FINAL REPORT

MCP²

June 2006
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<th><strong>Name of Initiative:</strong></th>
<th>Multidisciplinary Collaborative Primary Maternity Care Project</th>
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<td><strong>Name/Contact Information For Lead Individual Within The Lead Organization</strong></td>
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<tr>
<td><strong>Individual’s name and title:</strong></td>
<td>Dr. Andre Lalonde, Chair, Executive Committee, MCP³</td>
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<td><strong>Name/contact for information Communications contact (if different from initiative lead):</strong></td>
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<td><strong>Initiative website, or website with information on the initiative:</strong></td>
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Executive Summary

In May 2004, Health Canada funded the Multidisciplinary Collaborative Primary Maternity Care Project (MCP\textsuperscript{2}) through the Primary Health Care Transition Funds Program. The overarching goal of this project was to reduce barriers and facilitate the implementation of national multidisciplinary collaborative strategies as a means of increasing the availability and quality of maternity services for all Canadian women. The objectives for the project included:

1. Develop guidelines for multidisciplinary collaborative care models
2. Determine current national standards for terminology and scopes of practice
3. Harmonize standards and legislation
4. Increase collaboration among professionals
5. Change Practice Patterns
6. Facilitate Sharing Information (Dissemination program)
7. Promote Benefits of Multidisciplinary Collaborative Maternity Care (Awareness program)

The Executive Committee for the project identified the maintenance of the National Primary Maternity Care Committee, which acted as an advisory committee to the project, as a desired legacy objective.

The Project addressed all of the objectives listed above and has made significant progress towards a long term goal of increasing access to quality primary maternity care for Canadian women. It was instrumental in:

- Collecting data and relevant information on current multidisciplinary collaborative maternity care models in Canada as well as reviewing maternity care models in 5 European countries and Australia;
- Identifying multidisciplinary collaborative maternity care teams as one potential solution to the recruitment and retention problems in maternal newborn care health human resources
- Addressing barriers to multidisciplinary collaborative primary maternity care;
- Increasing communication and collaboration between individuals and associations involved in providing the full range of maternal newborn care to identify and develop champions for collaborative models of care;
- Raising awareness of the benefits of multidisciplinary collaborative primary maternity care with health care providers and consumers;
Multidisciplinary Collaborative Primary
Maternity Care Project

Of greatest significance, MCP² has established guidelines for the development of multidisciplinary collaborative care models that are woman-centered and community based. These models would include core components with flexible contextual factors. Knowledge transfer tools were also developed to facilitate implementation models of multidisciplinary collaborative care that will help address health human resource shortages. These documents have been widely distributed to key stakeholders and will be available on the project website for 12 months after the closure of the project.

Evaluation of the knowledge, attitudes, and beliefs of care providers about multidisciplinary collaborative care revealed that there is already tremendous similarity of opinion on the concepts that should be demonstrated in collaborative practices as well as the key components of a multidisciplinary collaborative care team. The evaluation work identified several concepts that would have to be addressed by collaborative teams to ensure a shared vision within the team.

The work of MCP² has the potential for far-reaching impact on primary maternal and newborn care policy and practice in Canada. And while these resources and tools were developed for use in maternity care, they may be applied to other health care disciplines, thus having the possibility of influencing primary health care in broader sense.

The activities of this project are not sufficient, in themselves, to ensure either the sustainability of the current maternity care system or the development of new multidisciplinary collaborative primary maternity care teams across Canada. MCP2 has identified solutions that address the health human resource crisis in maternity services through the development of multidisciplinary collaborative maternity care teams. In the short term individuals, groups and organizations can use the tools to develop multidisciplinary collaborative maternal newborn care teams. However, a long-term strategy is required to facilitate the implementation of these teams and redevelop the full spectrum of Canada’s primary maternity care system.

Many individuals, groups, organizations and provincial/territorial representatives have expressed interest or intention in using the guidelines and knowledge transfer tools developed by the project. The concept of multidisciplinary collaborative teams has been embraced across the country and the participants in MCP² are confident that the work of the project will facilitate the development of many new teams, assist current teams to review and evaluate their function and ultimately change practice patterns in maternal newborn care. What remains to be addressed is the larger issue of a national approach to maternal newborn care in Canada that will ensure that all Canadian women
and their families will have access to safe, appropriate care as close to home as possible.

To address this, the project puts forward these recommendations:

**Overarching Recommendations:**

1. Governments and other key stakeholders commit to the continuing development of a coordinated, pan-Canadian approach to multidisciplinary collaborative maternal / newborn care services that respect the diversities and realities of each province and territory.

