FRASER NORTHWEST DIVISION OF FAMILY PRACTICE

FINAL PROJECT REPORT

MATERNITY SHARED CARE INITIATIVE

DoFP
FRASER NORTHWEST

Executive Summary

Background

The Maternity Shared Care Initiative in the Fraser Northwest emerged from the ongoing system development and strengthening of the existing Patient Medical Homes and Primary Care Networks across the FNW. Inconsistencies with best practices in the provision of postpartum care due to incomplete patient information and communication flow among maternity service providers about what postpartum resources are available prompted the submission of the Expression of Interest in 2018. During the duration of the Maternity Shared Care Initiative, Family Physicians, Specialists, Midwives, and community partners came together to discuss how to collaboratively improve the following aspects for mom's and babies in the FNW:

- **Continuity of Care**
- **Timely Access**
- **Coordination of Care**
- **and Patient self-management/education**

Project Objectives

The objectives of the FNW Maternity Shared Care Initiative are:

- **Locally design and create a series of educational opportunities for primary care providers**
- **Create a guide for primary care providers for awareness of what community supports are available to their patients**
- **Compile resources for birthing people and families, including streamlining the variety of information accessed through sources such as public health, hospital discharge packages, and maternity clinics**
- **Create Maternity Checkpoints to keep birthing people informed of key points during postpartum care and follow up**

Project Outcomes

Improved Patient Experience	**Increase in social connectedness through the availability of resources** **Increased access to community services by housing all local supports in one space** **Increased perception and understanding of the available resources** **Increased awareness in how to access breastfeeding support**
Improved Provider Experience	**Communication and coordination between maternity providers has increased collegial and collaborative relationships between Maternal/Infant providers**
Improved Health Outcomes	**Attachment data provides an indication of increased access to healthcare resulting in a positive impact on patient health outcomes.** **The Elgin Newborn and Well Baby Clinic received over 300 referrals with the first month receiving the highest demand. Approximately 200 dyads were attached to primary care providers across the FNW communities.** **Increased understanding from longitudinal primary care providers through enhancing clinical skills in providing maternity care**
System Costs	**Given the increased accessibility, resources and services may be more readily available to meet patients' needs in a more immediate time frame.**

Introduction

The Maternity Shared Care Initiative in the Fraser Northwest emerged from the ongoing system development and strengthening of the existing Patient Medical Homes and Primary Care Networks across the FNW. Inconsistencies with best practices in the provision of postpartum care due to incomplete patient information and communication flow among maternity service providers about the availability of postpartum resources prompted the submission of the Expression of Interest in 2018. Throughout the duration of the Maternity Shared Care Initiative, Family Physicians, Specialists, Midwives, and community partners came together to discuss how to collaboratively improve the following aspects for mom's and babies in the FNW:

- Continuity of Care
- Timely Access
- Coordination of Care
- and Patient self-management/education

Problem statement:	**Aim Statement**:
Inconsistencies with current best practices in the provision of postpartum care due to incomplete patient information and communication flow among maternity and newborn service providers.	By developing a Virtual Maternity Hub, the aim is to improve patient access to postpartum support, specifically breastfeeding and mental health support, as well, to improve information sharing and collaboration among maternity care providers.

Project Objectives

The objectives of the FNW Maternity Shared Care Initiative are:

- Locally design and create a series of educational opportunities for primary care providers
- Create a guide for primary care providers for awareness of what community supports are available to their patients
- Compile resources of birthing people and families, including streamlining the variety of information accessed through sources such as public health, hospital discharge packages, and maternity clinics
- Create Maternity Checkpoints to keep birthing people informed of key points during postpartum care and follow up

