



A Collaborative Maternity Care Clinic in Nelson, BC

Healthy Mothers, Healthy Babies 2016

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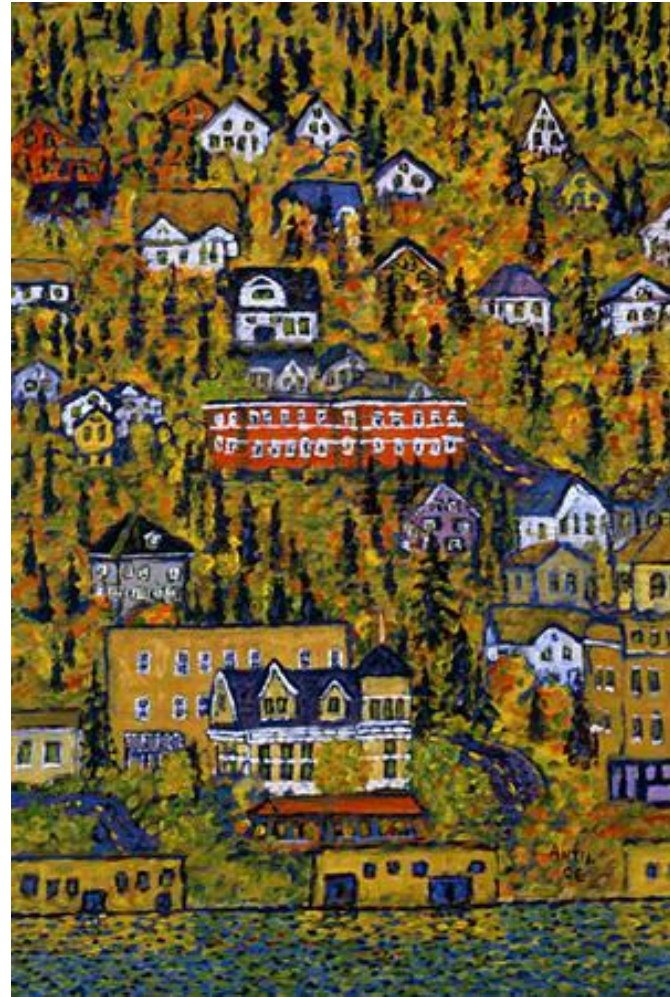
Tanya Momtazian; RM, MPH

Jeanette Boyd; MD, CCFP

Jude Kornelsen; PhD

Declarations:

- Tanya Momtazian
 - None
- Jeanette Boyd
 - None
- Emma Butt
 - None



Nelson, BC

Kootenay Lake Hospital

- Nelson
 - Located in the Selkirk Mountains on West Arm of Kootenay Lake
 - Population ~ 10,000
- Kootenay Lake Hospital 300-360 births/year
 - 2 OB/GYNS + 1 GP with c-section capabilities
 - 1 Pediatrician + 4 GPs covering peds call
 - Catchment Area ~ 30,000



FOUNDATIONS

- 2012: Transitions in Care Initiative
 - Patient journey mapping
 - Maternity Care Providers Round Table
- 2013: Community-Oriented Meetings

