babies with a patient safety strategy.

To evaluate maternal-newborn outcomes using specified population indicators.

### ***2.3 Guiding Principles of A National Birthing Strategy for Canada***

The development of A National Birthing Strategy for Canada will be based on a set of fundamental guiding principles, such as:

- Respect for the needs, goals and values of women and their families.
- Quality maternity care based on equity of access to, and integration of, services; continuity of care; patient safety; and valuing different providers' expertise.
- Care based on best evidence and practice guidelines.
- Education based on communities of practice.
- Commitment to multidisciplinary collaborative maternity care.
- Shared values, goals and visions.
- Honest, open and continuous communication.
- Responsibility and accountability of the people and organizations that provide or receive maternity care.
- Understanding of, and respect for, different professions' scope of practice
- Importance of common protocols for clinical and administrative purposes.
- Support for collaborative integrative action by health care providers, the public and federal/provincial/territorial governments.

### **3. STRATEGIES FOR ACTION**

While the solution to the maternity care crisis is not straightforward, we must have a consensus on how to proceed. Addressing the impact of the health human resource shortages involves a chain of cooperation and shared intent between the public and private sector, the educational establishments as well as between those who plan and influence maternity care services. Most importantly, the federal/provincial/territorial governments must make a commitment to collaborate on a strategy and to provide the financial support to building and sustaining A National Birthing Strategy for Canada.

### **Strategy 1: Listen To Women's Voices**

To ensure that maternity care is patient-centred, we must listen to the voices of the patients. This is essential -- to incorporate women's input into their maternity care at all levels. By listening and sharing information we will enable informed decision-making about the mother's maternity care.

Women need to know their options for prenatal care. Women often identify with a particular health care provider through which they access the larger health system, and have historically booked appointments with an obstetrician for primary maternity care services. As health care providers we need to listen to the needs and expectations of the patient and then let them know about the benefits of an integrated, multidisciplinary approach to maternity care that could improve the quality, effectiveness and efficiency of the maternity care services they will receive.

Health care providers need to be encouraged to consider working within alternate models of primary maternity care and require information on how to implement a multidisciplinary collaborative primary maternity care model within their health care setting (rural, urban, etc).

A National Birthing Strategy for Canada will seek public input on the concerns and expectations mothers. These insights will help to shape public and professional education and awareness campaigns designed to promote pregnancy and birth as a normal physiologic process with access to appropriate care for complications, as needed.

### **Strategy 2: Facilitate maternity care stakeholder engagement, collaboration and networking.**

A National Birthing Strategy for Canada – with real answers and approaches to pressing requirements – will only be achieved when all stakeholders come together and make a commitment to better, safe maternal and newborn health for all Canadian women and their families.

This proposal envisions a collective approach through inter-professional, inter-governmental, inter-jurisdictional cooperation designed to implement action plans that will create sustainable maternity and newborn care. Anything else will not elicit the results that are urgently needed.

Currently, there is a strong commitment to champion new initiatives from the national stakeholder groups who have worked in partnership over the past four years to develop and implement the Multidisciplinary Collaborative Primary Maternity Care Project (an initiative funded by the Primary Health Transition Funds of Health Canada).

A National Birthing Strategy for Canada will seek input from a wider group of stakeholders, including provincial maternity care professional associations, provincial perinatal programs, ministries of health, consumer networks, educational organizations, obstetrical care units, and other relevant stakeholders.

The following is a preliminary list of the organizations that will be invited to participate in the development and implementation of A National Birthing Strategy for Canada:

- The Association of Women's Health, Obstetric and Neonatal Nurses (Canada)
- The Canadian Anesthesiologists Society
- The Canadian Association of Midwives
- The Canadian Nurses Association
- The College of Family Physicians of Canada
- The Society of Obstetricians and Gynaecologists of Canada
- The Society of Rural Physicians of Canada
- The Canadian Pediatric Society
- The Association of Professors of Obstetrics and Gynaecology of Canada
- Regional Perinatal Programs
- Federal / Provincial / Territorial Deputy Ministers of Health
- AFMC (Schools of Medicine)
- Canadian Association of Schools of Nursing
- Canadian Network of Midwifery Education Programs
- Aboriginal groups (NAHO, NIICHR, etc.)
- Lactation Consultants

A national stakeholder coalition is essential to unify stakeholders groups, to communicate common messages, to respect and maintain the diversity of the stakeholder community and to build trust between and among stakeholder groups. With this in place, the stage is set to move forward with the implementation of A National Birthing Strategy for Canada that includes fully articulated action plans, developed through stakeholder engagement, that provide the sustained platform required to address the Canada's maternity care requirements now and into the delivery of future generations..

