Quality Maternity Care: the Role of the Public Health Nurse

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session overview

• quality maternity care
• current recommendations
• public health 101
• role of public health nurses
• Simcoe Muskoka District Health Unit
• local work
• Family Centred Maternity and Newborn Care: National Guidelines (FCMNC)
  • birth as a normal healthy process
  • unique to each woman
  • family centred research
  • informed decision making
  • healthy birth outcomes
  • appropriate use of technology
  • measuring quality with meaningful indicators (PHAC, 2002).
quality maternity care

indicators/ outcomes
• individual perspective
• population health
• provider perspective
• system perspective
quality - individual perspective

- understand the perinatal health experience
- informs perinatal policies, programs and practices
- **Maternity Experiences Survey (MES) (PHAC, 2009)**
  - experiences
  - perceptions
  - knowledge
  - practices
• 80.9% of women were “very happy” 12.1% "somewhat happy" when they first realized that they were pregnant.
• 58.1% of women received their prenatal care from an obstetrician/gynecologist
• 34.2% family physician
• 6.1% midwife
• 0.6% nurse/nurse practitioner
• 25.6% of women travelled to another city, town or community to give birth
• 2.5% of women travelled more than 100 km to give birth
MES highlights

- 47.9% of women who delivered vaginally reported lying flat on their back
- 57.0% of women with a vaginal birth reported having their legs in stirrups
- 80% of women reported that their overall experience of labour and birth was either “very positive” (53.8%) or “somewhat positive” (26.2%).
- 65.4% of women were “very satisfied” with the compassion and understanding shown by their health care providers
- 93.3% of women reported being contacted at home by a health care provider after giving birth
surveillance provides systematic, ongoing information
information about trends and patterns in health status and factors that influence health status
**Canadian Perinatal Surveillance System (CPSS)**

  - delivered through the Maternal and Infant Health Section in the Public Health Agency of Canada (PHAC)
  - contributes to improved health for pregnant women, mothers and infants
A: Determinants of Maternal, Fetal and Infant Health
   Behaviours and Practices
   Health Services

B: Maternal, Fetal and Infant Health Outcomes
   Maternal Health Outcomes
   Fetal and Infant Health Outcomes
2008 CPHR data highlights

- trend towards delayed childbearing – women 35+
- 87% breastfeeding initiation - 16% exclusive breastfeeding at 6 months
- educated
- smoking and exposure to second hand smoke
- 11% of women’s reported alcohol use during pregnancy
- 25.6% of hospital deliveries were cesarean deliveries
- episiotomy rate
- severe maternal morbidity
- infant mortality
- preterm births
- multiple births
quality - provider perspective

• scope of practice for maternal and infant care providers
• assist care providers and decision makers in planning maternal and infant health services
• complements individual and population health perspectives
• Giving Birth in Canada: Providers of Maternity and Infant Care (CIHI, 2004)
• 1999-15 of 39 community hospitals Northern Ontario communities had no obstetrical services compared to 3 in 1981
• 50% of women with children (0-11 months) had contact with public health nurse (PHN)
• 2002- there were 12,302 PHNs in Canada
• 2004 -200 birth doulas
• 1993 – 2002- 330% increase in the number of regulated midwives
quality - system perspective

• assist care providers and decision makers in planning health services in maternity and infant care
• complements other perspectives
• Giving Birth in Canada: the Costs (CIHI, 2006)
• 1 in 10 dollars spent by hospitals on inpatient care health care for mothers and babies
• provincial and territorial health insurance plans cover hospital and physician services related to childbirth
• 2002/3 - average inpatient hospital costs for patients with a vaginal delivery with no complications were about $2,700
• average cost of caesarean deliveries about $4,600 per patient
• 2002/3 - average $795 for babies with a normal birth weight born by vaginal delivery
• $117,806 for babies who weighed less than 750 grams at birth
• changes in maternal and infant care have the potential to impact health care spending
challenges to quality maternity care

- systemic health care issues
  - costs
  - health disparities
  - emphasis on accountability, liability, outcomes
  - access and facilities
    - fragmented and immature system of measurement

- declining health and human resources
  - spectrum of maternity providers

- changing maternal and infant demographics
  - maternal age
  - prevalence of chronic diseases
  - preterm births
  - multiple births
quality - current recommendations

