

# The Accoucheur

A Newsletter for Primary Care in Childbirth

September 2005  
Volume 8, Number 3

## Editorial

### The Language of Collaboration

Collaborative maternity care has been a very "hot" topic in 2005. It has been the subject of conferences, the focus of large and small grants and is seen as one of the possible answers to the current crisis in the provision of maternity care across the country. Outside the realm of maternity care, interprofessional practice and education have also received much attention from clinicians, educators and funding agencies.

Obviously, some of the most important aspects of interprofessional collaboration include good communication, understanding and valuing each other's perspectives, mutual respect etc. However, even with the above characteristics and a healthy dose of friendship, we have discovered that at times, we actually use different language and may have different understandings of issues without even being aware of it. It has been the source of some confusion and much amusement as we work together on several projects.



When physicians talk about "hard" call, they mean a rigid sign-out, almost like shift work. This is opposed to "soft call" - a more flexible system where they are available to their patients unless sign-out arrangements have been made. The latter system is how most midwives work - however, they would never call this "soft". In fact, one of our midwifery colleagues assumed that this arrangement, being more demanding of the clinician, must be "hard" call. You see where the confusion can start! It only got worse when our nursing colleagues started to talk about being on roster or off roster.

However, the dichotomy does not end with the language. "Hard call" is often seen as the answer to burn-out for physicians who provide maternity care.

Continued on page 4

## In This Issue

1

- Editorial - The Language of Collaboration

2

- Intergrated Maternity Care
- PRIMA Project

3

- Teaching & Learning from Eachother
- Giving Blrth - A True Collaboration

4

- Upcoming Events
  - Alarm Courses
  - Also Courses
  - UBC Event
  - CCFP Event
  - CMNH Event

4

- The Language of Collaboration Continued
- Contact us
- Contribute to the Accoucheur

## Intergrated Maternity Care for Rural & Remote Communities

Six rural and remote communities in Ontario are engaged in some challenging and ground-breaking work. Local working groups made up of nurses, midwives, family physicians, nurse practitioners, public health nurses, community representatives and program managers are working together to develop new ways of providing maternity care. Rural communities are facing a variety of challenges such as shortages of nurses and physicians, falling birth numbers, geographic isolation, or temporary closure of hospital maternity units.

Care providers and community members in Alliston, Cornwall, Hearst, Winchester, Kenora, Moose Factory, and the western James Bay coastal communities are partnering with Ryerson University's Midwifery Education Program in a Primary Health Care Transition Fund research project to develop new models of maternity care that integrate midwives into collaborative models with nurses and physicians. Funded by the Ontario Ministry of Health and Long-Term Care, this project is going to identify recommendations that are emerging from local communities to meet local needs.

The research team has been conducting interviews of care providers and focus groups of consumers in addition to the work of the local working groups. This Fall will see the linking up of representatives from the six communities through teleconference meetings to share ideas and challenges. In partnership with the Babies Can't Wait and MCP2 projects, we will be hosting an invitational conference in 2006 to develop joint recommendations for professional associations, funding agencies and regulatory bodies.

Judy Rogers

For further information please contact:  
Lucas Sorbara, Project Coordinator, IMCRRRC  
Ryerson University Midwifery Education Program  
350 Victoria St.  
Toronto, ON M5B 2K3  
P: 416-979-5000 ext. 4807  
email: lsorbara@gwemail.ryerson.ca

## The PRIMA Project - Pregnancy-Related Issues in the Management of Addiction

Substance abuse during pregnancy is a serious concern. Alcohol, tobacco and prescription drug use are common among Canadian women of childbearing age. Illicit substances, such as cocaine and cannabis, present as a growing problem in this group of women. The literature on the long-term effects of problematic substance use on children and families is also growing rapidly. We know alcohol consumption in pregnancy can lead to FASD, the leading preventable cause of developmental delay. We also know that 25% of pregnant women smoke, with a resultant increase in morbidity for their infants. These studies suggest that that all health care providers caring for childbearing women will encounter pregnant women with substance use disorders.

The PRIMA Project was initiated in response to these concerns. Funded by the Lawson Foundation, the project has been running in Canada for two years. The project goal is to develop and disseminate provider resources and patient care protocols for managing pregnant women with problematic substance use. A multidisciplinary national committee is comprised of providers from principal programs in Canada (the Sheway Program in Vancouver, the Toronto Centre for Substance Use in Pregnancy (T-CUP), the Herzl Family Medicine Methadone Program in Montreal). Other participating

providers come from related areas, including, PREGNETS, Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre, the Manitoba Obstetric Outreach Programs, the Centre for Addiction and Mental Health, Breaking the Cycle, and the Healthy Child Development Program of the OCFP.