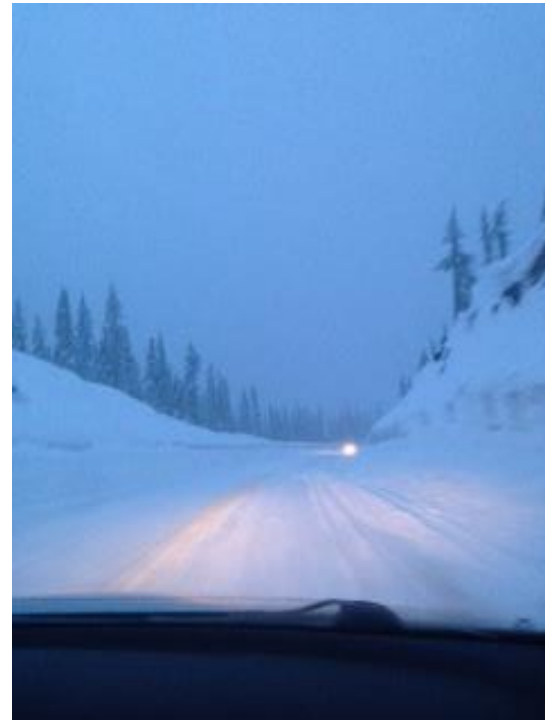
Areas of Focus

- Post-Partum Support
- Provider sustainability
- Communication



Region-wide Initiatives

- Regional Perinatal Committee
- Virtual Maternity Clinic
- Tele-Maternity
- Prenatal Education



Kootenay Boundary
Division of Family Practice
A GPSC initiative

SharedCare
Partners for Patients



Nelson – Midwifery Perspective

- Long history of unregulated midwifery
- Registered Midwives since 1996 – 20 years
- Good relationships with maternity team
- Prior to Apple Tree Maternity
 - 4 full time midwives - 1 solo practice + 1 shared care MW practice
 - Caring for ~ 30% of all births in area
 - Sustainability of on-call time
 - Availability of home birth back-up/2nd attendants
 - In need of more flexibility



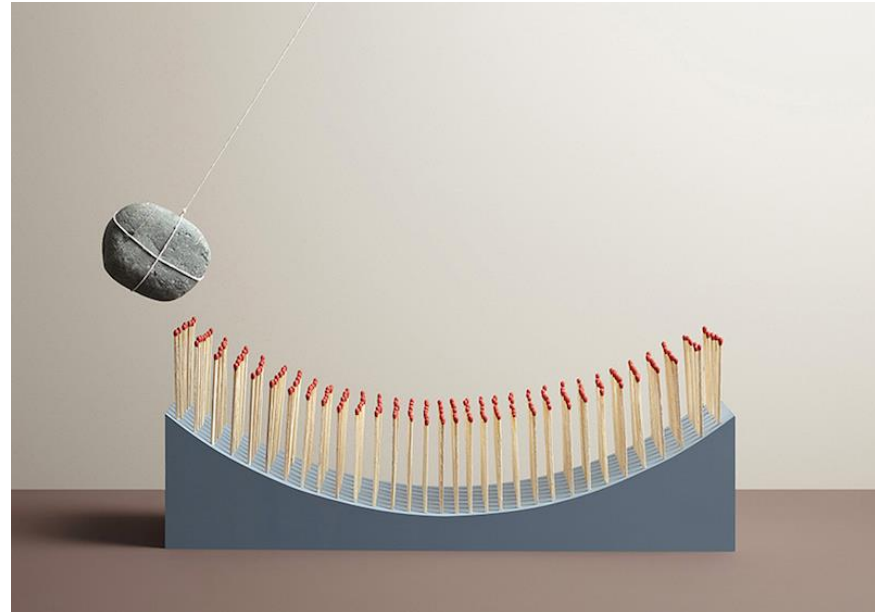
"I know it's been a rough shift,
but look at the bright side...
only 7 hours to go."

Nelson – FP Perspective

Supportive hospital environment

High turnover in FP wanting to participate in a shared obstetrics practice

- Prior to Apple Tree
 - 3 solo practices
 - 2 sharing an ob practice (30%) 1:2 call
 - Add'l call groups: obs, peds (1:5)
 - Significant challenges in balancing FP, call and other responsibilities



Nelson



apple tree
maternity

- Midwife/FP Collaborative
 - Full-scope maternity care (including home birth)
 - Breast-feeding support (community-wide)
 - Mood-support (community-wide)

Who We Are

- 2 Family Physicians + 4 Registered Midwives

The clinic

- Intake of clients started April 2014
- First deliveries started in December 2014



Maternity Care

- 1:1
- Group



Connecting Pregnancy – Group Care

- 7 sessions from ~ 24 – 36wks gestation + 1 postpartum session
- Short one-to-one visit + group care for 2 hours
- Facilitated by a care provider & childbirth educator