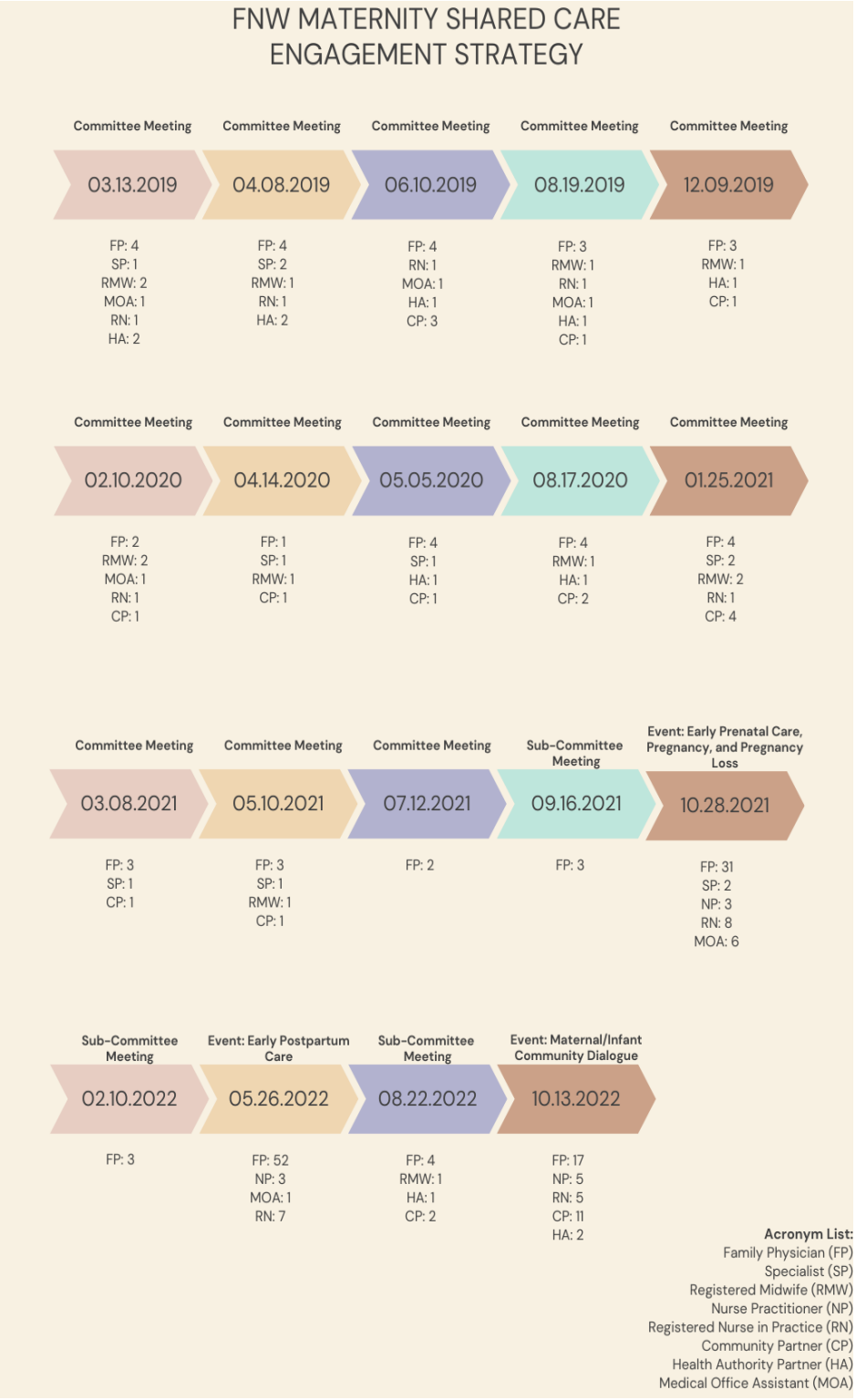
Target Population

The target population includes birthing people, newborns, and families.

Engagement Strategy

In the planning phase, the FNW Division engaged those that were involved in maternal and infant care, including family physicians of various backgrounds, medical office assistants, midwives,

obstetricians, pediatricians, public health, community organizations, allied health teams, and partners who were passionate, interested, and open to collaborating to reach the intended goals. The following individuals and organizations were involved in the planning phase of the project and throughout the project's implementation.



Physician Engagements:

- Dr. Dayna Mudie, Family Physician Lead
- Dr. Aude Beauchamp, Specialist lead, Obstetrician
- Dr. Natasha Simula, Specialist Lead, Obstetrician
- Dr. Cathy Clelland, Family Physician
- Dr. Miroslav Stavel, Specialist, Pediatrician
- Dr. Kathy Jones, Family Physician
- Dr. Grover Wong, Family Physician
- Dr. Kennedy Engbers, Family Physician

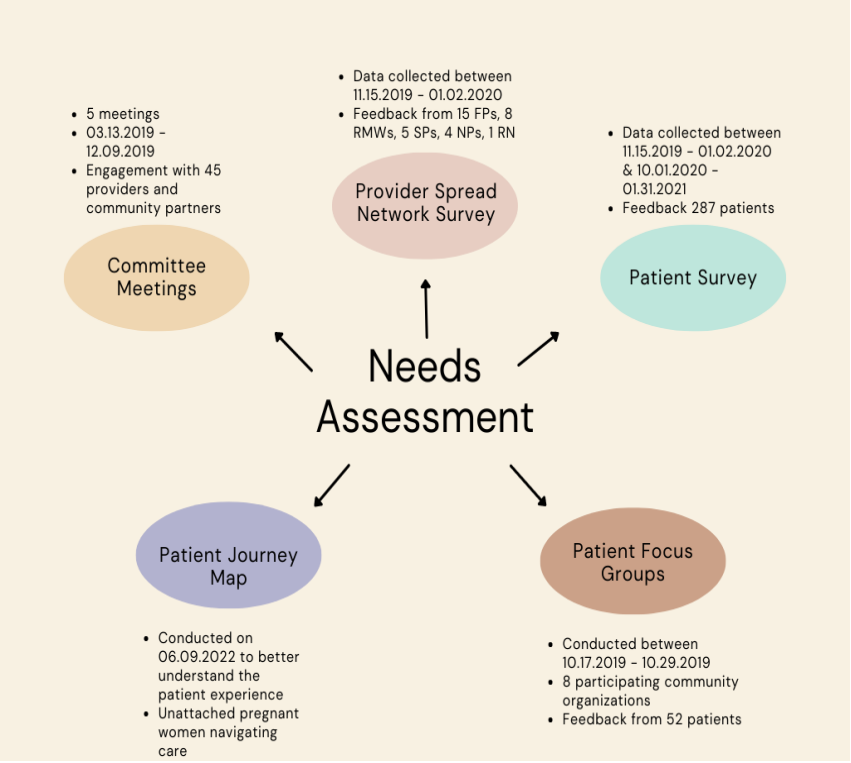
Non-physician Engagements:

- Dina Davidson, Registered Midwife Lead
- Abby Mikkelson, Registered Midwife
- Lisa Valladares, MOA
- Suzanne Wilson, MOA
- Cheryl Britton, Registered Nurse, Maternity Care
- Jessica Marcelino, Registered Nurse in Practice
- Susan Foster, Ministry of Children & Family Development
- Jackie Ainsworth, Public Health, Fraser Health
- Chris Buchner, Public Health, Fraser Health
- Manav Gill, Public Health, Fraser Health

Activities and Accomplishments

Data Collection Activities

Overall, 5 committee meetings were dedicated to the planning phase of the project over the time span of ten months. Within this timeframe, the committee gained a common understanding of the overall goals and vision of the project. As well, committee discussions included identifying key areas of concern that are important to the FNW community as it relates to maternity and newborn care. Patient and provider surveys were also planned and implemented during this time and data from these surveys allowed the committee to better understand the issues that providers and families experience. However, our committee members noted that the demographics captured in the survey did not accurately reflect our population (for example, most of the respondents were Canadian-born, had English as their first language, and had a university degree).

