



Shared Care Consultation: Maternity Care in Golden **Preliminary Report: June 24, 2019**

The Issue

Many rural communities across BC and Canada are faced with challenges sustaining local access to maternity care emanating from a confluence of factors such as lack of local access to caesarean section services, challenges with nursing competence and confidence due to low procedural volume, concerns about efficient access to emergency transportation and lack of integration with regional or tertiary centres. Despite these wide-spread system challenges, however, Golden BC has maintained a robust maternity service underscored by local access to caesarean section for decades. This has been due in large part to the commitment of the local general surgeon and physician and nursing staff.

Recently, events have had an impact on maternity services in Golden, including the provincial priority to sustain low-volume surgical services and attendant funding through the provincial Surgical Strategy and through funding from the Rural Surgical and Obstetrical Networks program (funded through the Joint Standing Committee on Rural Issues). In addition, there has been growing community desire for midwifery services alongside the relocation of a Registered Midwife to Golden (July 2015). These events have created the need for a community and care-provider level discussion on attributes of the desired model of care and health system arrangements necessary to sustainably support such a model.

Integrating midwifery services into low obstetrical volume communities historically underscored by Family Physicians has emerged as a province-wide challenge. Many communities have witnessed the contraction of physician-based maternity services in the face of midwifery care (e.g., Salt Spring, Haida Gwaii, Hazelton) while others are reluctant to embrace local midwifery due to the lack of a model of shared practice in low volume settings. The issues become increasingly complex when local access to caesarean section is provided by Family Physicians with Enhanced Surgical Skills due to volume requirements of the ESS providers, many of who do not want to do only operative maternity care. Form must follow function, however, and these system level discussions must be grounded in the experience and desires community members seen through the lens of sustainable rural practice.

In December, 2018, an interprofessional care provider team from Golden led a successful application to the Shared Care Committee for funding to explore what a successful interprofessional maternity care model could look like in Golden. At the heart of these explorations is a clear understanding of community experiences and desires. The following summary is an overview of findings from community interviews and focus groups and the birthing communities' views of local maternity care, both current and aspirational. We anticipate this will provide a foundation for further discussions on how to meet community needs in a way that is



sustainable for all care providers and recognizes the key importance of supporting local access to caesarean section.

Community narratives are expressed thematically by each phase of the child-bearing year, ending with more summative observations. This engagement is understood to be the starting point for larger discussions on what a robust model of maternity care that meets community needs and is sustainable for providers may look like. The tension between these two lens' must be recognized to ensure sustainable maternity care in Golden.

The Process

Between April 8 - 10th, Jude Kornelsen, Associate Professor and Co-Director, Centre for Rural Health Research in the Department of Family Practice at UBC visited Golden and worked with local Shared Care lead Melissa Weber to facilitate a community forum on experiences of and desires for local maternity care and engage the community further through in-depth interviews and focus groups. All discussions were open-ended to allow participants room to express what was of value to them, although guided by the following goals:

- Understanding the experience of prenatal care
- Assessing the level of breastfeeding support received
- Determining the desired content of prenatal classes
- Learning about experiences of the collaborative practice model in Golden

Twenty-six people attended the community forum and we completed three focus groups (n=8) and three interviews (n=3).

Findings

There was a thematic high regard for the local maternity services in Golden and appreciation for the inclusion of a midwife in the local team. There were minor concerns about being able to meet all care providers in the prenatal period (prior to delivery) and more substantive concerns about the sustainability of the midwife provider due to her availability to receive text messages and telephone calls. Birth plans, and specifically post-partum wellness plans emerged as a key area of interest for many participants, although through different lens' depending on financial and social position (those with social and financial capital were more interested in process, including minimizing interventions, while those with less capital were focused on outcomes including minimizing physical and psycho-emotional costs).

Findings by stage of care in the childbearing year are noted in point form below; particular attention was paid to the organizing questions noted above.



Attributes and Experiences of prenatal care

- Overarching positive regard by participants for feeling included in planning around their pregnancy and birth:
"I was appreciative of [doctor] bringing me in to kind of the decision making process like at no point did I ever felt, feel ordered around or like I had really no choice."
- Recognition of the limitations of not having local access to specialist care (e.g. induction when Strep B positive)
- Positive regard for Doula care

Care outside the community

- Difficulty of out-of-town prenatal care for those with a higher risk status (e.g., twins);
 - Tendency to not attend all appointments
 - Sharing the 'burden of care' among friends: *"And it's beautiful too. Cuz then once you find people that you would [drive to out of town appointments], it's like I think we're really lucky... it gives us something that you don't find in a lot of other places amongst friends."*
- Positive regard for the quality of care received in other communities

Prenatal Education

- Consensus around the need for a more in-depth prenatal education class
- Concerns about hospital/'medical' bias in the classes and lack of alternative approaches

"I was very underwhelmed and I actually felt like [they were] outdated"

"I don't think I actually learned anything that I didn't know but to just feel like I was meeting other parents that were having babies at the same time"

- Interest of several participants in hypnobirthing
 - "Allowed preparation for an unmediated birth"
- Prenatal yoga noted as a valued service by many, although the expense, thus exclusivity, was also noted

