Executive Summary

Based on data for 2009-2014, approximately 8850 infants are born each year in Nova Scotia; most at term, with approximately 50% of women having their first baby. Postpartum length of stay in hospital is typically 2-4 days. Current Nova Scotia guidelines recommend that newborns have a thorough physical assessment while in hospital and at 7-10 days post birth. They should also have daily feeding assessments in hospital and a feeding assessment at minimum 1-3 days after discharge or sooner, depending on the feeding plan established in hospital [1]. These assessments must be done by a health care provider with demonstrated competencies in assessing and supporting postpartum women and their newborns.

'A community and a nation that takes the responsibilities of breastfeeding seriously, that honours and respects the needs of the birthing women to have the time and support they need in order that breastfeeding is established, is a nation that cares about the long term health of its people.' - *Carol Couchie*

In keeping with the mandate to promote and advocate for optimal health for women, infants and families, RCP conducted a series of 'Quality Assessment (QA) Reviews' between 2010 and 2015 which focused on newborn transition to the community and maternal self-care following birth. The RCP team held discussions with those involved in care planning and delivery for mothers and babies, at the IWK and in each of the former District Health Authorities across Nova Scotia. Professional and non-professional community partners and supports were invited to participate in focus groups, as were new mothers and their partners. Health and health service utilization data were analyzed from both the Nova Scotia Atlee Perinatal Database and from the physicians' billing database (MSI). Corresponding patient records were reviewed in hospital and through Public Health Services to better understand the flow of information following discharge post-birth. Preliminary findings were presented to the Senior Leadership Teams in each of the former District Health Authorities at the end of each review. A written report was also completed and sent to district leadership to be disseminated at their discretion. Many programs in the former districts incorporated their report and its recommendations into local Quality Improvement processes, and in preparation for Accreditation.

This process revealed that while many newborns and their mothers are able to access services and supports, a considerable proportion are not receiving the physical, emotional and psychological care recommended in the provincial guidelines. A surprisingly significant number of women enter hospital to give birth unprepared for the reality of new motherhood, and there is a disproportionate reliance on acute care staff to fully prepare them during their short postpartum stay to go home to care for their baby and themselves. New mothers, particularly those who are breastfeeding, often leave hospital unaware of resources in place to support them during this transition, or the resources are inadequate. An important strength of this quality review process was the direct engagement with new mothers and families. Summary feedback from new mothers' focus groups is provided in Appendix A; in essence, women ask:

- To be heard.
- To know to whom and where to turn when they have questions and need advice. Face-to-face peer and professional support is preferred before other resources, including print material.
- To receive consistent messages no matter where they go for help.
- To have an opportunity to build peer connections in their community, and
- To actively participate in decisions regarding their infant's and their own care.

Communities of care providers are often disconnected from potential collaborative partners and an efficient and effective information stream, resulting in knowledge gaps which ultimately affect the care and resources they can offer new families. Traditionally there is a somewhat siloed arrangement of clinical services in Nova Scotia, across Primary Health, Public Health, and Acute Care. This approach is not suitable for the perinatal population, however, because care needs more closely reflect a continuum as women and their newborns transition from antenatal to intrapartum to postpartum/postnatal care, connecting with Primary Health, Public Health and Acute Care along the way.

Despite administrative structures that silo care, across the province there are promising practices that are models of effective collaboration, which effectively smooth this transition for families leaving hospital with newly born infants. Health professionals in these areas are aware of and integrated with community-based supports and resources for new mothers, and the women in these areas reported greater knowledge of and confidence in the network surrounding them and their new baby.

This report is a provincial summary of RCP's findings from the Quality Assessment reviews focused on newborn transition from hospital to home. There are strengths and limitations inherent in the approaches taken in this process; these are described in the body of the report. In general, the findings and recommendations from this report will inform the optimization of

maternal-newborn services in the recently re-organized health system in Nova Scotia. Specifically, this information will contribute to revisions of the Nova Scotia *Postpartum & Postnatal Standards & Guidelines*, and should be considered in planning for Early Years and primary care initiatives, and implementation of the Public Health protocols[1].

[1] Public Health in Nova Scotia has committed to "engage in planning on a multi-year basis to establish priorities and strategic directions for the public health system" and to "consider these priorities and strategic directions when developing programs and public health action plans" (p.1). http://novascotia.ca/dhw/publichealth/documents/02-Priority-Setting-and-Planning-Protocol.pdf [2]