- 2006 - Multidisciplinary Collaborative Primary Maternity Care Project (MCP²)
- 2008 - National Birthing Initiative for Canada
• address the urgent need for changes in the health care system
  primary care reform
  access and quality of maternity services
• Multidisciplinary Model of Maternity Primary Care
  • best practice solution
  • designed to promote the active participation of each discipline in providing quality care
  • woman centered
  • fosters respect all disciplines
  • tools for implementation at local level
Principles of Multidisciplinary Maternity Care

Identified need
1. Woman centered
2. Community Consultation
3. Access and availability
4. Choice of birthplace

Structure
5. Standards of Practice
6. Scope of Practice
7. Shared philosophy and common understanding
8. Organizational structure
9. Support structures
10. Size of the model
11. Location
12. Worklife balance
13. Remuneration
14. Accountability, Liability and Malpractice
15. Community linkage
16. Learning organization

Process
17. Collaborative culture
18. Effective communication
19. Common record
20. Flexibility
21. Decision supports

Outcomes
22. Evaluation
• federal level organizations representing physicians, midwives and nurses
• call for federal level support for the development of collaborative models of maternity care
• implementation of a comprehensive multidisciplinary approach to stabilize the current crisis
• “strong and secure maternity care system for all Canadian women and their families” (SOGC, 2008 p. 4).
solutions

• primary care reform
• collaborative models of practice
gaps

- distinct lack of public health and PHNs in the conversations about solutions
- MCP² recommendations only include PHNs as a supportive professional rather than a key stakeholder responsible for the development and implementation of the multidisciplinary model of maternity care
  - PHNs were not included in key stakeholder assessments
- National Birthing Initiative for Canada recommendations failed to consider Public Health Agency of Canada (PHAC) as a key stakeholder in the development of the strategy and the recommendations
public health 101

• maintaining a healthy population
  preventing illness, injury and premature death
• complex weave of programs, services and policies that involves stakeholders at federal, provincial, territorial and municipal levels
• Public Health Agency of Canada (PHAC) September 2004
• increase capacity of the public health sector
• six main activities
  health protection
  surveillance
  disease and injury prevention
  population health assessment
  health promotion
  emergency preparedness and response
PHAC activities

- Health Protection
  - Folic Acid Recommendations
  - Guidelines for reporting infectious diseases in pregnancy
- Surveillance
  - Canadian Perinatal Surveillance System
- Disease and Injury Prevention
  - Guidelines for physical abuse in pregnancy
- Population Health Assessment
  - Maternity Experiences Survey
- Health Promotion
  - Canada Prenatal Nutrition Programs
  - Fetal Alcohol Spectrum Disorder (FASD) Prevention Taskforce
- Emergency Preparedness and Response
  - H1N1 special considerations for pregnant women
public health nursing

- 100 year history as community based health care providers
- well versed in managing changes within the health care system
- The Canadian Community Health Nursing Standards of Practice (CCHNS)
- 5 main standards of practice
  - promoting health
  - building capacity in the individual and community
  - building relationships
  - facilitating access and equity
  - demonstrating professional responsibility and accountability
- inform practice as a unit
- unique perspective provides philosophical differences that are critical to the successful development of quality maternity services specifically the collaborative maternity service discussions
• Public Health ~ Community Health Nursing Practice in Canada - Roles and Activities
• contribute to the improvement of people’s health in the community
• leaders of changes to systems in society that support health
• play key roles in disease, disability, and injury prevention, and health promotion
public health/community health nurse

- baccalaureate degree in nursing
- combines knowledge from public health science, primary health care (including the determinants of health), nursing science, and the social sciences
- focuses on promoting, protecting, and preserving the health of populations
- links the health and illness experiences of individuals, families, and communities to population health promotion practice;
- recognizes that a community’s health is closely linked to the health of its members and is often reflected first in individual and family health experiences
- recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups, and populations
- practices in diverse settings with diverse partners, to meet the health needs of specific populations
Population Count, 2006 Census
Simcoe Muskoka District Health Unit

2006 Population Count

- Water
- Canadian Forces Base
- Incomplete Data
- Ontario Census Divisions

Simcoe Muskoka District
Georgian Bay
Nottawasaga Bay
Simcoe County
Lake Simcoe
Grey County
Durham Region
York Region
Peel Region
Haliburton County
Kawartha Lakes

