



*A National Birthing Initiative  
for Canada*

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*Society of Obstetricians and Gynaecologists  
of Canada*

to the  
Best Start Conference  
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# *A National Birthing Initiative for Canada*

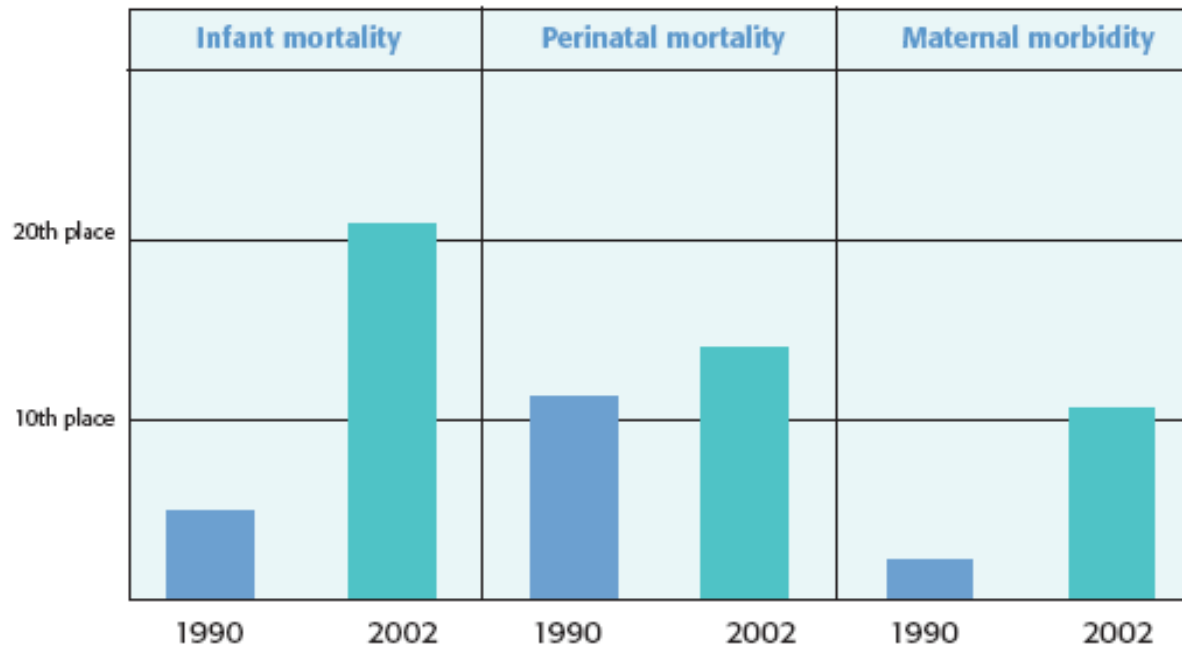
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Today's agenda:

- I. Why Canada Needs a National Birthing Initiative
- II. Birthing Initiative Partners
- III. Birthing Initiative: Seven priorities for action
- IV. An Aboriginal Birthing Initiative
- V. Call to Action

# *Why Canada Needs a Birthing Initiative*

Maternal and newborn mortality and morbidity on the rise



Infant mortality and maternal mortality: OECD health Data 2006, June 2006  
International comparisons of 30 OECD countries



# *Why Canada Needs a Birthing Initiative*

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Changing patient demographics:

increase in age of pregnant women

increase in multiple births

increase in number of births needing NICU

decrease in fertility rates

and

growing diverse and vulnerable populations.





# *Why Canada Needs a Birthing Initiative*

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## Regional disparities in delivery of care

- Maternity the responsibility of provinces/territories; inequities developed as provinces adopted differing approaches to meet differing needs.



## Inadequate accountabilities/data collection

- inconsistent amongst jurisdictions



## Lack of national leadership for system changes

- to ensure sustainability
- to provide leadership and support to the provinces/territories.




# *Why Canada Needs a Birthing Initiative*

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Moms everywhere should be able to expect safe, skilled family-centered care to be accessible where they live, and where they choose to give birth.



Doesn't always happen right now.




Urgent need to take action so we can meet expectations and Moms will have timely access to maternity/newborn care.



