



Winter 2005

The Multidisciplinary Collaborative Primary Maternity Care Project (*MCP²*)

A national initiative to address challenges in the provision of primary maternity care.

Rebecca Attenborough, Co-ordinator, Reproductive Care Program of Nova Scotia

There is growing awareness that Canada as a whole suffers from a shortage of health care professionals providing maternity care-for pregnant women; that this shortage is having a detrimental impact on the availability and quality of care available throughout the country; and that this situation is putting a significant strain on health care providers who must expend significant energy to mitigate the effects of the shortages and maintain quality care. Multidisciplinary collaborative maternity care is being advocated by many governments and health care professionals as a solution to the growing human resource shortages.

The *Multidisciplinary Collaborative Primary Maternity Care Project (MCP²)* is an exciting initiative undertaken to address the key barriers to collaborative primary maternity care. The goal of *MCP²* is to develop means by which the availability and quality of maternity care services for Canadian women can be increased. The project's focus is on finding inter-professional collaborative solutions that will build capacity in primary maternity health care. *MCP²* is funded by the Primary Health Care Transition Fund of Health Canada. Several research documents have been developed within the framework of *MCP²* in the first six months of the Project.

Multidisciplinary Collaborative Primary Maternity Care Project Background Research Paper will serve as a foundation document for the work of *MCP²*. This paper catalogues the legislation and regulations governing scopes of practice for primary maternity health care providers in Canada.

The Health Care Providers and Other Stakeholders Survey Report describes findings from a telephone-based survey of health care professional about their current knowledge, and acceptance of collaborative care. This report concludes that there is a significant lack of information among health care professionals, both those currently practicing within a collaborative maternity model and those not practicing within a collaborative maternity model.

Canadian Mothers Speak out: Baseline Consumer Focus Group Report is the report of a consumer focus group survey asking women their perceptions and opinions of the potential benefits of a collaborative approach to their care. The most obvious conclusion from this survey is that regional variations play a significant role in women's maternity care experiences and in their perceptions of the potential roles for a variety of primary maternity care providers.

(cont'd pg 3)

Multidisciplinary Collaborative Primary Maternity Care Project

Executive Committee

- Association of Women's Health, Obstetric and Neonatal Nurses (Canada)
- Canadian Association of Midwives
- College of Family Physicians of Canada
- Society of Obstetricians and Gynaecologists of Canada
- Society of Rural Physicians of Canada

Overarching Goal

To reduce barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity services for all Canadian women.

Overarching Objectives

- (Evaluation Consultant)*
- Consult stakeholders
 - Establish National Primary Maternity Care Committee
 - Evaluate project

National Primary Maternity Care Committee

1. Guidelines for models

(Health economics consultant)

- Document current model(s)
- Determine possible model(s)
- Evaluate cost effectiveness
- Recommend model(s)

2. National Standards for Terminology and Scopes of Practice

(Public policy/ gov't relations consultant)

- Determine current scopes of practice
- Determine current terminology
- Determine what national standards are necessary for terminology and scopes of practice to allow for recommended model(s)

3. Harmonization of standards and legislation for:

(Public policy/ gov't relations consultant)

- Professionals
- Funders
- Insurers
- Educational institutions/ processes

4. Collaboration among Professionals

- Terms of Reference for committee are inclusive
- Operationalize planning for harmonization of standards and legislation

5. Change Practice Patterns (e.g. MORE⁰⁸)

6. Facilitate Sharing Information

(Communication consultant)

- Internal communication
 - Executive Committee
 - Primary Maternity Care Committee
- External Communication (Dissemination Program)
 - Consumers
 - Health care providers
 - Stakeholders (gov't, educational institutions, insurers etc.)

7. Promote Benefits of Multidisciplinary Collaborative Maternity Care (Awareness Program)

(Marketing consultant)

- Consumer - Focus groups to measure effectiveness of communication material
- Health care providers - Survey to measure effectiveness of Dissemination program

Literature Review: Guidelines for Model Development is the first phase of a three-phase approach to build guidelines for developing Multidisciplinary Collaborative Primary Maternity Care Models.

This review is based on a systematic literature search and review process that synthesized material relevant to the development and functioning of multidisciplinary collaborative primary maternity care models. In the upcoming months, the author will further delineate potential models that may be applied in a Canadian context.

The strength of *MCP²* lies in the partnerships that have been established (see Figure, pg 2).

Associations representing the full range of maternity care providers are collaborating in this initiative, in order to collectively champion changes to the provision of maternity services and the move to more collaborative models of primary maternity care. They include: the Association of Women's Health, Obstetric and Neonatal Nurses Canada (AWHONN Canada), the Canadian Association of Midwives (CAM), the Canadian Nurses Association (CNA), the College of Family Physicians of Canada (CFPC), the Society of Obstetricians and Gynaecologists of Canada (SOGC) and the Society of Rural Physicians of Canada (SRPC).