The involvement of stakeholders will be facilitated through workshops and discussion groups to identify needs and concerns of Canadian pregnant women who are at risk in remote, rural and aboriginal communities, as well as from visible minority groups, the needs and concerns of educational institutions, and health organizations.

**Strategy 3:    Establish a process for collection of data and information on care providers.**

The goals of the data-gathering strategy are to collect descriptive human resource data concerning maternity care services in Canada that will contribute to long-term planning and to develop mechanisms for regular and long term data gathering.

There is a need for quality, timely data on maternal and newborn health and for expert analysis and interpretation of the data. However, currently there is no data that accurately documents the current supply and demand of maternity care providers. For example, while there is data on the number of family physicians who provide maternity care, there is no comparable data on obstetricians and midwives.

In an analysis completed in the fall of 2005, the Society of Obstetricians and Gynaecologists of Canada demonstrated that there are still significant gaps in data and information in the field of obstetrics. The difficulty arises because any relevant data and information available is combined with gynaecology. While specialists are certified in both obstetrics and gynaecology, a number of these physicians retire earlier from obstetrics and continue their practice in gynaecology. The

shortages experienced in the field of gynaecology are by far less critical than the shortages experienced in obstetrics. As such, it is important to have data and information exclusive to obstetricians if we are to develop strategies for the planning and management of shortages of obstetricians and ensure access to quality obstetrical care for Canadian women. More specifically:

- The National Physician Survey provides limited data to evaluate physician supply in the field of obstetrics. As well, there is no data to allow us to determine demand in the field of obstetrics.
- Task Force Two implemented initiatives to develop a “Physician Human Resource Strategy for Canada” but could not provide data on current or future needs in obstetrical care.
- Canadian Institute for Health Information provides comprehensive supply data for obstetricians and gynaecologists. However, because CIHI combines obstetricians and gynaecologists in its data source, it is not possible to identify the effective physician supply and demand situation in obstetrics alone.

There is also inadequate data collected for midwives. A variety of data regarding the profession and practice of midwifery is currently being collected by institutions and organizations across Canada. The data collected, however, is generally unique to the needs of the organizations collecting it and is limited to a specific geographic jurisdiction. Currently, there is only very limited national data being collected regarding the number of graduates per year from midwifery educational programs (collected by CIHI). Even in provinces where midwifery is regulated, however, the lack of a federal role in determining a standard data collection protocol has resulted in incomparable data across the provinces. The absence of a comprehensive human resource planning framework for the profession of midwifery has meant that information requirements at the national, provincial or regional level have neither been articulated nor defined.

Inadequate data collection in maternity care has resulted in a lack of information necessary to accurately assess and address the maternity care crisis. The provision of timely data and information is essential to effectively manage maternity care services within the Canadian health system. To this end, there should be an accurate, rigorous and meaningful data-gathering strategy for maternity care in Canada.

In order to plan for appropriate volume and distribution of health human resources, data collection is required that will address the following areas:

- Data on current supply of maternity care providers and of factors and trends that impact supply.
- Data relative to demand for maternity care providers and factors and trends that impact demand.
- Information relative to patient / consumer needs and expectations in maternity care.
- Data on current numbers of maternity / nursery beds available for primary, secondary and tertiary/quaternary care.

- Data on prenatal and birth (e.g. establish a National Birth Record, A National Prenatal Register) especially in the light of activity in the area currently underway regarding common electronic health records.

**Strategy 4: Standardized clinical practice guidelines for all maternity care providers.**

The lack of standardized practice guidelines for maternity care providers is a significant barrier to providing equitable maternity care services across Canada. Equity of care is the issue and implementation is very hard. Without standardized clinical practice guidelines for all maternity care providers -- for both hospital and out-of-hospital settings -- it is not possible to share information, to compare the effectiveness of practices, and to evaluate health outcomes.

At the moment, guidelines are produced by professional health associations, by health care institutions, by governments, and by interest groups. It is neither efficient nor effective to have multiple, independently developed guidelines on a particular medical topic and / or condition. It is hard to imagine how a standard of excellence in maternity care can be achieved and measured if everyone is working from a different set of practice guidelines.

Currently, the Society of Obstetricians and Gynaecologists of Canada is regarded as a key organization providing leadership in the development and dissemination of clinical practice guidelines in the field of reproductive health. Provincial/regional Perinatal Programs and Reproductive Care Programs have also been instrumental in guideline development, implementation and evaluation. However, coordinated efforts inter-provincially and with the SOGC have been lacking.

Establishing standardized practice guidelines and applying them requires agreement on what those standards should be. This agreement can only be reached with the cooperation of those for whom the standards are designed.

A National Birthing Strategy for Canada will facilitate cooperation among people that produce practice guidelines, establish common principles, and develop communications infrastructure and training opportunities for the coordinated dissemination of practice guidelines.

