

## Building interprofessional maternity care in BC

**P**regnant women in some BC communities can face fragmented and siloed perinatal care, split between family doctors, registered midwives, and obstetricians—who may not communicate, collaborate, or even trust each other.

For pregnant women, such a situation can be stressful and confusing, and can mar their maternity care journey. Should they choose a midwife, GP, or OB? What if their pregnancy develops complications—how is care shared or referred? In some communities, the situation is complicated by too few providers for all the pregnant women needing care. In other communities, too many providers compete with each other for patients.

For providers, these issues contribute to professional stress and dissatisfaction, burnout, and even the personal decision to stop providing maternity care, which can then undermine the sustainability of all maternity services in the region.

### Building trusting collaborative teams

Research has shown that effective interprofessional collaborative (IPC) maternity care increases access to care, improves quality, and enhances care provider satisfaction and retention.<sup>1-3</sup>

But how can providers realistically create a more collaborative network—one that puts patients' needs at the centre while improving the working environment and relationships for all the care providers involved?

Helping answer that question is the rationale behind a Shared Care initiative aligned with other maternity work of the GPSC, the Rural Coordination Centre of BC, and Perinatal Services BC. Called the Maternity Network, the initiative aims to support maternity care providers in BC

communities as they embark on local relationship-building and information-finding activities to improve interprofessional collaboration and create more patient-centred care.

It has long been known that expecting various providers to “just collaborate!” simply doesn't work. It takes more than that. It takes a process of trust-building engagement that has maternity providers getting to know each other, clarifying scopes of practice and roles, dispelling myths and misperceptions, and learning about the needs of patients and each maternity care provider in the region.

With this information and that trust, maternity professionals can begin working together to co-create community-based solutions.

### Communities leading the way

In the last 5 years, a few communities—Comox, Penticton/South Okanagan, and Kootenay Boundary—have led the way in piloting process-driven forms of engagement, which have included needs-assessment surveys of both providers and patients, patient journey-mapping, and meetings and events to promote dialogue, relationship-building, and solution-finding. Each community developed solutions tailored to local needs.

In Comox, through events such as a World Cafe, providers learned that they have more in common than the differences they once perceived, and with this understanding, cooperating to co-develop local solutions became easier. Examples of those solutions included creating a well-defined, easy-to-navigate patient pathway; and piloting group prenatal care that brings midwifery and family practice patients together for medical care, education, and peer support. Providers

have clearly defined the various roles and now regularly communicate and cooperate.

In the South Okanagan, the process of engagement has encompassed all providers, and established a new pilot perinatal clinic at the Penticton Regional Hospital, which includes four maternity GPs and a registered midwife. Holding weekly meetings to discuss cases and creating standardized protocols have fostered rewarding collaborative relationships and clarified patient pathways among all local maternity providers, not only those who work at the clinic. A survey of providers found the process has increased trust among maternity care providers by 60%, and contributed to the more sustainable delivery of local maternity services because care is collaborative, not competitive.

In Kootenay Boundary, where travel can be a significant barrier for maternity care, provider collaboration has resulted in the development of telematernity technology, meaning that patients can now meet with their GP and maternity provider through a virtual visit in their GP's office. Additionally, a collaborative approach was used to develop a perinatal mental health program for women at risk of depression or anxiety.

### What's next?

Now seven other communities—Thompson, Sea-to-Sky, Nanaimo, Chilliwack, Surrey/North Delta, Vancouver, and the East Kootenays—have embarked on similar engagement processes with seed funding from Shared Care, using some of the lessons learned from Comox, South Okanagan, and Kootenay Boundary. The majority of those communities are in the action phase of their projects, with providers

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In a prepublication statement, the Canadian National Advisory Committee on Immunization (NACI) recommends that for those who have received the live vaccine or experienced an episode of zoster, RZV can be administered 1 year later.<sup>7</sup> NACI further recommends that the live vaccine should be offered to those without contraindications only if the RZV cannot be given (e.g., due to contraindications or unavailability). The US Advisory Committee on Immunization Practices (ACIP) recommends preferential use of RZV over the LZV, while continuing to recommend that LZV may be used in immunocompetent adults 60 and older.<sup>3</sup>

Both NACI and ACIP recommend that RZV may be given at the same visit as influenza vaccine and other vaccines intended for adults, including pneumococcal polysaccharide vaccine and tetanus-diphtheria containing vaccines; a study with quadrivalent influenza vaccine has been completed and showed no interference, and studies with the other vaccines are in progress.

—**Monika Naus, MD, MHSc, FRCPC, FACPM, Medical Director, Communicable Diseases and Immunization Service**

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working together to bring local needs-based solutions to fruition.

A new round of Shared Care funding will be available this fall for applications for other communities wanting to explore ways to improve maternity care collaboration in their region. For more information, contact Nancy Falconer at [nfalconer@doctorsofbc.ca](mailto:nfalconer@doctorsofbc.ca).

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<sup>1</sup> Ranked 10th out of 1,204 balanced mutual funds in Canada. Source: Morning Star Advisor Workstation, April 30, 2018.

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