frequently asked questions

Collaborative Maternity Clinic Project

September 9, 2013

How did this project get started?

- This project was initiated after a few physicians approached Island Health's Board and Executive about their concerns over the declining number of family physicians providing primary maternity care in Victoria. In 1995, for example, there were 125 family physicians providing obstetrical care in Victoria; in 2010 there were only 42. In contrast, the number of births in South Vancouver Island is projected to increase from 3,125 births in 2010 to 3,444 births in 2020. Additionally, fewer newly graduated family physicians are choosing to include obstetrics as part of their practices and a significant number of maternity family physicians are approaching retirement. When they met with Island Health's Board and Executive, these physicians highlighted that maintaining the status quo service delivery model would result in a significant gap in the ability to meet the primary maternity care needs of women in South Vancouver Island.
- Furthermore, patient experience/voice workshops indicated that women are finding it increasingly difficult to become attached to a primary maternity care provider. Navigating the various maternity services provided in South Vancouver Island can be very challenging for some women and can result in significant variation in the patient journey and experience. In addition, the health outcomes for some population groups (e.g., Aboriginal mothers and newborns) in South Vancouver Island lag behind those reported at the provincial level.

What is the purpose of the clinic?

- The purpose of the clinic is multifaceted. However, the two key objectives of the clinic are:
    - To improve access to primary maternity care in the South Vancouver Island, and
    - To help recruit and retain a sufficient, sustainable mix of clinicians to meet the maternity care needs in South Vancouver Island.
- Other objectives of the clinic include:
    - To improve the health outcomes for mothers and newborns in all higher risk groups being served by the clinic (i.e., socially and medically), and
    - To enable a high level of patient satisfaction in terms of a women's experience with the clinic (e.g., privacy, respect, being made to feel welcome, cultural safety, accommodation of their individual needs and challenges, and the options that are presented to them, etc.).

What principles will guide the planning, implementation, operation and evaluation of the clinic?

- The Collaborative Maternity Clinic Working Group developed the following principles for the clinic:
    - Care will be woman focused.
    - Continuity of care will be maximized throughout pregnancy, birth and the early postnatal period.
    - Care will be trauma informed and culturally safe.
    - Care will be provided in an environment that fosters collaboration, respect and trust.
    - The clinic will provide evidence-based and/or evidence-informed care.
    - The clinic will promote healthy living.
    - The clinic will strive for high quality care and continuous improvement.
    - The clinic will support education and research.

How will the clinic be evaluated?

- An evaluation framework will be developed during the implementation stage of the project (i.e., during the year prior to opening day). This evaluation framework will be based on the clinic's principles and objectives and will inform the continuous improvement of the clinic.

How many women will the clinic serve?

- The clinic is being modeled to serve up to 600 women per year. However, it will likely take several years after the clinic opens before it reaches this service level.

What population groups will the clinic serve?

- The clinic will be open to all pregnant women in South Vancouver Island. However, the clinic will target medically and socially high risk women as well as women who are unattached (i.e., women who do not have a family physician or whose family physician does not provide maternity care).

When is the clinic opening?

- The clinic opening is targeted for the fall of 2014. This date is dependent on a multitude of factors including the availability of suitable space to accommodate the clinic.

Where will the clinic be located?

- The clinic will be located on the Victoria General Hospital (VGH) site, however no final decisions have been made at this time. A Space Planning Working Group has developed the functional requirements for the clinic based on the Connecting Pregnancy model. Island Health's Facilities and Capital Planning staff are using the functional requirements to come up with a variety of options and costing.

What will the clinic's hours of operation be?

- Once at full capacity, the clinic will typically be open Monday through Friday from approximately 8:30am to 4:30pm but will also offer Connecting Pregnancy visits during the early evening hours a few days per week to accommodate women and their partners who work during the day. The exact clinic hours and days of the week where early evening hours will be offered will be developed in collaboration with the physicians, midwives and other professionals working in the clinic and may change to best suit the needs of women.

Will the clinic schedule allow for urgent access spots if women need to be seen on the same day?

- Yes. The clinic schedule will have some flexibility built in to accommodate those who have urgent needs.

Will women be able to access the clinic after hours for urgent care needs?

- The functional requirements for the clinic, which were developed by the Space Planning Working Group, included an assessment room that would be accessible after hours. This space could be used by the practitioners to assess women in early labour or for other non-emergent concerns. As is currently the practice, pregnant women with emergent care needs would still need to go to the emergency department for assessment.
- These functional requirements may not be met by the opening day of the clinic, but are part of the long-term vision for the clinic's future space.

How will the clinic address access and transportation issues?

- The idea of offering Connecting Pregnancy group care visits as well as individual visits at satellite locations (e.g., Sooke, North/Central Saanich) to improve access to the clinic has been discussed at many of the working group tables. This may not be feasible on opening day, but is part of the longer-term vision for the clinic.

