



Alberta Perinatal Connection

Creating Connections

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From the APHP Director

WELCOME to this inaugural issue of the 'Alberta Perinatal Connections' Newsletter. Helping all caregivers recognize the connectedness of the provincial perinatal community in Alberta is one of the goals of 'Alberta Perinatal Connections'. Another goal of this newsletter is to underscore the power these connections can have and to provide a venue where you may become connected to resources or supports that can help you do your job.

you are connected to other perinatal health professionals through the work you do with Alberta families. The Alberta Perinatal Health Program (APHP) will look to you for suggestions to make this publication more useful and will accept your ideas for newsletter themes. This newsletter will be published twice a year. We hope you will feel connected to the APHP and the resources it can offer to support you in your work.



Whether you teach pre-natal classes in Pincher Creek or support women giving birth in Ft. Vermillion, we want you to know

APHP Vision... Optimal health for expectant mothers and the infants that are born each year in Alberta.

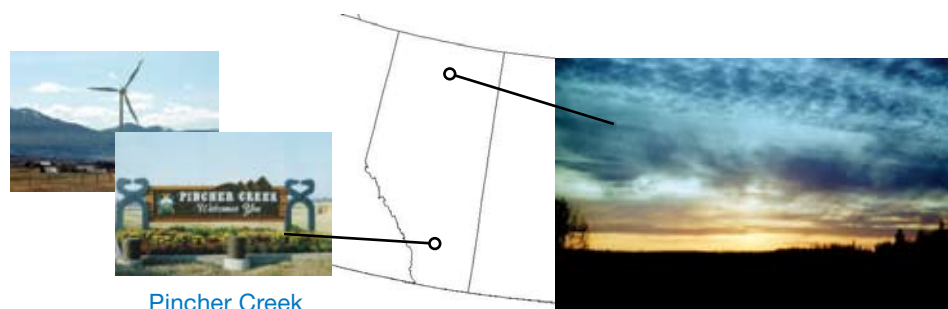
APHP Mission... To promote maternal health, positive birth outcomes and healthy infancy by providing leadership and enhanced support to health regions, health professionals, Alberta Health and Wellness and other stakeholders.

Working 'with' the nine health regions in Alberta is one of the key ways the APHP creates connections among the perinatal programs in the province.

Being Connected

Regardless of the setting within which you are providing perinatal care, there is probably another clinic, or facility where staff share some common interests or worries with you. Feeling connected to these other perinatal professionals and resources is vital in strengthening the capacity of all the perinatal programs in the province.

The APHP performs most of its work through Standing Committees and working groups where regional representation and participation are keys to successful outcomes.



Pincher Creek

Fort Vermillion



In 2005, in Alberta, 5,119 live born babies required resuscitation beyond suction and oxygen.

This number represents 11.9% of live born infants that required the care of a professional trained in NRP.

Having a team educated and prepared to do in depth resuscitation at delivery is the gold standard in obstetrical service delivery. NRP teaches a standard format to all the members of the resuscitation team to facilitate success.

The perinatal case review process has identified cases where a misplaced endotracheal tube contributed to an adverse outcome. The use of an end-tidal pCO₂ detector as strongly recommended by the 2006 NRP guidelines should greatly facilitate confirmation of ETT position.

Connected Through Education

Neonatal Resuscitation: You Are Not Alone!

Whenever you care for a newly born infant, keep in mind that you are part of a large group of dedicated health professionals who are working together to ensure every baby receives the best care possible at birth.

Since 1988 when the Neonatal Resuscitation Program was introduced in Alberta, babies born throughout the province of Alberta have benefited from professional expertise in Neonatal Resuscitation. All health professionals in Alberta, whether they work in a small community hospital or in a large tertiary care center, receive the same teaching on neonatal resuscitation. This quality of care would not be possible without many health professionals working together.

Nurses, physicians, respiratory therapists and licensed practical nurses attend a neonatal resuscitation program in their local hospital or health region. All those who provide the teaching have attended a Neonatal Resuscitation Program Instructor Workshop provided through the Alberta Perinatal Health Program. The Alberta Perinatal Health Program provides a minimum of two instructor training

workshops a year. The number of workshops is greatly increased when a new Neonatal Resuscitation Program curriculum is released, and all instructors are required to be updated. Instructor Courses are held in Calgary and Edmonton, but are also held in other places in the province when the need arises.