If you are interested in participating in this program or receiving more information, please contact [deana.midmer@utoronto.ca](mailto:deana.midmer@utoronto.ca). Our website will soon be operating in the fall of 2005 at [www.addictionpregnancy.ca](http://www.addictionpregnancy.ca). Information about teaching about substance use disorders can be found at the CREATE Canada site, [www.addictionmedicine.ca](http://www.addictionmedicine.ca).

Deana Midmer



## Teaching and Learning from Each Other

With a great deal of hope I take on a new resident this year. I am secretly plotting to inspire her to do obstetrics. With today's Generation X trainees, I know it is a long shot.

She recently remarked on three "unmedicated deliveries" - her first. She couldn't believe how much pain women seemed to be in. She picked up on a vibe amongst the nurses - a mockery that goes on when women forego the near-universal epidural. She thought it unfair. I thought that maybe she seemed as open as I was in med school when I listened to Vicky Van Wagner and Holiday Tyson describe the essence of midwifery care in a small group session, a mind-altering and career-changing experience.

We talked about the empowerment that comes with natural birth - when it IS what you want, and even sometimes when it wasn't what you intended. The bonding, the breastfeeding, the falling in love that goes on under the influence of a surge of endorphins that have you on top of the world.

I could not resist sharing my own tale of two home births. Also, my good fortune at having attended my first births, as a student, at an American birth centre where the pain "control" was the constant support of a midwife with lots of ideas and a willingness to be flexible, both psychically and physically.

It was a long and tender conversation that made me late for dinner.

I look forward to my year with this resident. I hope she is captured by the kind of obstetrical care I provide. I pray I at least inspire her to be a good doctor.

Kimberly Wintemute



## Giving Birth- A True Collaboration



In December last year, I was fortunate enough to have had wonderful experience giving birth to my son. My pregnancy and delivery were attended to by a great team of midwives, and the whole experience allowed me not only the personal fulfillment of starting a family, but also the professional growth which comes from experiencing that which I had seen a great number of my patients go through.

Reflecting back on it now, I realize that the relationship I had with my midwife and her colleagues was very much one of collaboration, where we all worked together towards the common goal of having a healthy outcome for myself and my baby. As a physician, I recognize that I often take on the role of expert within the patient-doctor interaction, and this may be appropriate when the patient presents with a set of symptoms or complaints which need a diagnosis and treatment.

With a physiologic event like pregnancy, however, our work is often nothing more than monitoring, providing reassurance and anticipatory guidance, and patiently waiting for nature to take its course. A model of collaboration fits nicely within the framework of providing maternity care, since each participant brings specific knowledge, a unique perspective, and particular expectations to the interaction, but, also, each does a significant amount of work along the way. My own experience has given me a new appreciation for the unique relationship which exists between a woman and her birth-attendant and, even more than before I became a mother, I see expectant women in my practice as participants in a collaborative effort, rather than patients in need of treatment.

Jolanda Turley

## Upcoming Events



**CCFP Family Medicine Forum 2005**  
Vancouver, BC  
December 8-11, 2005  
Maternity Day  
December 9, 2005

**CMNH Multidisciplinary Conference**  
Vancouver, BC  
May 4-6, 2006



### ALARM COURSES 2005

Toronto, ON  
Nov 27-28, 2005

### ALSO COURSES 2005

Calgary, AB  
October 28-29, 2005

Halifax, NS  
October 29-30, 2005

Montréal, QC  
November 4-5, 2005

St. John's, NL  
November 19-20,  
2005

Gatineau, QC  
Residents Only  
November 24-25,  
2005

Vancouver, BC  
Refresher  
December 8, 2005

Continued from page 1

However, some midwives have described how "hard call" and shift work models have contributed to burn-out due to the diminishment of midwifery values and less satisfying relationships with their clients. Some collaborative proposals from nursing try to integrate more "on call" and opportunities to "follow" women rather than work shifts.

There have been endless debates about the word for parturients - patients, clients, mothers, women, etc. We also describe our role in the birth process differently - from attending births to assisting at births to catching or delivering babies. (or "recevoir le bébé" en français)

There is no "correct" language; however, there are times where language used truly reflects a difference in culture. When that occurs, it is important to get beyond the language to try to understand each other's culture. However, where different words describe the same thing, we have learned to check back with each other about the meaning of the words used and rejoice in the richness of our language.

This edition of *The Accoucheur* includes some perspectives on collaboration: teaching and learning from each other, giving birth with each other as attendants as well as examples of clinical and research programmes which are truly interprofessional.

Anne Biringer and Vicki van Wagner

Sign up for  
**NEW!** Future Newsletters  
at [www.cmnh.ca](http://www.cmnh.ca)

## How To Contact Us



Please send your births stories, ideas, feedback, contributions, Conferences etc, to : The Accoucheur at [cmnh@cw.bc.ca](mailto:cmnh@cw.bc.ca)

The  
**Accoucheur**