Post-partum Support

- **Apple Seeds**

- Post-partum support
- Breast-feeding support
 - With RN/lactation consultant



Breastfeeding Group

- Group offered twice a week facilitated by Lactation Consultant/RN open to anyone in the community
- More extensive one-to-one care available for those experiencing challenges





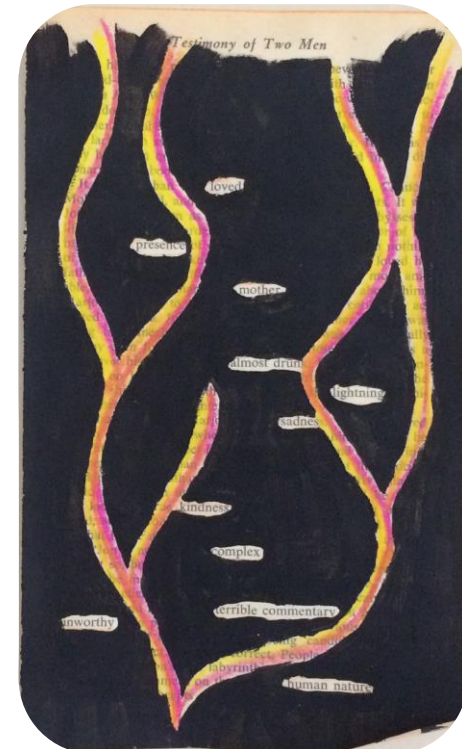
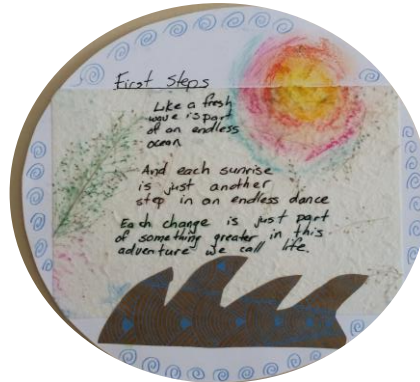
Mood Support

- Peri-partum
- “Mothers Unfolding”
- Art therapy mood and support group
 - Kutenai Art Therapy




Mothers Unfolding

- Art Therapy Group offered once a week for those experiencing challenges with the transition to motherhood



IUD Clinic

- Challenges for women getting access to IUC insertion in the region
- Offering Copper IUD inserts as Emergency Contraception

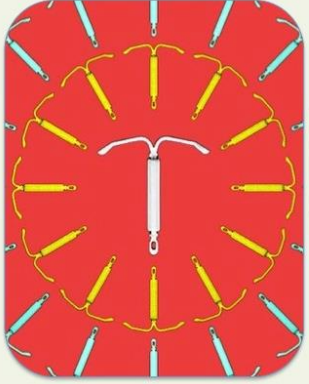


apple tree
maternity

IUD Clinic

There is now easier access to
Intrauterine Contraception in the Kootenays!

Did you know that...



IUDs are the most effective, reversible, long term form of birth control available in Canada.

IUDs are suitable for most women, even if it is your first form of contraception

Call 250-354-3884 for an appointment
or ask your doctor or nurse for a referral

www.appletreematernity.com/iud-clinic/

Teaching

- Midwifery students
- Medical students
- FP residents
- NP students

2015 Clinic Statistics

- 182 Births
 - ~ 60% of all births from Kootenay Lake Hospital
- 107 Primips (59%)
- 44 C-sections (24%)
- 33 Emergency C-sections (19%)
- 8 Operative Deliveries (4.5%)
- 16 Planned Home Births (9%)



Apple Tree Maternity: A qualitative exploration of rural collaborative interprofessional maternity care