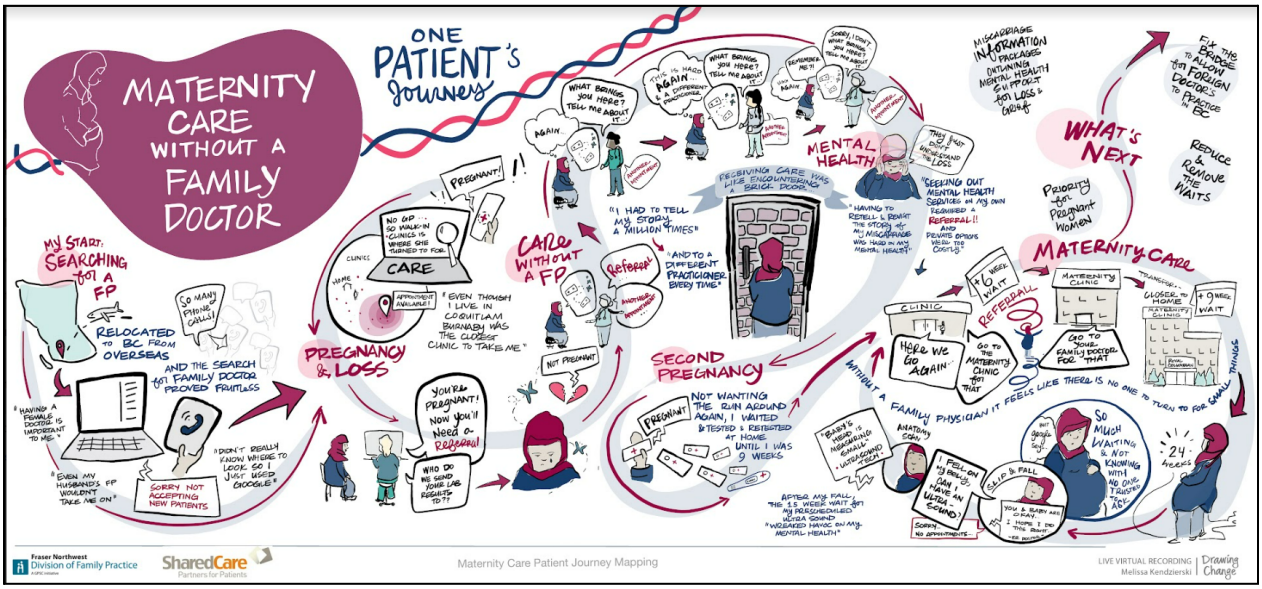


To capture the experiences of underrepresented women and to reflect these voices in project planning, eight focus group sessions were conducted in community organizations that the FNW Division had partnerships with. Safe spaces were set up for newcomer families and women to share their experiences with translation and support from the following organizations: S.U.C.C.E.S.S – Multicultural ECD Program, SHARE – New Beginnings, Spirit of the Children's Society, Aboriginal Family Drop-in, New West Family Place – Family Drop-in, and West Coast Family Center – Healthy Babies. With the information and data obtained from the needs assessment phase, the maternity shared care committee identified the key priority area to focus on and identified opportunities for improvement.

In the summer 2022, a patient journey map was done with a 29-year-old woman who had recently moved from abroad. She walked us through her pregnancy journey and access to care without a family physician. Unfortunately, she was not able to find a longitudinal family physician during her pregnancy, but was seeking care through a walk-in clinic. She was not able to see the same provider and her story and previous miscarriage were not remembered. She described this as 'having to tell her story a million times' and how this 'wreaked havoc' on her mental health. Please see the above visual that describes the challenges and gaps that were experienced.

Deliverables

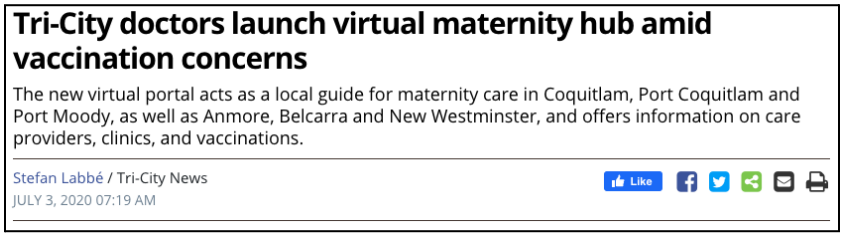
The following project deliverables were developed:



1. **[Virtual Maternity Hub]**

The Maternity Hub website contains local resources for both providers and patients with the aim to provide quick and easy access to maternity related information. The maternity hub website contains information related to types of maternity providers, clinics, vaccinations, virtual classes, community resources, newborn care, breastfeeding resources, exercise, culturally safe resources, key maternity checkpoints, mental health, and a frequently asked questions page.

In the News: [Article from the Tri-City News] about the Virtual Maternity Hub.



Tri-City doctors launch virtual maternity hub amid vaccination concerns

The new virtual portal acts as a local guide for maternity care in Coquitlam, Port Coquitlam and Port Moody, as well as Anmore, Belcarra and New Westminster, and offers information on care providers, clinics, and vaccinations.

Stefan Labbé / Tri-City News
JULY 3, 2020 07:19 AM

2. **Newborn Discharge Summary**

The Newborn Discharge Summary was created by the Maternity Shared Care committee to address communication concerns and lack of information sharing upon hospital discharge between maternity care providers and FNW family physicians. We heard from family physicians that the newborn consult report does not always reach the family physician's office once mom/baby are discharged from the hospital. This leaves the primary care provider unaware of important discharge information. As well, a large proportion of mom/babies are being discharged without a family doctor, leaving a gap in communication for the provider that will assume follow up care. Our committee implemented a simple discharge summary that can be given to patients at discharge to take to their primary care provider. The summary contains basic information related to pregnancy, labor and delivery, birth weight, discharge weight and delivery date. The discharge summary has been adopted in the RCH maternity ward and has also been shared with our FNW membership for awareness purposes.

During an engagement event, one family physician commented: "Everything is on here! Everything that you would need to know about babies is on here!"