**Strategy 5: Adopt standardized curriculum for post-secondary undergraduate and postgraduate education.**

Initiatives within A National Birthing Strategy must include enhancing maternity workforce performance by preparing them to practice in communities of practice. This requires a standardized curriculum for pre-licensure education on maternity and newborn care. Canada must produce a sufficient number of skilled maternity care providers with complementary technical competencies, who use common language and processes, and can work collaboratively in the provision of maternity care services according to each profession's scope of practice.

A National Birthing Strategy for Canada will facilitate the cooperation of educational institutions to deliver education programs based on a standardized pan-Canadian curriculum.

**Strategy 6: Establish inter-professional continuing education to manage risks, to improve patient safety and to facilitate collaborative woman-centred practice.**

In spite of continuing medical education and quality assurance initiatives, clinical error continues to occur. While humans are clearly fallible, only two to three percent of clinical errors occur as a result of incompetence, carelessness, or gross negligence. There are currently no national maternity care safety practices mechanisms to identify serious lapses of standards of care, to analyze them, when they occur, and implement processes where everyone can learn from them and implement accepted change to prevent similar events from reoccurring. The key to increasing patient safety and managing the risks of adverse events is to break down traditional hierarchy and practices and direct the focus onto teamwork, thereby creating an environment that will facilitate multidisciplinary collaborative care.

A program has been developed by the Society of Obstetricians and Gynaecologists of Canada that addresses the post-licensure educational needs of intrapartum care providers. The MORE<sup>OB</sup> program is a strategic and proactive approach to increasing patient safety, managing the risks of adverse events and improving quality of care for the benefit of health care providers, hospitals and most importantly, Canadian mothers and their babies. In addition, MORE<sup>OB</sup> facilitates the implementation of practice modification tools, encourages learning from incidents, near misses, adverse events and fosters the use of principles of high reliability organizations (HROs).

This program was launched in early 2003. There are currently 137 hospital sites, with 6,200 health care professionals participating in Ontario, Manitoba, Saskatchewan, British Columbia and Alberta. After only three years, early adopters are reporting significant positive impacts on maternal and infant safety, and improved workplace culture and environment.

A National Birthing Strategy for Canada would facilitate the integration of the MORE<sup>OB</sup> program in all obstetrical care units and organizations resulting in increased knowledge transfer across the continuum of care. As such, it would enable a national coordination of provincial and territorial implementation of the MORE<sup>OB</sup> program to improve quality of care, facilitate multidisciplinary collaborative maternity care, and provide Canadian women with a safer environment for birthing. This program should also be integrated into collaborative undergraduate programs.

**Strategy 7: Establish multidisciplinary collaborative maternal and newborn care models.**

Multidisciplinary collaborative maternity care is one mechanism that has the potential of addressing the health human resource crisis in maternity care in the short term. Having the option of working in a collaborative multidisciplinary team may make the provision of maternity care more appealing to new health care providers; encourage obstetricians, nurses, midwives and family doctors who have stopped providing maternity care return to this area of practice; reduce the numbers of obstetricians leaving the profession and allow team members to explore ways of working more efficiently and effectively to the full scope of their practice.

Collaborative models of maternity care have the potential to offer women, especially women who reside in rural and remote regions, the qualities of care they are seeking.

The Multidisciplinary Collaborative Primary Maternity Care Project (*MCP<sup>2</sup>*), funded through the Primary Health Care Transition Funds of Health Canada, was established to identify and reduce key barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity services for all Canadian women. The project has been instrumental in:

- Collecting relevant information on current multidisciplinary collaborative maternity care models;
- Establishing guidelines for the establishment of multidisciplinary collaborative care models that are woman-centered and include core components with flexible contextual factors;
- Increasing communication and collaboration between individuals and associations representing the full range of maternity care providers in order to collectively champion changes to the provision of maternity services and the move to more collaborative models of maternity care;
- Identifying and reducing some key barriers to multidisciplinary collaborative primary maternity care;
- Establishing national standards regarding terminology and scope of practice relative to maternity care;
- Raising awareness on the benefits of multidisciplinary collaborative primary maternity care with health care providers and consumers.

The activities within the framework of this project are not sufficient in themselves to address the maternity care crisis and the establishment of multidisciplinary collaborative primary maternity care models across Canada. A long-term strategy is required to facilitate the implementation of multidisciplinary collaborative primary maternity care models that will include:

- Pilot projects of multidisciplinary collaborative maternity care models established in various health care settings (urban, rural, etc) based on the definition and guiding principles developed by the MCP<sup>2</sup> project;
- Financial modeling initiatives;
- Evaluation framework for multidisciplinary collaborative maternity care models (ongoing and newly formed);
- Continued system development and / or improvement;
- Continued discussion and education on multidisciplinary collaborative maternity care.
- Commitment by provinces / territories to implement multidisciplinary collaborative maternity care teams beyond pilot projects.