Will appointments for other services (e.g., ultrasound, lab, social work, genetics counselling, etc.) be scheduled adjacent to a woman's' visit at the clinic?

- Every effort will be made to schedule visits according to the preferences of the women. For example, if a woman would like to schedule a visit with a Genetics Counselor prior to or following her visit at the clinic, every effort will be made to ensure this happens while recognizing some of the existing constraints of those other services/schedules.

If a woman is unattached upon discharge from the clinic, will the clinic assist her in finding a primary care practitioner?

- If the woman wants to be attached to a primary care practitioner, the clinic will work closely with the Divisions of Family Practice who are embarking on the "GP For Me" initiative to help match unattached women with Family Practice physicians who are accepting new patients.

Will child care be offered at the clinic?

- Licensed child care will not be available at the clinic. However, the clinic may offer child minding services for women who are unable to arrange alternative care for their children during their visits to the clinic.

What professions will make up the core team of providers?

- The core team will include family physicians, midwives and nurses.

How many maternity practitioners will be recruited for opening day?

- At least four practitioners (two family physicians and two midwives) will be recruited for opening day to be able to manage the call schedule.

Will breastfeeding support be available at the clinic for all women in South Vancouver Island?

- A nurse will be hired to co-facilitate the Connecting Pregnancy sessions, provide postpartum care for women and provide breastfeeding support to the broader community. The nurse will also provide weekly group drop-in sessions for all women in South Vancouver Island requiring breastfeeding support.
- This service will be aligned with the other breastfeeding support services available to women in South Vancouver Island:
    - Public Health Nurses (PHNs) are available at local health units to help expectant families find information they need to learn about and prepare for breastfeeding.
    - Postpartum breastfeeding support is offered by PHNs to all women, by telephone, in clinics or at home visits depending on assessed need. Service is provided Monday to Friday 0830-1630. Urgent PHN postnatal follow-up support is available on Saturdays and Sundays by prior referral.
    - Breastfeeding clinic support is available to address complex breastfeeding challenges that have not been resolved through typical PHN support. PHNs with specialized breastfeeding support expertise offer individual 1 hour appointments at specified health units.

What care models will be offered at the clinic?

- Women will be given the choice of two different models of primary maternity care: a group care model called Connecting Pregnancy and the more traditional one-on-one model of care. Under both models, physicians and midwives will share the care of every woman.

What is Connecting Pregnancy (CP)?

- Connecting Pregnancy, (or Centering Pregnancy *www.youtube.com/watch?v=JPd12Vl2NgE*), is a group care model of primary maternity care that brings 8-12 women of similar gestational age together with care providers ten times throughout their pregnancy for approximately two hours. A woman's first few appointments are done one-on-one with a physician or midwife. At each group care session, women will have a few minutes with a physician or midwife for a checkup – " the belly check". If there are complications or other care needs requiring a private one-on-one visit, these are booked outside the group care sessions. Women may also bring their partners to the group sessions.
- The clinic will also offer women a choice of the more traditional one-on-one model of care.

How will women be grouped within the Connecting Pregnancy (CP) model of care?

- Women will be grouped solely according to their gestational age and not other factors such as socioeconomic status, complexity of their pregnancy, etc. Thus, nullips, primips and multips may be in the same CP cohort.
- There is evidence that this model of care is appropriate for all populations.
- Obstetricians have commented that this model of care will also allow women who have higher risks to experience many of the aspects of their pregnancy that do not focus on those higher risks, thus "normalizing" much of their pregnancy experience.

Will women be able to choose whether they see a midwife or a physician?

- Within this shared care model, the care provided by either a physician or a midwife will be the same. Women will not be given the choice of provider. However, the providers' schedules will be made available so that women can book their visits accordingly if they prefer to meet with the same provider at each visit.
- Women will also be unable to choose which provider delivers their baby, as this will depend on who is on call at the time. Thus, women will be encouraged to visit with a variety of providers throughout their course of care if it is important for them to have previously met the provider who delivers their baby. The clinic may also hold "Meet the Team" nights where women and their partners can meet all of the physicians and midwives working in the clinic prior to the delivery of their baby.

What does a shared care model look like from the woman's perspective?

- Most women will likely receive care from both physicians and midwives throughout their course of care. When they go into labour, either a physician or midwife will be on-call and will deliver their baby. However, women will be cared for by a physician when the services they require fall outside the scope of midwifery care.
- The care provided will be the same regardless of the practitioner who sees the woman.

What does a shared care model look like from the provider's perspective?

- Care providers share care for all women.
- Care providers share the same values, goals and vision.
- Care providers practice according to a mutually agreed upon set of protocols and guidelines.
- Care providers believe that excellence and best practices in maternity care are best achieved by the contribution of all providers.
- Physicians and midwives share on-call time, making it possible to do other work related activities such as continuing education, professional administration and teaching.
- Providers communicate daily through an electronic medical record. Detailed and frequent charting is required by all providers to ensure the transition between care providers is seamless.
- Providers participate in team meetings to discuss cases and operational/business issues as well as conduct chart reviews.