# *Why Canada Needs a Birthing Initiative*

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## Crisis in maternity human resources:

- acute shortages in rural and remote communities
  - shortages in Obstetricians, Family Physicians, Rural Practitioners, Midwives, Nurses, Nurse Practitioners, Anesthesiologists, Ancillary workers
  - absence of contingency plan
  - absence of strategy to tackle the shortages
- 



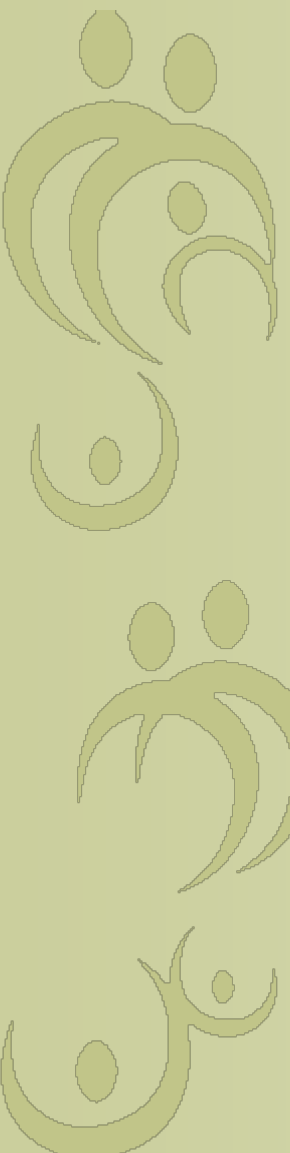
*Crisis in Maternity Human  
Resources*

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How bad is it?



Let's look at the numbers.




# *Crisis in Maternity Human Resources*

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## **Obstetricians**

- Canada currently has 1650 Obstetrician/Gynaecologists; only 1370 practice obstetrics.
- Between 1992 and 2002, the number of obstetricians performing deliveries in Ontario declined by 9% annually.
- 80% of routine deliveries still currently provided by obstetricians.
- New graduates not sufficient to replace retiring obstetricians.




## *Crisis in Maternity Human Resources*

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Health Canada asked SOGC to find out status of intrapartum emergency obstetrical care.

In 2007/08 SOGC surveyed:

- 
- mothers
  - ob/gyns
  - residents
  - medical schools



# *Crisis in Maternity Human Resources*

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SOGC released its Report to Health Canada on Intrapartum Emergency Obstetrical Care in December 2008

## **Key Finding**

*not* an emerging crisis ... it is an existing crisis. Canada does not have enough Ob/Gyns to meet 2009 demands for emergency obstetrical care.



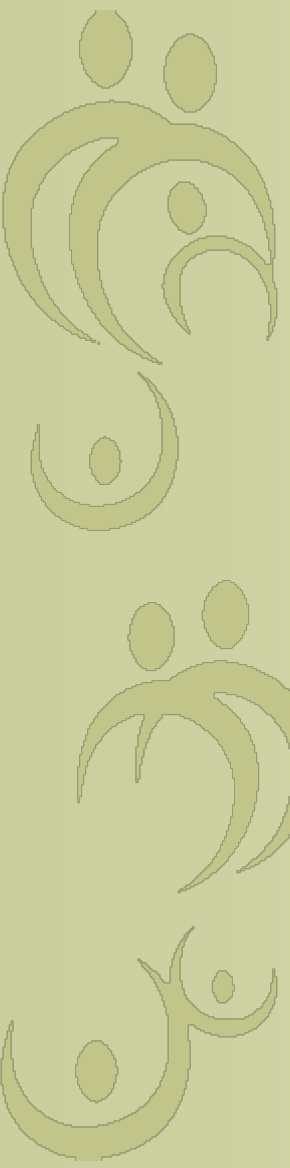
## *Crisis in Maternity Human Resources*

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SOGC ran projections 2008-2021:

In 2009, based on a caseload of 150 births per year, with current resources, Canada has a **shortage of 856 Ob/Gyns.**

Based on a caseload of 180 births per year, a **shortage of 481 Ob/Gyns.**



# *Crisis in Maternity Human Resources*

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## Cause for concern for mothers, especially in rural/remote areas

