

# Provincial Support For Optimal Outcomes

Brenda Wagner

Regional Physician Planning Leader

PHSA/VCH

# Supporting Optimal Outcomes

- What benefits can regional models of care and provincial bodies provide in changing maternity care?
  - Little in the maternal literature
  - Some reviews of regionalization of neonatal care

# Supporting Optimal Outcomes

- From the Literature
  - Ad Hoc Committee on Perinatal Health organized in 1973 by the AMA, ACOG, AAP and the American Academy of Family Physicians, with help from the March of Dimes met with the single objective of reducing the national maternal, perinatal and infant mortality and morbidity. Recommendations produced 1976

# Supporting Optimal Outcomes

- Reviews of Neonatal Regionalization
  - all of the reviews show decreased mortality and morbidity with regionalization
  - the reviews support hospitals knowing the level of care they provide, working in networks, and having common education, and supports including support for peers

# Supporting Optimal Outcomes

- In the absence of studies where else can we look to support optimal outcomes
  - Principles from Highly Reliable Organizations

# Supporting Optimal Outcomes

- Principles of Highly Reliable Organizations
  - Scan the environment
  - Identify needs for change
  - Implement change (systems change, education)
  - Assess the implementation
  - Scan the environment

# Supporting Optimal Outcomes

- Some tasks of Highly Reliable Organizations are beyond the scope of smaller maternity units with limited resources
- Implementation of best practice is more difficult within the context of smaller units with limited resources
- Regional Teams can pool resources, scanning the region, identifying needs, writing policies and guidelines, and helping with implementation
- Province can fund programs designed to create HROs (e.g. MORE OB)

# Supporting Optimal Outcomes

- In the absence of studies where else can we look to support optimal outcomes
  - Ontario Cesarean Section Working Group  
*Attaining and Maintaining Best Practices in the Use of Cesarean Section - 2000*
  - The UK Maternity Care Working Party *Normal Birth Consensus Statement - Nov 2007*

# Supporting Optimal Outcomes

- Attaining and Maintaining Best Practices in the Use of Cesarean Section (Report of the Cesarean Section working group of the Ontario Women's Health Council )
- Identified factors that support a low Cesarean Section Rate

Attitude

Connections

Organization

Managing Change

Knowledge and Information

# Supporting Optimal Outcomes

- Attitude
  - Pride in Low Cesarean Section Rate
  - Culture of birth as a normal process
  - One on One Supportive Care in active labour

# Supporting Optimal Outcomes

- Organization
  - Strong team Leadership
  - Effective Multidisciplinary Team
  - Timely Access to Skilled Professionals
- Knowledge and Information
  - Commitment to and implementation of Best Practice
  - Programs to ensure CQI
  - Accessible and Interactive databases

# Supporting Optimal Outcomes

- Connections
  - Ensure continuity and coordination of maternal/newborn care
  - Make connections through networking for both patients and staff
- Manage Change
  - Develop strategies for managing change
  - Monitor performance and adjust strategies

# Supporting Optimal Outcomes

- The UK Maternity Care Working Party Normal Birth Consensus Statement
- In order to decrease all interventions including Cesarean we need to increase normal birth.
- They identified specific tasks
- These are for providers, health boards and government

# Supporting Optimal Outcomes

- Many of the tasks are large for local units/individual practitioners but can be done more effectively if done collaboratively provincially and regionally
- Practitioners
  - Allow choice of place of birth
  - Allow women to get to know their practitioner prior to labour

# Supporting Optimal Outcomes

- Each Hospital
  - Strategy to support normal birth
  - One to one support for active labour
  - Aim to increase normal birth to 60%
  - Consultants available on the labour ward (has funding implications)
  - Implementation of guidelines

# Supporting Optimal Outcomes

- Regions/Province
  - Ensure appropriate staffing
  - Provide antenatal preparation courses
  - Provide evidence based information for women
  - Allow choice of place for birth
  - Provide guidelines
  - Provide comparative normal birth rates for different care settings using intention to treat principle

# Supporting Optimal Outcomes

- Province
  - Remove “perverse” incentives to maintain the high intervention rates
  - Fund active one-to-one support for all women during active labour
  - Fund education and training programmes and mentoring to build confidence to support women who wish to give birth without intervention
  - Publish normal birth statistics
  - Establish clear policies
  - Fund research that establishes how case-mix affects normal birth rates and the factors that facilitate normal birth

# Supporting Optimal Outcomes

In our current milieu when a women presents at 39 weeks, with an unengaged fetal head and U/S EFW 3800g.

- The practitioner may
  - believe in normal birth
  - be knowledgeable/ Committed to best practices
  - be able to implement changes in practice
  - believe in patient autonomy
  - not be overly affected by malpractice concerns

# Supporting Optimal Outcomes

Or the practitioner may

- think normal birth won't happen
- think induction and elective Cesarean are reasonable choices
- not consider the impacts of these choices on subsequent pregnancies
- believe that his or her experience should shape decision making
- feel that Cesarean limits malpractice concerns
- be motivated by time and money

# Supporting Optimal Outcomes

- The patient may
  - believe in natural birth
  - understand that discomfort and fatigue at this stage of pregnancy are normal
  - have peers that have had successful vaginal birth and who encourage her to wait
  - be informed about normal physiology and all risks of C-Section
  - believe that her knowledge and opinion are as valuable as the physician
  - have a care provider who supports her in the above

# Supporting Optimal Outcomes

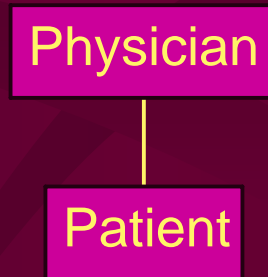
- Or she may
  - believe in the doctors experience and recommendations
  - have friends who have had difficult inductions ending in C-Sections
  - not know the risks of C-Section now and in the future
  - have no other care provider or family to give support

# Supporting Optimal Outcomes

- In the latter instance the medical view of the autonomous provider who has a linear relationship with the patient in isolation allows the practitioner to have an undue impact on the patient.
  - The practitioner may suggest care that may be motivated by experience, time, money and fear of litigation
  - The patient may be swayed by the practitioner's opinion and not able to make truly informed choices.