Emma Butt
Senior Research Project
UBC Midwifery



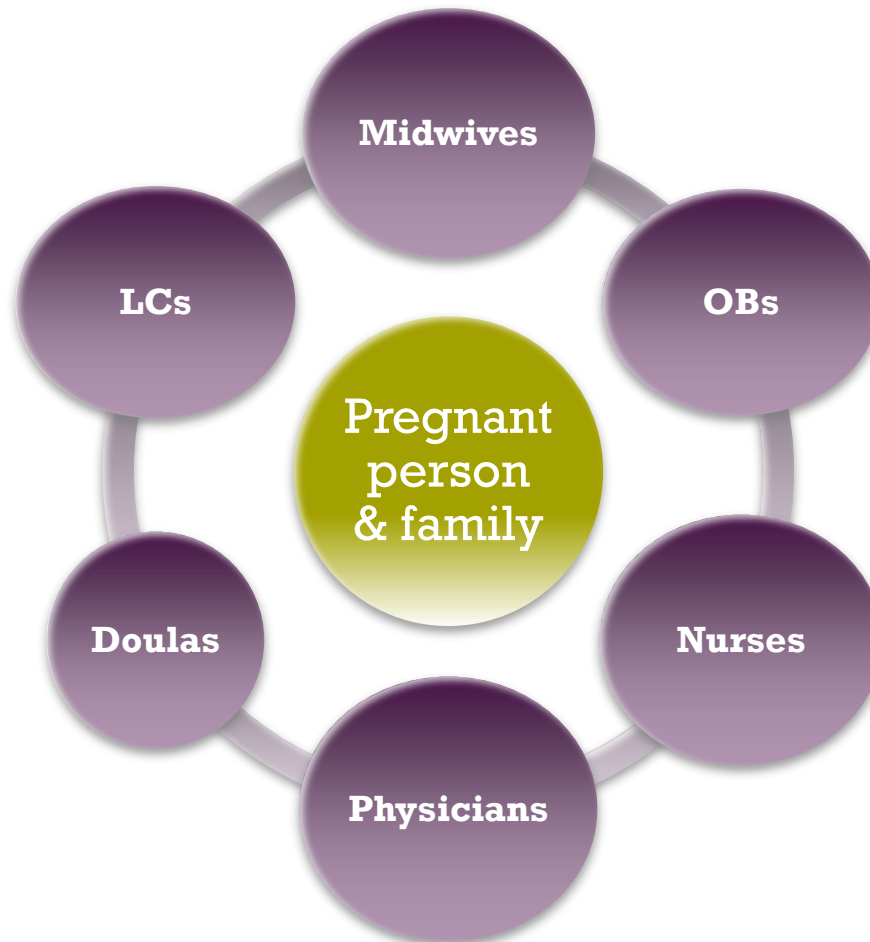
Background



- Currently a maternity care crisis in Canada
- Decline of HCPs providing maternity care in last 20yrs
 - retirement age in next 10 yrs → decline to continue
- Challenges to accessing maternity care magnified in rural settings
 - Recruitment and retention
 - Hospital closures
 - Requirement to travel to receive care
 - Lack of c/s backup
- Growth of midwifery profession (since regulation 1998)
 - Increase demand for midwifery services
 - Majority of BC births = low-risk, within midwifery scope

+ Background

- **Solution...**
- **...collaborative, interprofessional maternity care?**



+ Rationale



- Examples of collaborative models of maternity care
 - E.g. South Community Birth Program (SCBP)
- Importance of **documenting**
- **Limited literature** in this area
- **Apple Tree Maternity** is a recent rural example of an innovative and collaborative, interprofessional model of care in Nelson, BC

+ Study Objectives



- Qualitative case study aims to explore and document:
 - (1) the process of designing and implementing the Apple Tree Maternity model, and
 - (2) the experiences of the primary care providers

+ Findings



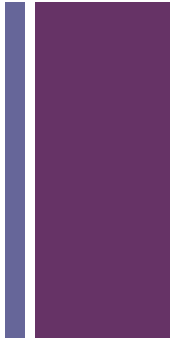
- **Four main themes:**
 - Motivation for collaboration
 - Attributes and benefits of collaboration
 - Challenges and barriers to collaboration
 - Core qualities and recommendations for successful collaboration



Findings:

Theme 1 – Motivation for collaboration

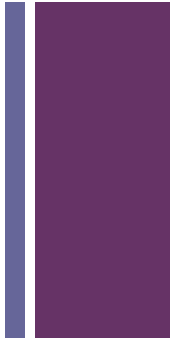
- Primary motivation = increased flexibility and sustainability of call schedule
- SCBP
- Desire to collaborate
- Midwifery model of care & home birth





Findings:

Theme 2 – Attributes and benefits



- **Interprofessional relationships based on mutual respect & trust**

- Mutual learning and enhanced maternity care

“I think what drew me the most to this model of collaboration was just that opportunity for this synergy between the styles of care...and the greater depth of care that I felt that women would be able to get from this type of model, from a collaborative model “ (CP5)

- Group care and community building



Findings:

Theme 3 – Challenges and barriers

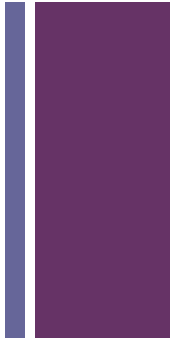


- **Lack of sustainability**
 - Transferability of SCBP call schedule model
 - FPs - multiple practice, on-call, & personal & family responsibilities
 - Smaller team limits call flexibility
 - College and financial resources restrictions to adding additional team member
 - Rural context & impact of HCP burnout



Findings:

Theme 3 – Challenges and barriers

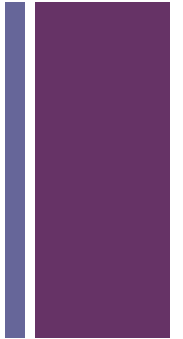


- Home birth
 - Hx and community demand for home birth
 - HB mentorship impact on flexibility & sustainability
 - Locum limitations for FPs
- Billing structures
 - Structural barriers
 - Need for alternative payment plan



Findings:

Theme 3 – Challenges and barriers



- Interprofessional tension
 - FPs and maternity nurses
 - Concerns about division of roles and responsibilities
- Perceived impact on the community
 - Competition for funding & patients
 - Limiting women's choice
- Decision-making and communication
 - Blending 2 models of care and scopes of practice
 - Clarity and principles for guiding decision-making



Findings: Theme 4

Core qualities and recommendations



- Mutual trust and respect = foundational for success
- Common philosophy of care
- Mutual commitment and genuine desire to collaborate (willingness to work through unforeseen challenges)
- Clear and effective communication (internally/externally)
- Collaborative model responsive to unique needs of specific community
- Community support
- Supportive institutional culture
- Alternative payment plans and billing structures



Discussion



- **Sustainability**

- Transitional “growing pains”
- Balancing responsibilities
- Rural context

- **Collaboration**

- genuine commitment and desire to collaborate
- Opportunity for shared learning and enhanced care
- Complexities of blending different models of care and scopes of practice
 - adapting practice in a manner that accommodates the collective skills of the team
 - Impact on decision making

+ Conclusions & Implications for practice

- 1 of few studies to examine CP perspective
- 1 of first studies to examine collaboration in rural setting
- Revealed challenges unique to the rural context
- Further studies of this type needed in other rural communities
- Future research must explore and document the experience of collaborative maternity care from the client perspective
- This further research is necessary to inform policy suggestions that will facilitate:
 - Successful collaborative practice
 - Improve the care to women in rural settings
- Need for this research is vital given the maternity care crisis in BC, and the need for more sustainable rural maternity care models



Methodology



- **Approach**

- Qualitative and exploratory approach

- **Recruitment**

- Invitation to key stakeholders (primary care providers and allied health professionals at ATM)

- **Data collection**

- Semi-structured interviews
- Voluntary participation, with informed consent
- Interview guides generated based on literature review
- Open-ended, probing questions
- Audio-recorded with consent

- **Data analysis**

- Audio-recordings transcribed & reviewed
- Common themes identified & codebook created
- Codebook used to summarize themes in narrative form

+ Limitations



- Findings from this study reflect the experiences of setting up a collaborative maternity care practice in the rural community of Nelson, BC
- Findings may not be relevant to care providers in other rural communities in BC, Canada or international jurisdictions, with different social, geographical, institutional and/or regulatory circumstances.