How will continuity of care be addressed within the clinic?

- Each woman will be assigned a Most Responsible Provider (MRP) as well as a backup MRP. However, in a shared care model, continuity is not only the responsibility of the MRP, but also a responsibility of all the other care providers and staff working at the clinic and in the hospital. The information flow amongst this collaborative team will be facilitated by an electronic medical record.
- A woman's first two visits will be booked with the same provider and every effort will be made to schedule the discharge visit with one of the providers that co-facilitated their Connecting Pregnancy group care visits, or the provider who delivered their baby.

- For the women that choose the more traditional one-on-one model of care, the provider schedules will be made available so that women who wish to see the same provider throughout their pregnancy can book their appointments accordingly.
- For the women that choose the Connecting Pregnancy (CP) model of care, the other women (and their partners) in their CP cohort will provide a significant amount of continuity for these women throughout their pregnancy and beyond. The physician and midwife call schedules may also be tailored to increase the possibility that they deliver the women within their CP cohort.
- The clinic may also hold "Meet the Team" nights where women and their partners can meet all of the physicians and midwives working in the clinic prior to the delivery of their baby.
- The clinic would like to also offer women doulas who are trained childbirth attendants that provide women with continuous physical and emotional comfort and support throughout childbirth. Doulas usually visit with women once before and once after childbirth and are with them from early labour until 1 or 2 hours after delivery.

Will the clinic offer home visits during the intrapartum or early postpartum period?

- The group of practitioners that will work in the clinic will develop care standards for the intrapartum and early postpartum periods, in collaboration with Island Health's Public Health and Postpartum Early Discharge Program. In addition to meeting the BC Perinatal guidelines, these standards of care will need to align with the clinic principles and consider the sustainability of the clinic.
- If the clinic offers Doula services to women, the Doula may visit women at home during the early stages of labour.

Will the clinic offer home births?

- Initially, the clinic will not offer home births to women. However, the longer-term vision for the clinic is to offer home births to women with low-risk pregnancies, as is currently the practice of midwives within the community. The timelines for implementing home births will be determined by the practitioners working in the clinic, along with the clinic manager.

How will the clinic address non-maternity care needs of women?

- The clinic's schedule will be flexible enough to allow practitioners to address minor non-maternity care needs of women (e.g., renewing prescriptions). However, women who have a regular family physician will be encouraged to see them for their non-maternity care needs.

How and when will practitioners be recruited into the clinic?

- A recruitment process is currently being developed by the Regular Collaborative Maternity Clinic Working Group and the clinic manager, based on the feedback that was received from family physicians and midwives at the Collaborative Maternity Clinic Workshop on May 31, 2013.
- Practitioners will be recruited approximately 12 months before the clinic opens. The two clinical co-leads (one family physician and one midwife) will be recruited first, followed by two additional practitioner FTEs.

What experience and qualities will be considered when recruiting practitioners for the clinic?

- A lot of feedback was received from family physicians and midwives at the Collaborative Maternity Clinic Workshop about the experience and qualities that should be considered when recruiting practitioners for the clinic. For example, attendees suggested recruiting experienced (e.g., 4-5 years) practitioners for opening day and only later in the program consider recruiting less experienced practitioners. Some of the other recommendations attendees made included recruiting practitioners who:
    - Are passionate about and/or experienced providing the model of care that will be offered at the clinic (i.e., shared care and Connecting Pregnancy).
    - Have strong leadership, teaching/mentoring, intrapersonal, communication and facilitation skills.
    - Are flexible, confident, innovative and interested in research.

How are we going to anticipate future clinic growth to ensure we have enough practitioners working in the clinic?

- The clinic manager and the clinical co-leads will monitor the due dates of women in the clinic in order to determine when more practitioners should be recruited.
- The clinic manager and the clinical co-leads will also work closely with the two divisions of family practice and the department of midwifery to ensure the recruitment of more practitioners into the clinic does not negatively impact the broader maternity community.

How will this clinic be governed and managed?

- The governance and management working group developed a draft framework for the clinic that has been approved by the Clinic Steering Committee. In short, the clinic will utilize a governance and management model where the clinic manager and two clinical co-leads (one family physician and one midwife) work together to provide leadership to the team and lead clinic operations.
- The Collaborative Maternity Care Clinic Steering Committee will also remain in place for at least one year after the opening of the clinic to provide support, direction and leadership.

Please note that the responses to these FAQs are current as of September 11, 2013 and thus, may have changed since they were developed. For the most up-to-date information on the project, please contact Barbie Leggett, Ken Champoux, Brendan Mather, or Fiona Lawson.

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