# Supporting Optimal Outcomes

- The traditional relationship between physician and patient has evolved to look like this

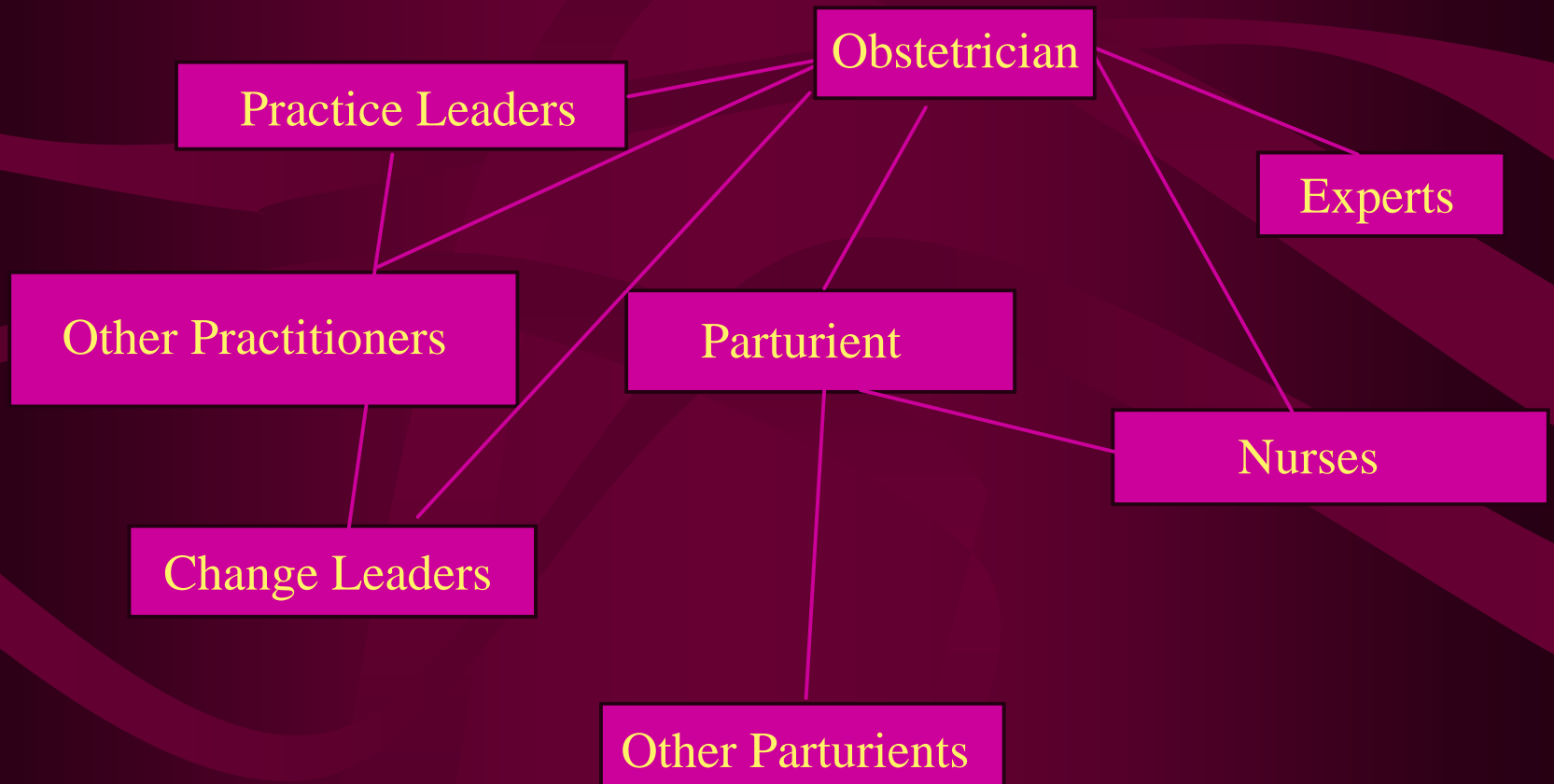


# Supporting Optimal Outcomes

- The purpose of building provincial, regional, and local infrastructures is to provide a network within which
  - The practitioner can be influenced to believe in normal birth, to be knowledgeable, to integrate changes into practice, and to interact with peers
  - The parturient can learn to believe in normal birth and physiology, is given accurate information about the risks of Cesarean Sections, is supported before and during labour to make choices that provide optimal outcomes for her and her newborn
  - We can track that these changes are occurring and making a difference in outcomes

# Supporting Optimal Outcomes

Building regional and provincial networks would enable relationships that look like this.



# Supporting Optimal Outcomes

An example of how this could work in practice

- BCPHP releases new fetal surveillance guideline
- Region identifies implications of guideline for facilities, develops implementation plan and networks with other appropriate regional teams, e.g. Diagnostic Imaging
- Regions identify practice leaders and change leaders who will work to implement the guideline

# Supporting Optimal Outcomes

- Networks of physicians/midwives/nurses exist across the region and they meet to discuss the guideline
- Clear implementation dates for new language and standards are established
- Patient information is written by the region/province
- Funding implications and potential cost savings identified by BCPHP/regions
- BCPHP collects and shares data to evaluate implementation