Representatives from all of these organizations as well as several consumers and representatives from a variety of government agencies comprise the National Primary Maternity Care Committee.

This committee held its inaugural meeting in Ottawa on January 12, 2005 and is co-chaired by Renato Natale, an obstetrician from London, ON and Rebecca Attenborough from the Reproductive Care Program of Nova Scotia.

The activities of the National Primary Maternity Care Committee will be instrumental in ensuring a solid basis for the sustainability of efforts initiated within the framework of *MCP²*. A web site created to facilitate the dissemination of information produced by the project, including copies of the above noted documents, is available at: www.mcp2.ca.

Members

National Primary Maternity Care Committee
Dr. Jennifer Medves, RN MN (Kingston, ON)

Canadian Association of Midwives (CAM)
Kim Campbell, RM (Abbotsford, BC), Robin Kilpatrick (Toronto, ON), Michelle Kryzanasuskas, RM (Kimberley, ON), Meaghan Moon (Brandon, MB), Jennifer Stonier (Salluit, Nunavik)

Canadian Nurses Association (CNA)
Elaine Borg (Ottawa, ON), Kitty Braceland (Ottawa, ON)

College of Family Physicians of Canada (CFPC)
Dr. Anne Biringer (Toronto, ON), Dr. Susan Harris (Vancouver, BC), Dr. John Maxted (Mississauga, ON)

Society of Obstetricians and Gynaecologists of Canada (SOGC)
Dr. Michael Helewa (Winnipeg, MB), Dr. Johanne Lalonde (Lasalle, QC), Dr. André Lalonde (Ottawa, ON), Dr. Renato Natale (London, ON), Dr. Nan Schuurmans (Edmonton, AB)

Society of Rural Physicians of Canada (SRPC)
Dr. Saskia Acton (Golden, BC), Dr. Brian Geller (Meadow Lake, SK), Dr. Jill Konkin (Thunder Bay, ON)

Consumers
Susan Bowen (Nepean, ON), Julie Duplantie (Quebec, QC), Joy Stang (Meadow Lake, SK)

Provincial Government
Betsi Dolin (Manitoba Health), Tatum Wilson (Ministry of Health, Ontario)

Association of Women's Health, Obstetric and Neonatal Nurses Canada (AWHONN Canada)
Rebecca Attenborough (Halifax, NS)

Coding Connection

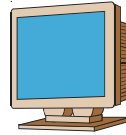
Irene Gagnon,
Health Information Co-ordinator

The Patient Care System

The patient care system for nursing documentation is up and running in District 7. Imelda Farrell at St. Martha's Regional Hospital, Antigonish was the first coder to see how this documentation system looked on the chart in health records and how it applied to coding and abstracting of information for RCP. Imelda very quickly identified a difficulty in easily getting the information she needed to capture some of the areas in the RCP abstract. Taking the initiative, she contacted RCP and NSHIS to see if something could be done to assist in this process. She gathered the appropriate people around the table and a solution was found. We reviewed all the variables and looked at guideline comparability and fields in the computerized documentation system. From that review, Laura Murphy, Programmer Analyst, at NSHIS wrote a program to extract the appropriate information in a report format. Some of the data fields she was able to capture in this report include the type, time and date of rupture of membranes, time and date of second stage labour, cervical dilations, Apgar scores and various other variables. This report will be run from the Patient Visit Menu on the Medical Records Main desktop. It will be run by entering the mother and baby's account numbers. This information will be available to be entered into the RCP abstract without having to review the chart for these particular pieces of information. Imelda had run her first report and tested it as this article was being written. She is extremely pleased with it and the time it will save her in capturing the information necessary to complete the RCP abstract.

I want to thank Imelda for all the time and effort she put into this project. I am also sure her work will be greatly appreciated by the coders in other areas of the province when this system is up and running in their facilities.

HOW DO I CODE THAT?



I have been perusing the CIHI Coding Query Website particularly the **Pregnancy, Childbirth and the Puerperium and Conditions** originating in the perinatal period chapters. This has been helpful to me. For each newsletter I thought I would pick an interesting query from the website for discussion. I would also be interested in any queries you might send off to the website while coding obstetric and newborn charts. If you would send a note off to me when you have a query, it would be greatly appreciated. If you have any queries or suggestions with our system, please send them along to me. (irene.gagnon@iwk.nshealth.ca). We always learn from suggestions and hopefully make things easier for those doing the coding.

What is the appropriate code for Group Strep B in an obstetric chart?