How can I find out who teaches NRP at my hospital?

Call the educator that is responsible for maternal/newborn education in your hospital.

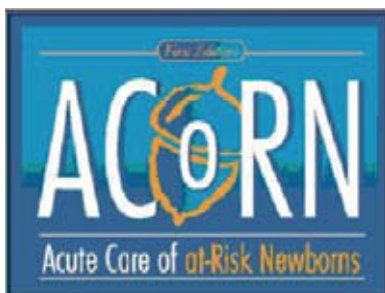
How can I become an NRP provider or instructor?

Contact the maternal/newborn educator and ask about the requirements for these registrations. To become an NRP instructor you require the support of your employer.

Who should I contact if I want to become an NRP Instructor?

Contact your employer and ask if there is a need for NRP instructors in your hospital. You will require a letter of support from your hospital when you apply for an instructor course through the APHP.

After NRP...



Once a newborn has been resuscitated he/she often adjusts to extra uterine life in a predictable manner. Some newborns require ongoing care either following initial resuscitation or a few days after being born.

Acute Care of at-Risk Newborn (ACoRN) is an education program developed by a multidisciplinary team of Canadian clinical experts. The aim of the ACoRN education program is to teach the concepts and basic skills of neonatal stabilization and, where necessary, preparation for transport to a referral facility. The ACoRN program is designed to be used by all levels of health professionals regardless of experience or training in neonatal emergencies.

The corner stone of the ACoRN program is an 8 step framework called the ACoRN Process that assists practitioners to systematically gather information, to establish clinical priorities and to intervene appropriately. The APHP offers onsite ACoRN provider workshops to all health regions. The ACoRN provider workshop is a multidisciplinary interactive session that utilizes case-based learning and practice stations to apply the ACoRN Process. Like neonatal resuscitation, stabilization is most effective when performed by a coordinated team. Contact Jeannie Yee at jeannie.yee@calgaryhealthregion.ca for further information.

Visit our website at www.aphp.ca



Connected Through Information

Documentation and Statistics

In Alberta, the number of births increased by 12.6% between 1998 and 2005. By comparison, the provincial population increased by 12.9% in the same time frame.

Remember when recording “Gravida, Term, Preterm, Abortion, Living” on the provincial Delivery Record, that “Term, Preterm, Abortion and Living” do not include the current pregnancy. Definitions are available on the back of the Delivery Record - Part 1

Did you know...

the information for every birth in the province is recorded on the provincial Delivery Record and collected by the Alberta Perinatal Health Program and stored in the provincial perinatal database.

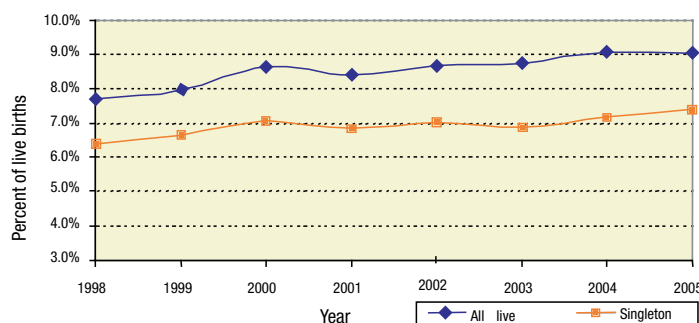
Accurate documentation on the provincial Delivery Record is important for medical / legal reasons. Accuracy in this documentation is also fundamental in assuring the integrity of the APHP data and in facilitating reporting. Data are then used to produce reports that are available to you for service reviews and planning at your facility.

Information collected on every delivery record is collected and collated in the APHP provincial perinatal database. Analysis and interpretation of this information is used to support development of educational strategies, quality improvement initiatives and perinatal research.