- Currently the majority (73%) of ob/gyn respondents spend 76-100% of their practice time in large urban centres (500,000+ people)
- Very few spend 76-100% of their practice time in:
  - communities with a population less than 10,000 = 6 %
  - remote communities = 2%
  - Aboriginal reserves = 0.5%




## *Crisis in Maternity Human Resources*

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### Cause for concern in Health & Safety

- 80% have spent continuous 24-hour periods of on-call time in direct patient care
- Of these, 69% have been required to provide direct patient care immediately after those 24-hour periods




# *Crisis in Maternity Human Resources*

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## **Residents**

Incoming ob/gyns plan to practice very differently than their predecessors:

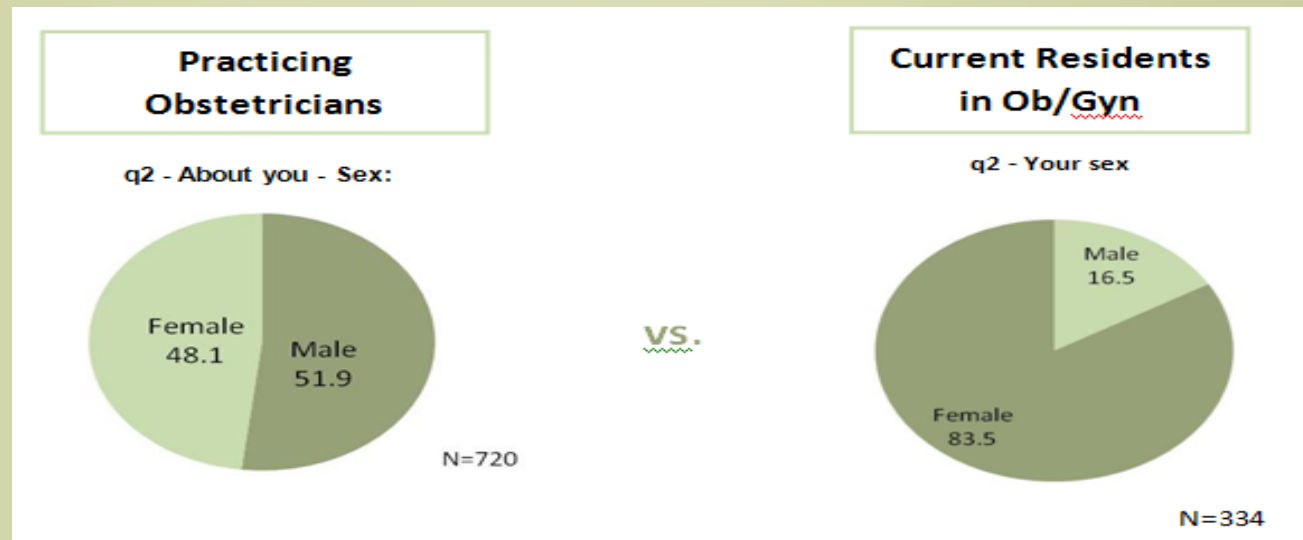
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- Residents want to work fewer on-call shifts
  - Residents plan to practice in larger cities


Only 6% plan to practice in centres with less than 50,000 people

39% plan to work in centres of 500,000 or more

# *Crisis in Maternity Human Resources*

- Significant ob/gyn gender shift
- Majority of ob/gyns will be women and they plan on 2/3 maternity leaves, primary child care responsibility, and greater work-life balance

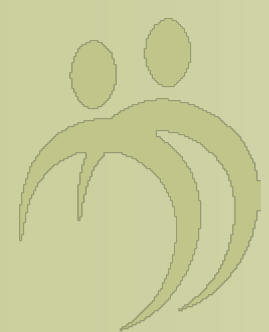




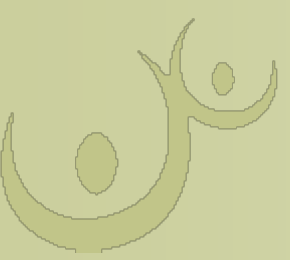
## *Crisis in Maternity Human Resources*

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The SOGC Report tells only part of the maternity care story.



Scope of the SOGC Health Canada survey was limited to only ob/gyns providing intrapartum emergency obstetrical care.



There are problems elsewhere in the maternity care delivery system.