3. **Maternity Hub Attachment Rack Cards**

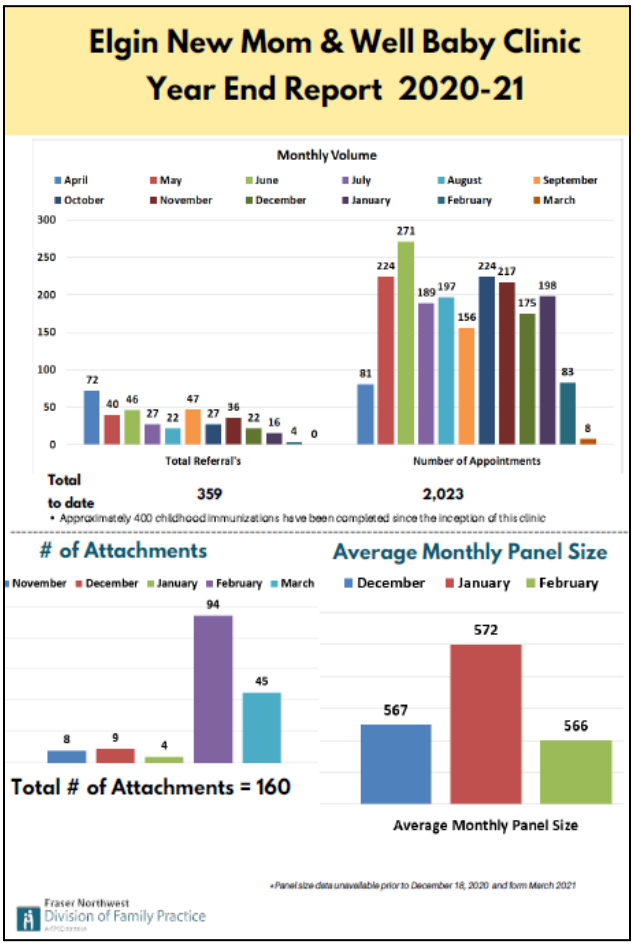
Attachment of new moms and babies has been a constant area of concern and focus in our community. The Maternity Care Shared Care Committee created attachment rack cards to facilitate attachment and connection to a family physician. The intent of using the rack card is to facilitate an earlier attachment process with the patient during the pregnancy period in order to avoid mom/baby being discharged from the hospital with no option for family physician/primary care provider follow up. The resource also contains information on when to seek care, links to the attachment waitlist, and community resources. Copies of the rack card are regularly distributed to maternity and midwifery clinics as well as partner organizations within the FNW community.

4. **Priority Attachment Process**

During the gap analysis for the Primary Care Network plan proposal, new moms/babies were identified as a priority health population with a high unattachment rate of about 32.5% in the FNW community. In coordination with the FNW Attachment Hub, a priority attachment process was developed as follows: 1) Palliative patients with less than 1 year prognosis 2) Pregnant people 3) New moms/babies

5. **Temporary solution for unattached patients**

With the impact of the COVID-19 pandemic, access to Patient Medical Homes (PMHs), walk-in clinics and other essential primary care services for new moms and babies were significantly reduced for in-person visits. This concern was raised by community physicians identifying a need to support this patient population during the pandemic.



In April 2020, a Newborn and Well-Baby Clinic was set up at Elgin Medical Centre with a goal to provide follow-up care to unattached new moms/babies from discharge to 18 months with the goal of attaching these moms/babies as a priority population with the FNW Attachment Hub. Key partners in the running of this clinic included Elgin Medical Centre Family Physicians, FNW PMHs, FHA Primary Care, FHA Public Health, OBGYNs, and the midwifery clinics.

This clinic received over 300 referrals with the first month receiving the highest demand. The clinic closed due to lack of appropriate funding at the end of March 2021 after facilitating attachment for all new moms and babies to primary care providers across the FNW. Approximately 200 dyads have been attached to primary care providers across the FNW communities.

6. Education and workshops

Two large engagement events were delivered to FNW members as part of the Maternity Care Shared Care project:

<u>Session 1 – Prenatal Care, Prenatal Testing, & Early Pregnancy Loss</u>

The purpose of this session was to develop a team-based strategy for the first and second prenatal visits, and to understand the management of early pregnancy loss. Within this hybrid event, participants engaged in discussion and utilized resources such as the FNW Virtual Maternity Hub and patient RACK cards that detail when to seek pregnancy care and how to access a provider.

<u>Session 2 – Postpartum Care and Well Baby Care</u>

Complimentary to the first session, this second session focused on developing a team-based strategy and workflow for postpartum care and well-baby checks. The Maternity Shared Care committee also used this forum to spread project activities and collect feedback.

7. **Community Dialogue event: Women's Health and Perinatal Community of Practice**

The objectives of this session were to: enable an opportunity to build relationships and collegiality among a network of maternal/infant providers and partners, engage in a facilitated dialogue around current trends and challenges within the maternal and infant care landscape, and identify key areas that require a deeper conversation and exploration of possible solutions

Results / Data Matrix

Project Evaluation

The purpose of the evaluation was to align and support the overall Shared Care goal which is to provide coordinated, continuous and comprehensive patient care in a way that fits the local context and community needs specific to the FNW. The evaluation objectives and questions link directly back to the overall FNW project aim statement noted in the previous section. Implementing evaluation measures throughout this initiative supports real-time data collection and clear identification of when progress markers have been attained or when adjustments need to be made to existing measures. The evaluation program's main purpose is to support the cyclical quality improvement processes focusing on the PDSA cycle which supports the implementation, identifies opportunities for improvement, and allows for ongoing feedback between and amongst Primary Care Network (PCN) stakeholders.

The evaluation has two main objectives and their subsequent evaluation questions below:

1. **To evaluate the effectiveness of the Maternity Shared Care Initiative in the Fraser Northwest community**
    a. To what extent does the program contribute to increased communication flow among maternity service providers on postpartum resources?
    b. To what extent does the program contribute to improved patient care?
    c. To what extent does the program contribute to improved health outcomes for patients seeking postpartum care?
    d. To what extent did the program contribute to a change in health care utilization and what effect did it have on system costs?
2. **To identify areas for quality improvement and document lessons learned for the PCN**
    a. What were the unanticipated outcomes of the proposed strategies?

Methodology

The evaluation approach will be through a mixed-methods design (i.e. collection of both qualitative and quantitative data). Quantitative data will be collected from FHA analytic data and program administrative

records. Qualitative data will be collected from surveys and interviews with physicians, specialists, stakeholders, patients, and program administrators will be collected and collated. The data collected will have a developmental lens that focuses on continuous quality improvement and links back to the overall Shared Care goals.
All comparative data will review data available from the inception of the project and compare to the completion of this project. The results shared in the next section are broken down by evaluation questions.

