

Interview with Dr. Meghan Guy, Golden Maternity Project

“We began this work with an informal survey of women in Golden to determine what the needs were, both pre and post-natal,” Guy begins. “We then followed up with more detailed Shared Care surveys. Next, we held an engagement event with health care providers and patients. The information we collected led us to develop 4 mini projects with the support of Shared Care funding through the EK Division.” The four key areas the group undertook were: mental health, information dissemination, group pre-natal care and provider collaboration.

In the areas of mental health, the group addressed more standardized approaches, with one of the patient partners taking on a side research project on peer supports.

For improvements to information dissemination, the group worked to better align service provider information with more consistent messaging, including input from both acute care nursing and public nursing. This provided better access and information for patients with the development of a pre-natal binder.

“Our first group pre-natal care series began in June, under COVID, so very different from what we had planned,” Guy explains. “This is a series of 6 group medical appointments. The second series began this fall, in person. We incorporated a quality improvement component through completion surveys,” she adds.

Provider collaboration is being undertaken now, with team coach, Cecile Andreas. “We are looking at how to support developing a team culture, and greater trust; and at how we imbed our values into our collaborative relationship and work.” Guy states. “We are starting with our group of 4 family physicians and our mid-wife, with intentions to eventually include more of the health care provider team members.”

A further team strengthening activity includes obstetric specialists in Cranbrook. Guy says, “Dr. Paul Rode comes to Golden 6-8 times per year for outreach clinics, and we are now using that opportunity to have him join our quality rounds and deliver education sessions.” As with so many in-person events, these were put on hold temporarily.

“The project outcomes were what we had hoped for,” says Guy. Additional learnings included the value of including volunteer patient voices (or patient partners), ensuring a patient-centered lens. “Also key,” Guy confirms, “is hiring a team coach, as well as having that lead coordination person, in this case, Mel Weber, to move the project forward and keep us all on track.”

Meghan is currently on maternity leave with her firstborn, son Johnny. From a personal perspective she says, “I felt I was well looked after pre-natal and through delivery. COVID has had significant impact,” she comments. “There were fewer in-person postpartum visits than would typically be offered, and breastfeeding support, for example, was harder to do virtually.” She adds, “definitely not as effective as that in-person, hands-on support.”

Meghan says next steps are around coaching support, and in particular around teamwork. “We often call in a second provider for delivery support. We now want to have the second provider act as a coach for the primary provider. We are a small community, so nurses often feel a lack of support, and that obstetric nursing opportunities are too infrequent to keep skills current,” she explains. More OB

addresses teamwork to improve quality of care and Meghan suggests a focus on better debriefing could also be of value. In addition, evaluation is still to be completed, including a new round of surveys with the original groups to determine levels of improvement and change.

For other physicians looking to do work around maternity, Meghan recommends ensuring the inclusion of the right people and stakeholders; for example, lab staff, which maybe would not be on the radar; as well as patient partners to keep that patient focus.