If there is documentation of a genitourinary tract infection due to Strep B, you are correct to assign a code from

O23.90- Other and unspecified genitourinary tract infection in pregnancy and an additional code:

B95.1 Streptococcus, group B, as the cause of diseases classified to other chapters

If the patient is a carrier only, assign code:

Z22.3 Carrier of other specified bacterial diseases.



Having trouble reaching RCP?

Please check your telephone directories to ensure you have the correct contact information for RCP. If you continue to use the 420 extension, you are no longer being transferred to our new (902) 470-6798 number.



Timing of the 28 week antibody screen and Rh immune globulin administration

In order to clarify the guidelines of the Rh Program of Nova Scotia, please note the following:

1. The timing of this injection is important! Patients who are having glucose (diabetes) screening and hemoglobin **before 28 weeks gestation (ie. 24-26 weeks)**, should **NOT** have an antibody screen and WinRho SDF™ 300 micrograms **until 28 weeks gestation**. **Rationale:** 1) there could be a significant change in antibody status in that time period WinRho SDF™ 300 micrograms protects for up to 12 weeks, and may disappear prior to the end of the pregnancy, hence placing the woman at risk of Rh(D) alloimmunization.
2. Antibody screens obtained **before 26 weeks gestation** should be **repeated at 28 weeks gestation**.
3. The dosage of WinRho SDF™ at 28 weeks gestation is 300 micrograms. **Please be sure to include this dosage on your written physician's order.**

References:

Guidelines for Antenatal Laboratory Screening & Testing. Reproductive Care Program of Nova Scotia (July 2003).

Guidelines for Perinatal Antibody Screening and Rho(D) Immune Globulin (WinRho SDF™) Administration. Rh Program of Nova Scotia (April 2004).

Any questions or concerns can be addressed to the Rh Program of Nova Scotia:
Telephone (902) 470-6458 Facsimile (902) 470-7468 or e-mail: marg.parsons@iwk.nshealth.ca



Conferences



SOGC (Society of Obstetricians & Gynecologists of Canada) annual clinical meeting will be held June 16-21, 2005 in Quebec City, Que. Please see the website at www.sogc.ca for further details

CPS (Canadian Pediatric Society) annual conference will be held June 21-25th, 2005 in Vancouver, BC. Please see the website at www.cps.ca for further details.



The next **Advanced Life Support in Obstetrics** course was held April 9th & 10th, 2005 at the IWK Health Centre, Halifax, NS. The next course may be in the fall 2005. Please check the website for more information.



Baby Friendly Initiative: Best Practice or an Award?

Conference to be held April 22nd, 2005 from 0815-1600 in Fredericton, NB. Please call (506) 452-5050 or email: robyn.dean@rvh.nb.ca for registration and program information.





Hot Topics!

New Guidelines from SOGC and CPS



■ There has been ongoing debate over antepartum GBS screening practices and more so recently since the release of the Society of Obstetricians and Gynaecologists (SOGC) guidelines in September 2004. In-keeping with CDC and

ACOG, the new SOGC guidelines suggest a universal screening approach. For more information please see the website at www.sogc.ca



■ The Canadian Pediatric Society (CPS) has developed new guidelines for management of hypoglycemia in the newborn as well as new guidelines for Vitamin D supplementation for breastfed

infants. Please see the website for details: www.cps.ca

RCP Clinical Practice Guidelines

RCP has a number of clinical practice guidelines available on the web. If you do not have Internet access please call or email us and we can send out copies to you.

****Please see the website for detailed documents:**
<http://rcp.nshealth.ca>
 Adobe is required.

Stay tuned for the newest guideline on Labour Analgesia to be released soon.



RCP Personnel

Rebecca Attenborough	Co-ordinator
Barry Campbell	Database Team Lead
Kevin Canavan	Data Base Administrator
John Fahey	Research Analyst
Irene Gagnon	Health Information Co-ordinator
Dr. Krista Jangaard	Neonatal Co-Director
Kerrie Jones	Office Clerk
Dr. Edwin(Ted) Luther	DataBase Consultant
Marilyn Muise	Program Manager
Annette Ryan	Perinatal Nurse Consultant
Ronda Smith	Perinatal Nurse Consultant
Dr. Heather Scott	Obstetrical Co-Director
Kristina Whiffen	Programmer
Jennifer Whyte	Applications Co-ordinator

A Fond Farewell....

Elizabeth Tucker, Office Clerk whose term position with us ended in February. Thank you for all your hard work.

RCP Education Sessions

If you have clinical topics of interest and you would like more information please contact Ronda Smith at (902) 470-715 or Annette Ryan at (902) 470-6619 to set up education sessions in your area.

To submit articles or photos for the next newsletter please contact Annette Ryan at (902) 470-6619 or annette.ryan@iwk.nshealth.ca by June 15, 2005