Findings

All comparative data will review data available from the inception of the project and compare to the completion of this project. The results shared in the next section are broken down by evaluation questions.

Outcomes and future evaluation and measurement needs can be found in the Data Matrix in the later section of this report.

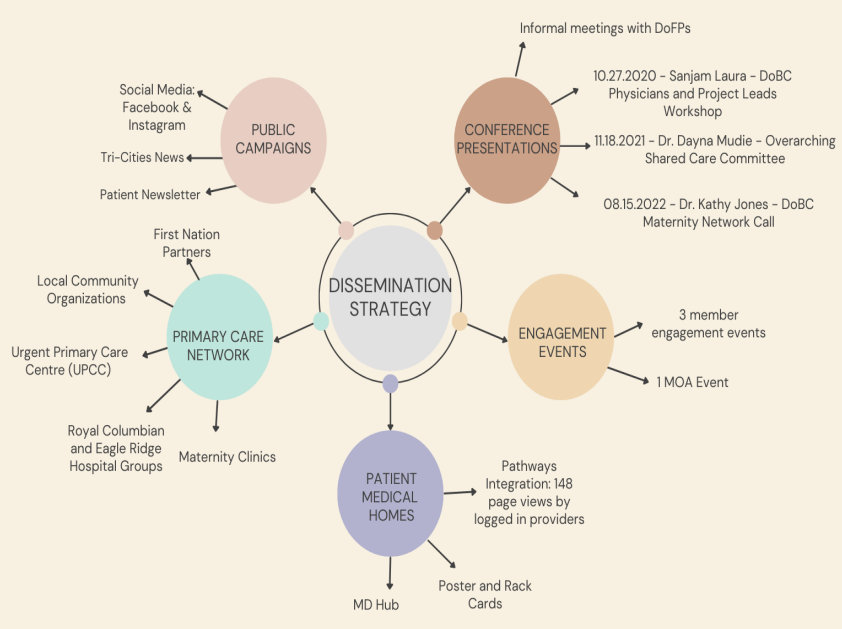
Lessons Learned

What worked well?	Challenges
Communication and coordination between maternity providers has increased.	Since this project's inception, the number of Family Physicians providing maternity care has decreased, due to high costs to practice, work/life balance, and overall availability of providers delivering.
Collegiality and collaboration among maternal/infant providers.	
Priority attachment process - Data collected between June 2020 and March 2022 identified 1512 patients who indicated being currently pregnant or who have a child under 18 months of care. Of those 1512, 56.7% have been attached to a primary care provider. Of those 1512 patients, the average time on the Attachment Hub waitlist was 140 days; whereas the average time for the general population is 168 days.	Pregnant people and moms/babies were identified as a priority population, and a process for expediting attachment was developed, however, due to limited provider capacity, many on the waitlist encountered (and continue to encounter) significant delays.
Maternity Hub - Analytic trend data reflects the steady usage of both new and returning users. Page views continue to show an upwards trend of usage, which articulates the positive impact that this resource continues to have in the communities.	A patient feedback mechanism was launched on the Maternity Hub website to better understand the experience of people navigating the website to access resources related to maternity care. Unfortunately, this feedback mechanism yielded minimal response.
As noted by the top 5 most visited pages, it can be assumed that connection to maternity clinics, virtual classes, maternity providers, newborn	Access to mental health support continues to be a high need in this community.

resources and infant vaccinations has increased.	There continues to be a community wide need for additional support for prenatal, postnatal, and infant care.

Next Steps

All project deliverables will be sustained beyond the end of the Shared Care provided funding. The FNW has collaborated with the provincial Pathways team and where possible, Pathways links have been embedded in the Virtual Maternity Hub website. Hyperlinks often become dead links because external websites change, or content and community service information becomes outdated. A sustainability plan within the Pathways infrastructure ensures links are up to date and accurate. In terms of the website domain, the cost of the website is low (annual fee USD 246) compared to the benefits the website has for providers and the community. This cost will be absorbed by Primary Care Network funding.



The Newborn Discharge Summary has been embedded within the RCH maternity ward discharge processes. Our team has good relationships with maternity providers and staff and do not anticipate any concerns regarding potential updates and revisions. The Newborn Discharge Summary is also available on Pathways and on the Maternity Hub.

Maternity Hub attachment rack cards and posters are static documents which PMHs and community organizations and partners can continue to order. These documents are also available on Pathways and on the Maternity Hub. The Priority Attachment Process is an adopted workflow to continue to support pregnant people and babies' access primary care. Division education events are recorded and available for review on the FNW member website to refresh knowledge.

In terms of next steps, Community Family Physicians, Nurse Practitioners, Maternity providers, OBGYNs, RNs, and service delivery practitioners have identified an opportunity to create a Maternal Community of Practice in the FNW region to continue strengthening the provision of maternal and infant care within the FNW Patient Medical Homes and Primary Care Networks.

Evaluation Framework / Data Matrix

<table>
<tr><th>IHI Modified Triple Aim</th><th>Anticipated Outcomes</th><th>Data Sources</th><th>Results</th></tr>
<tr>
<td>Provider Experience: To what extent does the program contribute to increased communication flow among maternity service providers on postpartum resources?</td>
<td>Increased physician to physician coordination of postpartum patients