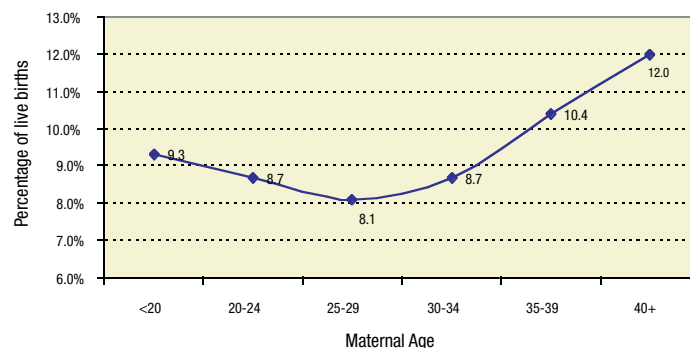
Health Regions often request information or ad hoc reports from the APHP to support initiatives at the local or regional level such as information required for the MORE^{OB} environmental scan. The APHP also produces an annual Provincial Perinatal Report. The second annual Alberta Perinatal Health Program Provincial Perinatal Report was released in May 2007. Copies of the report have been distributed to each health region and hospital.

Neonatal information recorded on the provincial Delivery Record such as birth weight, gestational age, resuscitation and APGAR scores are reported at the provincial, regional and facility level. The regionalized system for

Preterm birth rates among singletons and all live births, Alberta 1998-2005



Preterm births by maternal age, Alberta, 2001-2005 combined



health care delivery in Alberta is dependant on effective referral and transport of higher risk women and babies to facilities with higher levels of service. However, unforeseen circumstances and or obstetrical emergencies can happen anywhere. In 2005 3,849 preterm births occurred in Alberta and 223 of those occurred in a rural facility.

Accurate documentation on the provincial Delivery Record will ensure that we count every mother and baby AND that we make every mother and baby count.

Staytuned to this section of the Alberta Perinatal Connection Newsletter for documentation tips and statistical highlights.



Connected Through Quality

In Alberta the review of perinatal mortality cases has been a standard since 1954.

All perinatal mortalities in the province of Alberta are reviewed by the Quality Team at APHP.

The APHP Quality Team is responsible for province wide forms and always welcomes constructive feedback from the professionals using the forms.

Quality Improvement Strategies

The delivery of a stillborn infant, or the delivery of an infant that dies despite vigorous resuscitation is traumatic for both the family and the care providers. Often one of the questions that follows an event like this is: "Why or how did this happen and could the death have been prevented?" To answer these questions a study of perinatal mortality is undertaken.

The study of perinatal mortality and severe mortality is part of the work of the APHP. The goal of this process is to support the perinatal care providers in the province as they continue to provide quality perinatal care. Data from the study of perinatal mortality cases are used to provide understanding of system or practice issues that can be referred to the APHP Quality Improvement Standing Committee (QISC). This committee reviews trends, identifies practice

gaps and recommends strategies to prevent or reduce the likelihood of recurrence.

The APHP QISC works to identify current resources or develops new resources to address the identified issue.

In your region there is a representative that participates on the APHP QISC and forms the connection between the region and the committee. To further this connection and to support regional capacity, the APHP team is committed to supporting regions in the development of local perinatal mortality review processes.

There is a standard protocol for the investigation of stillbirths. This can be accessed on the internet through www.aphp.ca.

The 'Alberta Perinatal Connections' Newsletter will be published twice yearly by the Alberta Perinatal Health Program. We want this publication to be meaningful to you and welcome your comments, suggestions and contributions. We are also eager for you to suggest ideas for presentation in future editions of the 'Alberta Perinatal Connections' Newsletter.

Comments and suggestions can be forwarded to Kayla Gaigneur (APHP – North Office).

You may also visit our website (www.aphp.ca) and follow the 'Alberta Perinatal Connections' link to provide your feedback.

1. Did you find some useful information in this publication...Yes/No
2. Were you previously aware of the APHP...Yes/No
 - a. Were you aware of the APHP function...Yes/No
 - b. Would you contact us for support in the future...Yes/No
3. Do you have a topic you would like presented in future editions of 'Alberta Perinatal Connections'?

4. Would you be willing to submit a contribution to subsequent issues of Alberta Perinatal Connection?...Yes/No

Comments can also be faxed to Kayla Gaigneur at (780) 735-1024

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