# *Crisis in Maternity Human Resources*

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## **Midwives**

- Women want midwives for prenatal, antenatal and postnatal care. (Maternal Experiences Survey 2007 Health Canada)
- Yet midwives not legislated or funded in all provinces.
- Currently 700 registered midwives practice in 6 provinces and 1 territory where midwives are regulated (BC, AB, SK, MB, ON, QC, NWT).
- Insufficient registered midwives to replace OBs & FPs.
- University education programs require funded spaces.

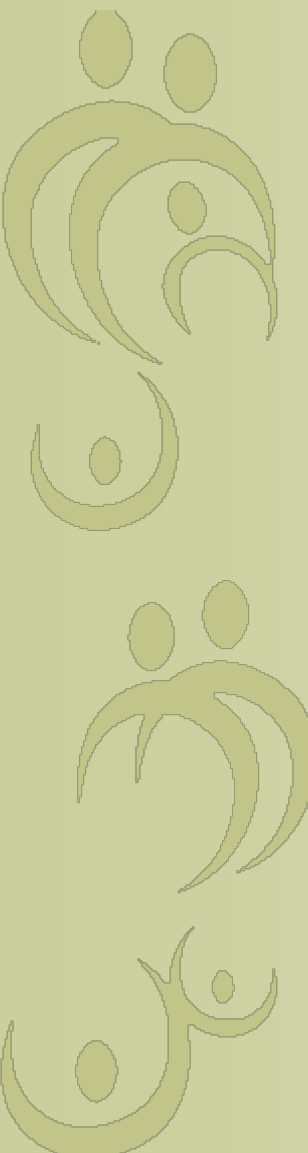


# *Crisis in Maternity Human Resources*

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## **Nurses**

- Over 13,800 nurses work in maternal/newborn care.
- Nurses care attend almost every birth in Canada.
- RNs have the capacity to work within their scope of practice in collaborative care models *BUT* the scope of practice is limited by jurisdictions.
- Similar issues of maintenance of competency in low volume areas such as rural and remote areas.



# *Crisis in Maternity Human Resources*

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## **Nurse Practitioners**

- Primary health care nurse practitioners provide maternity care and have a legislated scope of practice that includes prenatal care up to 32 weeks and immediate post-partum care.
- Provinces have legislated the role of the nurse practitioner.





## *Birthing Initiative Partners*

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1. Society of Obstetricians and Gynaecologists of Canada
2. Society of Rural Physicians of Canada
3. College of Family Physicians of Canada
4. Canadian Association of Midwives
5. The Association of Women's Health, Obstetric and Neonatal Nurses (Canada)
6. Canadian Nurses Association




## *Birthing Initiative Partners*

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Partners are committed to building on success of Multidisciplinary Collaborative Primary Maternity Care Project: a 2-year project which produced stakeholder agreement on how we can all ***work together better*** deliver to maternity care

National Birthing Initiative is logical next step to implement collaborative practice models in MCP2.



# *A National Birthing Initiative for Canada*

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## The Birthing Initiative will:

- will provide a national infrastructure to oversee the planning, implementation and evaluation of long term multidisciplinary collaborative care strategies
- will fund the organization of models and the coordination of efforts
- will facilitate hospital-by-hospital implementation by provinces and territories




# *Birthing Initiative: Priorities for Action*

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## 7 Key Action items:

### I. Listen to Women's Voices

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- Seek public input on women's concerns and expectations much as we did in Intrapartum Project
  - Use insights to develop CME
  - Make sure women know about their maternity care options
  - Promote pregnancy & birth as a normal physiologic process
  - with access to special care for complications



## *Birthing Initiative: Priorities for Action*

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- ### II. Facilitate maternity care stakeholder engagement, collaboration and networking.
- Establish inter-professional, intergovernmental, inter jurisdictional stakeholder coalition
  - Create working models of sustainable maternity and newborn care



## *Birthing Initiative: Priorities for Action*

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### III. Establish a process for the timely collection of data and information on maternity care regarding:

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- the supply of maternity care providers and factors/trends that impact supply;
  - the demand for maternity care providers and factors or trends that impact demand;
  - the current number of maternity nursery beds available for primary, secondary and tertiary/quaternary care;
  - the number of prenatal and birth (National Birth Record, National Prenatal Register).