Increased satisfaction in knowing who to connect with when

Increased understanding of physician scope of practice by other physicians</td>
<td>- Program documentation
- Attachment rate
- FP satisfaction survey
- Maternity service provider satisfaction survey</td>
<td>Since this project's inception, the number of Family Physicians providing maternity care has decreased, due to high costs to practice, work/life balance, and overall availability of providers delivering. Communication and coordination between maternity providers has increased based on qualitative data collected from community providers. Compared to 2019, one provider noted that "I know more care providers now due to relationships that happened due to the meetings. I think we understand our roles more and what different practitioners have to offer." A specialist noted this relationship remaining positive throughout the project's lifespan and a Family Physician felt that "the relationship is collegial and collaborative." As noted in an earlier section, there have been the following engagement numbers in the program since inception:
<table>
<tr><th>Provider Type</th><th>Total # Engaged</th></tr>
<tr><td>Family Physicians</td><td>203</td></tr>
<tr><td>Specialists</td><td>16</td></tr>
<tr><td>Patients/Community Members</td><td>351</td></tr>
<tr><td>Midwives</td><td>20</td></tr>
<tr><td>Nurse Practitioners</td><td>15</td></tr>
<tr><td>RNs</td><td>27</td></tr>
<tr><td>MOAs</td><td>11</td></tr>
<tr><td>Health Authority</td><td>9</td></tr>
<tr><td>Community Partners</td><td>27</td></tr>
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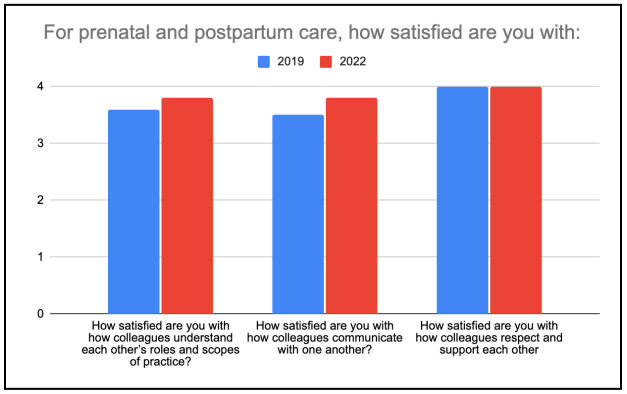
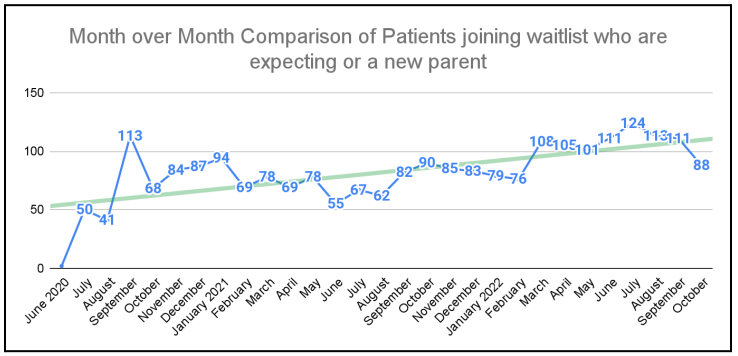
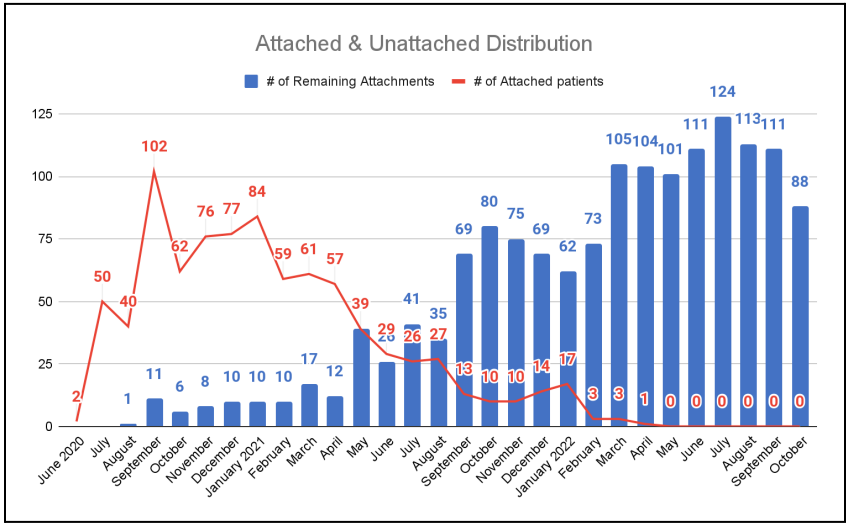
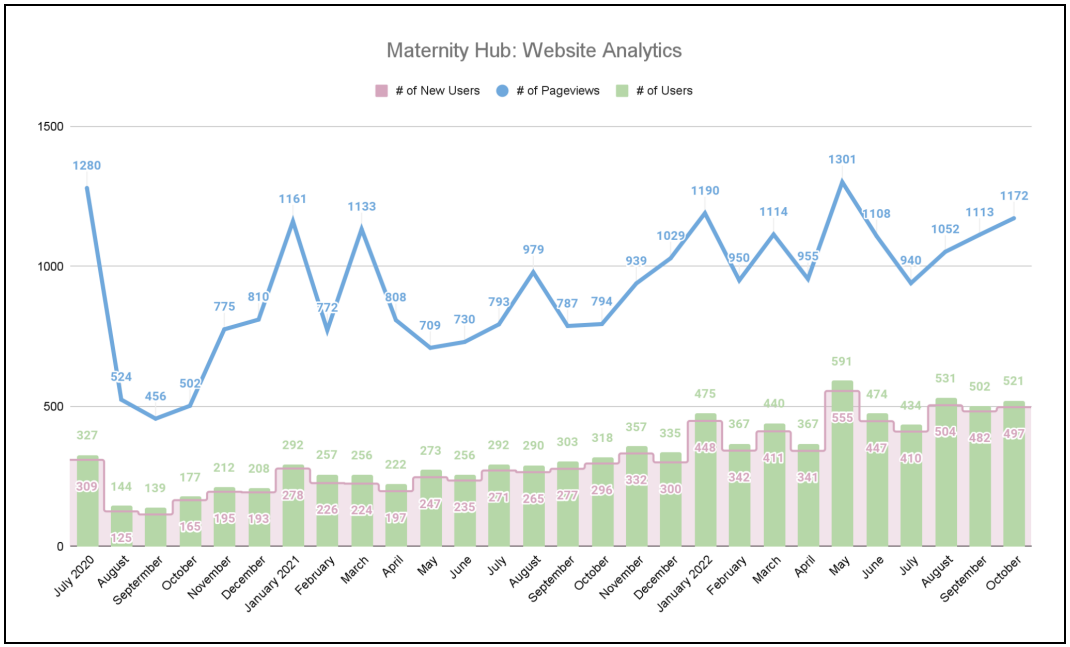
			As part of the Spread Network, a FNW maternity provider survey was launched in 2019 to collect feedback from Family Physicians who provide maternity care, Midwives, Family Physicians who don't provide maternity care, Specialists, Nurse Practitioners, and RNs. In 2022, a condensed maternity survey was launched in the FNW to collect high level feedback on key themes related to the 2019 survey that the project focused on. As noted in the visual, communication between providers increased in satisfaction or stayed consistent. 
Patient Experience: To what extent does the program contribute to improved patient care?	Increased social connectedness Decrease in mental health related concerns Increase in timely access to community services Increase in perception and	- Website analytics - Patient satisfaction surveys - FP satisfaction survey - FHA data	**Attachment** for expecting and new moms and babies throughout the program's inception continued through the FNW Attachment Hub. In 2020, additional mechanisms for access to a primary care provider emerged, specific to key populations. In an effort to enable access to primary care despite the effects that the pandemic has had, primary care providers came together to create a **New Mom & Well Baby Clinic.** Unattached moms and babies who were seeking prenatal and postnatal care in the FNW communities were directly linked and supported with a local PMH in Port Coquitlam to 