MapSource:
Town of Georgina, Simcoe Region, City of Kawartha Lakes, Simcoe Muskoka District Health Unit
maternity service providers

- 7 hospitals
  150 - 2500+ births/year
- 8 Family Health Teams
  Primary care teams-GPs, RNs, NPs, RDs, RSWs
- 5 Midwifery Collectives
- 3 Community Health Centres
  Primary care and community health
- Private sector providers
  Childbirth educators, doulas, chiropractors, RMT, LCs
• 4,400 and 4,900 babies born in each of the past 10 years

• majority within a healthy range for birth weight, size and gestational age
  • low birth weight 4.4% and 5.9%.
  • preterm birth rates 4.2% to 6.3%
  • post-term birth rates decreased from 9.1% to 0.4%
• infant deaths decreased from 9.3 to 4.2 per 1,000 live births per year
• neural tube defects (NTDs) decreased from approximately 20 NTDs per 10,000 births to < 5
maternal health

Age-Specific Fertility Rates
Simcoe Muskoka, 1986-2006

Data Sources: Live Birth Data (1986-2006), IntelliHealth, extracted 2008, June, Ontario Ministry of Health and Long-Term Care
• Ontario Public Health Standards
• Family Health Program Standards
• Reproductive Health Goal

To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.
program standards

• Assessment and Surveillance
• Health Promotion and Policy Development
• Disease Prevention
PHNs in Simcoe Muskoka

• PHNs
  8.0 FTE Reproductive Health
  14.9 FTE Healthy Babies Healthy Children

• Decentralized 7 office locations
• Canada Prenatal Nutrition Projects
• Prenatal Education
• Prenatal Breastfeeding Incentive Program
• Smoking cessation supports
• Environmental Health
• Reproductive Health Lesson Plan
Disease Prevention

- Healthy Babies Healthy Children Program
  1 to 1 home visiting
  Prenatal, postpartum and parenting (up to 6 years)
- Screening
- Assessment
- Support services
- Blended Home visiting
- Service coordination
- Referrals to community services
- Service and system integration
- Evaluation
• 900 pregnant women psychosocial screening
• 4,124 families screened in the immediate postpartum period
• 2,062 families who received a telephone postpartum contact families
• 1,061 received a postpartum home visit
• 356 families receiving HBHC Home Visits
• 1 of 5 health promotion strategy Ottawa Charter
• the importance of working together for the pursuit of health
• health sector must move to consistently include health promotion
  beyond clinical and curative services
  embrace an expanded mandate that respects cultural needs
  support the needs of individual and communities for a healthier life
  broader social, political, economic and physical environmental components
• health research and changes in professional education and training
• refocuses on the total needs of the individual as a whole person
• previous evaluations validate the importance of the primary care provider as the main source of information for health pregnancy

• Health Care Professional Liaisons
  Develop a collaborative working relationship
  – Policy and procedures
  – Conduct ongoing assessment, education and support
  – Gestational Weight Gain clinical guidelines

Participate in local and regional committees to plan and deliver maternity services in collaboration with other providers
  – Local Health Integration Networks
  – FASD prevention committee
  – Hospital based Maternal Newborn committees
• Conducted literature review
  MCP², National Birthing Initiative, Scoping Literature Review Primary Care and Public Health, Position Papers from OMA, RNAO & AOM, etc

• Developing PHN capacity to spearhead local conversations
  Needs assessment
  Professional and resources
  – Program manual
  – MCP² tools
  Maintain existing relationships
quality maternity care at SMDHU

• Provide prenatal education materials for distribution in early pregnancy patients via the HCP

• 2011 – situational assessment with local maternity service providers to assess their knowledge, skills, attitudes and practice related to collaborative maternity services
  PHNs will meet with local maternity care stakeholders
  Information will form the baseline for local operational plans

• Provincial advocacy campaign to promote standards provincial resource for all pregnant women
conclusions

- Public health has vital contributions to improving both access and quality of maternity services at the federal, provincial and local levels

- PHNs are providers of maternity care

- PHNs have the knowledge, skills and expertise to both support and lead the development of quality maternity services at the local level
Only when ALL maternity care stakeholders are involved in the development of multidisciplinary care; will health outcomes for Canadian women and infants improve.