Midwifery care

- Desire for midwifery care
- Perception of facilitating a "less medicated" experience by some, while others recognized the consistent approach to normal birth across all providers:

"In a lot of ways seemed like what I wanted are really standard here now, just like really basic things like delayed cord clamping"



- Strong desire for home birth expressed by several community members
 - Discussion of 'work arounds' (going to Invermere, Salmon Arm), although none of the participants had done this.
 - Several women noted the importance of relationship, regardless of provider

Post-partum mental health wellness

- Emerging discussion through the course of the interviews are focus groups regarding the importance of post-partum mental health and developing a post-partum mental health plan¹
- Several participants referenced excellent local mental health resources
- Frustration was expressed by some regarding the lack of connectivity between mental health workers and maternity care providers (lack of ability to share information)

Labour and Delivery

- Care provider team open to not pushing in second stage ("you use the body's natural expulsive reflex")
- "They actually paid attention to my birth plan!"
- Birth plan preferences were sometimes not actualized due to disconnect between the care provider seen in prenatal care and the care provider attending delivery

I had all these things, like I wanted him skin to skin with me immediately and I had chatted with her about that ... I wanted to watch him come out like have them drop the drapes so I could see and she was like 'oh yeah absolutely'. But there was a different doctor [on call] ... the one thing that I'd asked for and, and [care provider] had reassured me that that was standard practice, it wasn't going to be a problem, um [didn't happen].

Lack of local access to caesarean section

- Strong awareness of the risks incurred due to lack of local access to caesarean section and the attendant decision-making process if they General Surgeon is away;

"I think that's ... the most stressful part of it actually... leading up to it and I knew when he was going to be away so I was like 'Okay, if I haven't given birth by then we'll have to make that call'"

¹ During the course of the consultations, a citizen-patient-led peer support initiative to create post-partum wellness plans developed.



Labour and Delivery

- Overarching high regard for skills and abilities of local care providers
- Appreciation of local options for delivery
- Appreciation for hospital staff
- Anxiety when there is a gap in local access to caesarean section

"I was just so well supported by the people that were there, and like that there was a genuine caring on the part of the nurses and [physician] to make it the best experience for me, like it felt like kind of like nothing really mattered except for like our safety and then our experience you know it wasn't like their own timelines."

"It's cool that they valued the emotional side of things, it sounds a lot more holistic than a lot of situations." " Yeah which was different than I was expecting right, coming from physicians."

Post Partum

- Overwhelming appreciation for post-partum support and resources: *"The care afterwards is amazing, if you want it there'll be someone there like every day."*
- Appreciation for midwives' availability to receive texts/phone calls
- Desire for more lactation support (emphasis on < 12 hours post partum)
- Excellent breast-feeding support in the home post-partum (midwife, care providers, public health)
- Appreciation for physician lactation consultant
- Consistent appreciation for home visits
- Appreciation for accommodation of individual needs (e.g., talking a bili blanket home)
- Appreciation for early discharge, but equal appreciation for capacity to stay in the hospital for a longer recovery (*participants who noted they did not have enough time in the hospital post-partum also noted that they left on their own volition)

"...Right after birth it was amazing, like I said being in the hospital and they let us, there was no one else, I think there was one other birth in that time, but there was no, I could stay for as long as I wanted you know they didn't, they weren't kicking us out so that was really lovely..."

- Participants who delivered in Cranbrook noted the information package they received at discharge and wondered if such a package could be available in Golden (beyond the information given in the prenatal period)
- Appreciation for the Community Children's Resource Centre
- Mental Health counselling "for anybody in town" was highly valued



- Peer-based social support was highly valued by participants (informal and more formal, such as 'food trains' for new families)
- Recognition that many participants were not originally from Golden and did not have family close by, elevating the importance of social networks

Cross-cutting themes

Shared Care

- Challenge of not seeing all of the care providers during the prenatal period
- Challenge of lack of continuity of philosophy (different approaches depending on the individual)
- Appreciation for care provider group accommodating extra appointments (between those scheduled) if needed
- Overarching acceptance by most participants to see whoever is on call
- Thematic concern over the midwife's sustainability and concern for her work-life balance

Desire for Community Resources

- Note that Maternity providers' FaceBook page was 'broadcast only' and that discussion or dialogue was desired
- Desire for a community drop-in space available in the evenings.

"So either like a drop in like if there was a weekly like a night or two nights a week where it was like this space is open for anybody who wants to come and hang out and yeah. I think people would use it."

- Keen desire to have services linked so navigation is easier
- 'BabyTalk' was described as a valuable resource

I guess I'm just thinking hearing like well the connection after um after the forum on Monday night, people wanted to talk and just the wisdom in the room and people who've had babies and people who are just pregnant for the first time and just like wow how'd you do that and where do you access this and it just seems like the, the peer network could be so strong here and maybe it is informally in pockets.

Next Steps

There is a strong community endorsement for and appreciation of the model of maternity care in Golden. From a health services planning perspective, issues going forward include: integration of full-scope midwifery into the existing model and the continued sustainability of local access to cesarean section.