## *Birthing Initiative: Seven Priorities for Action*

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### IV. Create standardized clinical practice guidelines for all maternity care providers.

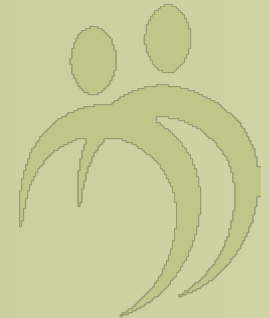
- Equity of care is the issue: without standardized practice guidelines for maternity impossible to provide equitable maternity care services.
- Excellence can only be achieved *and measured* if everyone is working from the same set of practice guidelines.
- Need to develop & coordinate national guidelines currently produced by associations, institutions, governments, interest groups.



## *Birthing Initiative: Seven Priorities for Action*

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V. Adopt standardized curriculum for post secondary undergraduate and postgraduate education.


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- standardized curriculum to support “multidisciplinary communities of practice” as a practice model;
  - complementary technical competencies, common language and processes;
  - complementary scopes of practice.



## *Birthing Initiative: Priorities for Action*

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VI. Establish inter-professional continuing education to manage risks, to improve patient safety and to facilitate woman-centred practice.

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- Safer birth environment requires the break down of old hierarchy and practices, focus on new team work.
  - Currently no national maternity care safety mechanisms to identify lapses of care, analyze them, implement processes where everyone can learn from them.
  - Salus (formerly MOREOB) proven way to increase patient safety, improve quality of care, improve workplace culture.



## *Birthing Initiative: Seven Priorities for Action*

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### VII. Establish multidisciplinary collaborative maternal newborn care models:

- pilot projects in urban & rural areas based on MCP2;
- financial modeling initiatives;
- evaluation framework for maternity care models;
- commitment by provinces and territories to implement multidisciplinary collaborative maternity care teams beyond;
- pilot projects.



# *An Aboriginal Birthing Initiative*

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SOGC has designated Aboriginal Health as a Strategic Priority 2006-2011

Development of an Aboriginal Birthing Initiative is key element.

Based on “mainstream” Birthing Initiative action items but will be tailored to Aboriginal needs, expectations.

Will encompass culturally-appropriate, traditional knowledge and experiences.



## *An Aboriginal Birthing Initiative*

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Challenges for maternity care in Aboriginal, isolated, remote or rural areas:

- lack of coverage
- lack of caesarean section capability
- lack of anesthesia services
- lack of peer support
- small number of births



## *An Aboriginal Birthing Initiative*

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Aboriginal success depends on Partnerships and Collaboration.

Aboriginal Birthing Initiative will be the product of a genuine collaboration with Aboriginal organizations, communities, key Aboriginal health professionals, provinces, territories, and relevant agencies.



# *An Aboriginal Birthing Initiative*

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Memoranda of Understanding under development between SOGC and:

- Assembly of First Nations
- Congress of Aboriginal Peoples
- Inuit Tapiriit Kanatami
- Métis National Council
- National Women's Aboriginal Association of Canada

Formal consultation will begin once resources confirmed (Aboriginal was excluded from MCP2).



# *Birthing Initiatives Call to Action*

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An investment in the National Birth Initiative & an Aboriginal Birthing Initiative will:


- Reduce health risks
- Promote healthier lifestyles
- Ensure high quality, efficient and accessible health services
- Reduce inequalities in Canadian society
- Provide health information to help Canadians make informed decisions
- Renew maternity delivery systems



## *Birthing Initiatives Call to Action*

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Over past 2 years SOGC & its partners have undertaken an aggressive advocacy strategy with the federal government to secure funding.

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- Lots of positive feedback BUT no federal financial commitment yet.
  - New Minister may create new opportunities.
  - You can help; contact your local MP and tell them what is happening in your community.



*Birthing Initiatives  
Call to Action*

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Read details of the Birthing Initiatives and the Report HHR Project on Intrapartum Emergency Obstetrical care available at



[http://www.sogc.org/about/publications\\_e.asp](http://www.sogc.org/about/publications_e.asp)

Questions? Feedback?



Thanks for your attention.