	understanding of available community resources Increase in awareness and ability to access breastfeeding support		support them in this process. As the effects of the pandemic forced many PMHs to go virtual, the need and importance for physical assessments of moms and babies were now supported at this local clinic. This short-term service closed at the end of March 2021; however, priority attachment was facilitated for all patients seeking attachment to a primary care provider in the community. Since summer 2020, the FNW Attachment hub's inclusion criteria for expecting and new moms was through self-identified as currently pregnant or have an infant under 18 months. The need in the FNW communities is trending upwards as noted by the month over month comparison. Data collected for this time period identified 2373 patients who indicated being currently pregnant or who have a child under 18 months of care. Of those 2373, 36% have been attached to a primary care provider. The Maternity Hub provides a space for community members to connect with available resources, services and supports for both new parents and their babies. Analytic trend data reflects the steady usage by not only new users, but returning users. Page views continue to show an upwards trend of usage across users which articulates the positive impact that this resource continues to have in the communities.





A full scope of usage report since the Maternity Hub launched in Summer 2020 is shared below. The majority of users came organically to the site; whereas others were referred through FNW PMHs and community resources.

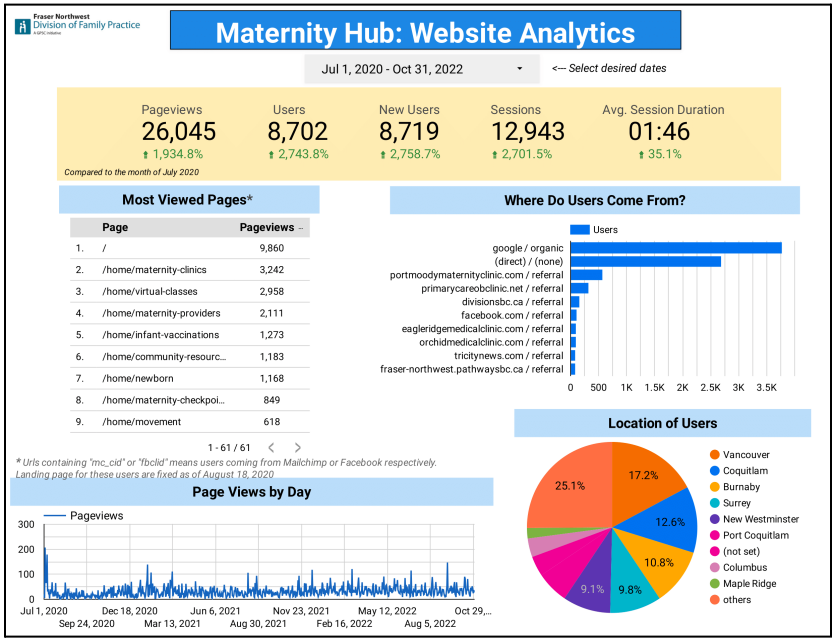
The top 5 pages (besides the main landing page) that were visited were

1. Maternity Clinics
2. Virtual Classes
3. Maternity Providers
4. Newborn Care
5. Infant Vaccinations

These engagement numbers denote the ability for accessible resources and information to new parents and may show an increase in social connectedness due to the availability of resources; increased access to community services; an increased perception and understanding of the available resources; and an increased awareness in how to access

breastfeeding support. The value of this hub enables new parents to seek out resources that are all housed in one space.

On average, users spent 2 mins on the site with a minimum session duration of just over 1 minute in September 2020 and a maximum session duration of just over 3 minutes in January 2021.



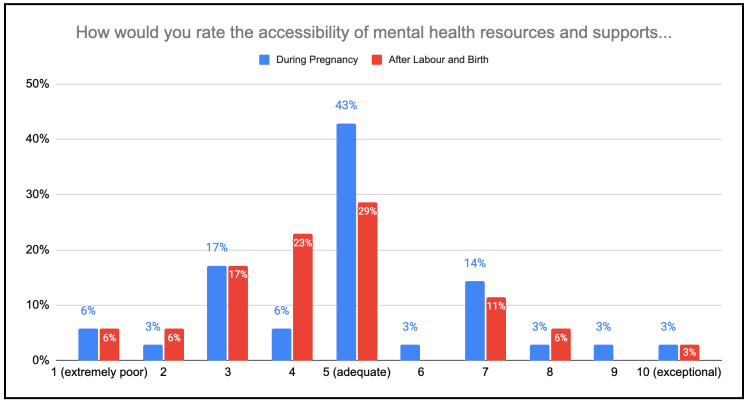
In January 2022, a patient feedback mechanism was launched on the Maternity Hub website to better understand the experience of people navigating the website to access resources related to maternity care. Unfortunately, this feedback mechanism yielded minimal responses; however, of those that did identified 3 main themes in regards to what they were using the hub to support:

1. Family Doctors
2. Pediatricians
3. Prenatal Classes

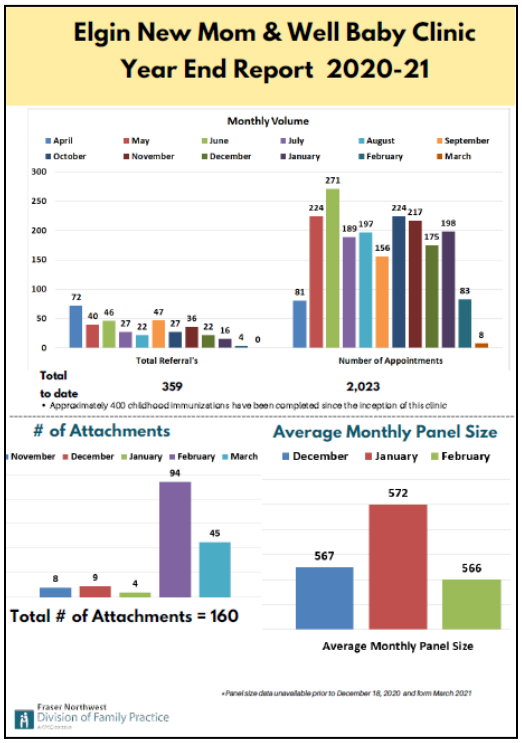
59% of respondents felt that they (somewhat or completely) found the information they were looking for; however, in terms of how resources have impacted respondents, feedback shared provides improvement opportunities with future project activities:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel more socially connected to those in my community	16 (94.12%)	1 (5.88%)	-	-	-
I know where to access resources for mental health concerns	15 (88.24%)	1 (5.88%)	1 (5.88%)	-	-
I know where to access community programs, public health services or support services	15 (88.24%)	1 (5.88%)	-	1 (5.88%)	-
I feel more confident accessing the available resources for new and expecting mothers	16 (94.12%)	1 (5.88%)	-	-	-
I feel more confident accessing breastfeeding support that is available to me	16 (94.12%)	1 (5.88%)	-	-	-
I feel more confident accessing infant and pregnancy immunization information	16 (94.12%)	1 (5.88%)	-	-	-

In Fall 2022, the Division launched a postpartum survey targeted towards new moms who have had babies and were invited to share feedback on the accessibility of services and supports after labour and delivery. Opportunity persists with regards to accessibility of information sharing on available community resources and specific highlights were made around the accessibility of mental health support. Comparing feedback on the support available before delivery compared to after delivery, respondents' feedback was more weighted towards more supports being available before delivery; however, in general access to mental health supports continue to be a high need in this community.



Further evaluation and measurement of this outcome is needed to accurately measure patient satisfaction.

Health Outcomes: To what extent does the program contribute to improved health outcomes for patients seeking postpartum care?	Access to timely mental health support - increased wellbeing and decrease in mental health issues for new moms Access to timely breastfeeding support Access to community support	- Program documentation - FHA data - Patient Survey - Community program data - Physician survey	Measuring the impacts of the project on improving patient health outcomes is difficult to identify within the project's implementation timeline. Attachment data indicated above provides an indication of increased access to healthcare thus intending to have a positive impact on patient health outcomes. In Spring 2020, the Elgin Newborn and Well Baby provided follow-up care to unattached new moms/babies from discharge to 18 months with the goal of attaching these moms/babies as a priority population with the FNW Attachment Hub. This clinic received over 300 referrals with the first month receiving the highest demand. Approximately 200 dyads were attached to primary care providers across the FNW communities. These dyads are included within the total attachment numbers noted in the section above; however, the process for enabling continued access to in-person care likely had an impact on improved health outcomes through the provision of preventative care.  The project's engagement activities identify an increased understanding from longitudinal primary care providers through enhancing clinical skills in providing maternity care. Providers participated at this event indicated: ● An increased confidence in early prenatal care, such as time sensitive information to cover at first and second visits, and ordering tests before referring to a physician who does deliveries

			● An increased confidence in pregnancy management Further evaluation and measurement of this outcome is needed to accurately measure long-term impacts to improving patient health outcomes.
System Costs: To what extent did the program contribute to a change in health care utilization and what effect did it have on system costs?	Access to community supports	- FHA program data - Patient survey and/or interview - Website analytics	Further evaluation and measurement of this is needed as measuring the overall impact to system costs as this is a longer term anticipated outcome. As noted by the top 5 most visited pages, it can be assumed that connectedness to maternity clinics, virtual classes, maternity providers, newborn resources and infant vaccinations has increased. Given the increased accessibility, resources and services may be more readily available to meet patients' needs in a more immediate time frame. Previously, to access such services, patients would rely on word of mouth, services provided by their primary care provider or known services based on previous experiences; having access to the maternity hub removes barriers creating equitable access to maternity resources.
What were the unanticipated outcomes of the proposed strategies?	Sustainability of the program	- Program documentation - Survey/interview feedback (patient, FP, specialist) - Website analytics	Based on the activities of this project coupled with the evaluation outcomes identified as being successful, there continues to be a community wide need for additional support for prenatal, postnatal, and infant care. Community Family Physicians, Nurse Practitioners, Maternity providers, OBGYNs, RNs, and service delivery practitioners have identified an opportunity to create a Maternal Community of Practice (CoP) in the FNW region. The activities undertaken in this shared care project have provided the foundation for collaboration, communication and the opportunity for a strengthened coordination of care for moms and babies in early childhood development. This CoP has had its first session whereby practitioners across the health system, local nonprofits and NGOs discussed current successes and opportunities for development in the FNW communities. Feedback from this CoP coupled with feedback from 54 new moms aligns closely in providing feedback on what's needed to improve maternity care in the FNW communities. The 3 main themes highlighted from all stakeholders include: 1. The need for more primary care providers 2. Increased accessibility in information sharing to moms on what community supports and resources are available to them 3. Increased access to pre and postnatal mental health supports