A National Birthing Strategy for Canada will ensure that there is a national infrastructure to oversee the planning, implementation and evaluation of long-term multidisciplinary collaborative care strategies. A National Birthing Strategy for Canada will fund the organization of models and the coordination of efforts, and will facilitate the hospital by hospital implementation by provinces and territories.

A National Birthing Strategy for Canada will allow Canada to demonstrate leadership in the implementation of multidisciplinary collaborative care.

#### **4. GOVERNANCE OF A NATIONAL BIRTHING STRATEGY**

The establishment of a Canadian Council for Maternity Care will create national leadership for advancing the goal and objectives of A National Birthing Strategy for Canada. The Council will be composed of a representative cross-section of national and provincial professional health organizations, federal/provincial/territorial governments, and the general public.

The Council will balance its national leadership role with respect for the autonomy of provincial authorities and other maternity care organizations and structures.

The Council will establish committees or working groups to undertake or coordinate particular activities, guided by the framework of A National Birthing Strategy for Canada.

#### **5. IMPACT OF A National Birthing Strategy for Canada**

A National Birthing Strategy for Canada will have enduring and meaningful impact on the delivery of maternity care services. More specifically, A National Birthing Strategy for Canada will:

- Ensure Canadian women have access to maternity care that is women and family-centred, accessible as close to home as possible, and is sufficiently flexible to build on local community resources, recruit and retain providers, and anchored in the primary care system.
- Provide leadership to facilitate provincial, territorial and regional coordination of locally delivered maternity care services.
- Facilitate maternity care human resource planning, e.g. tracking the number of maternity care providers currently in practice, tracking plans to address changes in practice patterns or retirement, and the identification of evolving needs and service gaps for primary maternity care.
- Ensure that the education needs of nursing students, medical students, midwifery students, family physicians and obstetrical residents are met through easy access to inter-professional educational opportunities and practice within a culture of inter-professional cooperation and collaboration.

Create mechanisms to support the philosophy of cooperation, mutual respect and trust of maternity care providers as well as their professional associations, regulatory bodies and educational faculties.

- Facilitate the reduction of barriers, including regulatory and legislative barriers, malpractice and liability issues, funding and compensation issues.
- Disseminate national guidelines for family-centre maternal and newborn care and establish common processes and protocols in the delivery of maternity care services.

- Ensure that women and their families are provided with information regarding choices available to them in terms of care providers and the models of care available in their local communities, regions, provinces and territories.

## **6. INVESTING LONG-TERM IN A NATIONAL BIRTHING STRATEGY (5 TO 10 YEARS)**

The investment required to plan and implement A National Birthing Strategy for Canada has been estimated at \$12 million per year over a period of five to 10 years. This sum includes implementation of An Aboriginal Birthing Strategy for Canada (see Addendum).

This investment in A National Birthing Strategy will help fulfill the strategic objectives of Health Canada, that is, to:

- Prevent and reduce risks to individual health and the overall environment.
- Promote healthier lifestyles.
- Ensure high quality health services that are efficient and accessible.
- Integrate renewal of the health care system with longer term plans in the areas of prevention, health promotion and protection.
- Reduce health inequalities in Canadian society.
- Provide health information to help Canadians make informed decisions.

More importantly, an investment in A National Birthing Strategy for Canada will facilitate the renewal of the maternity delivery systems through a change in culture. This investment will improve quality of care, will foster communities of practice for maternity care providers, and will enhance knowledge transfer and management through coordinated professional development tools and mechanisms.

The long-term impact of A National Birthing Strategy for Canada will be far-reaching for the benefit of women and their families, for governments, for health care providers, for regulators and all stakeholders involved in the provision of maternity care services. Consequently, data, knowledge and program components will support change within the maternity health delivery system throughout the country and this knowledge will be easily shared by provinces and territories.

By investing in A National Birthing Strategy for Canada the federal government is renewing its' commitment to Canadian mothers and their babies, by ensuring an inclusive, integrated and comprehensive pan-Canadian framework for sustainable family-centred maternity and newborn care. Urgent action is essential and any delay in implementing a National Birthing Strategy for Canada will have a serious impact on Canadian mothers and their newborn. Canada must take action immediately to reverse the disturbing increases in the number of mothers and babies who do not survive child birth as reported by the OECD report in June 2006. The OECD data, which is distributed worldwide, lend an even greater sense of urgency for collaboration in the establishment of a National Birthing Strategy for Canada .