2. Governments and other key stakeholders continue to advocate at a pan-Canadian level for the resources required to support the appropriate delivery of multidisciplinary collaborative maternal / newborn care services in each jurisdiction.

3. Governments and other key stakeholders continue to seek consensus for key strategies that will establish, retain or expand multidisciplinary collaborative maternity services for mothers and newborns in Canada.

**Recommendations to support the above:**

(a) Commitment to a National Multidisciplinary Collaborative Primary Maternity Care Committee as an advisory body to governments and other key stakeholders:

i. To ensure a pan-Canadian approach to maternal / newborn care services that also respect and support the current successes in each province and territory

ii. To facilitate planning and co-ordination of maternal / newborn care service initiatives

iii. To promote multidisciplinary collaborative maternal / newborn care services in Canada

(b) Models of multidisciplinary collaborative primary maternal / newborn care developed with teams in rural, remote and urban locations across Canada, using:

i. The guidelines and knowledge transfer tools developed by MCP²

ii. Models with multidisciplinary collaborative maternal / newborn care teaching sites for undergraduate / postgraduate education and training linked with university-based educational / training programs as well as continuing professional development to expose students and postgraduate trainees to role models and programs

iii. Collaborative maternal / newborn care sites to test alternative funding mechanisms and regulatory / legislative changes as well as to demonstrate and confirm professional liability protection appropriate to the collaborative group.

(c) Recognizing the unique value and importance of each professional provider, federal / provincial / territorial governments and health authorities ensure that women and newborns have opportunities to access all appropriate maternal / newborn care services brought about by:
i. Regulation, remuneration and educational programs that support collaborative maternal / newborn care in which patients have equal access to their provider of choice and other required resources

ii. Access to the appropriate complement of maternal / newborn care providers and other resources for mothers and newborns in rural, remote and underserved locations

(d) All governments ensure regulators and legislators work collaboratively with maternal / newborn care providers to develop regulations and legislation that allow collaborative maternal / newborn care practice to work effectively. Efforts to achieve this goal involve:

i. Reviews of legislation in each province and territory to harmonize maternal / newborn care terminology and scopes of practice that respect the unique value each maternal / newborn care provider brings to care through their education, training and experience

ii. The appropriate recognition, regulation and remuneration of midwives and nurse practitioners as providers of maternal / newborn care services in all jurisdictions throughout Canada

(e) Governments and other key stakeholders ensure that information related to multidisciplinary collaborative maternal / newborn care is effectively communicated and readily available to all providers and consumers using:

i. The development / maintenance of appropriate channels of communication, supported by a database of successful sites, potential mentors and key messages developed by stakeholders (e.g. website, commercial networks, etc.)

ii. An ongoing publication and dissemination of results from sites that demonstrate the successful implementation of multidisciplinary collaborative maternal / newborn care services
1. Background and Rationale

In May 2004, Health Canada funded the Multidisciplinary Collaborative Primary Maternity Care Project (MCP\(^2\)) through the Primary Health Care Transition Funds Program. The overarching goal of this project was to reduce barriers and facilitate the implementation of national multidisciplinary collaborative strategies as a means of increasing the availability and quality of maternity services for all Canadian women.

Shortages of maternity care professionals, especially among those providing intrapartum care, are well documented.\(^1\)

- Fewer family physicians are choosing to provide maternity care, especially intrapartum care
- The number of family physicians providing primary maternity care is decreasing while those who continue are taking on an ever increasing number of births;
- Medical students are not choosing obstetrics as a specialty and a significant number of obstetrician/gynaecologists are no longer providing maternity services;
- Regulated midwifery is not available in all provinces and territories;
- Experienced maternity nurses are in short supply;
- Nurse practitioners have been integrated into provincial and territorial health systems but their roles and responsibilities in the provision of maternity care have not been well defined.

These shortages have been developing over more than a decade, and have been felt acutely in rural and remote communities where hospitals and obstetrical units have closed.\(^2\) Primary maternity care is the woman and her family’s first contact with our health care system for maternity care needs. Primary maternity care is part of a comprehensive maternity care system for a community; it a key component of primary health care.

One way to address the impact of the human resource shortage on primary maternal and newborn care is to maximize the interaction of health care providers through multidisciplinary collaborative primary maternity care. Multidisciplinary collaborative primary maternity care potentially involves multiple health care providers in the provision of primary maternal and newborn care that is comprehensive, high quality and integrated into the fabric of the primary health care system. As

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1 Rogers, Judy. Sustainability in maternity care in Canada: Dreams and Obstacles, Canadian Journal of Rural Medicine, 2003: 8 (3)
such, multidisciplinary collaborative primary maternity care is one way of facilitating access for optimal primary maternity care to women and their families.

The strength of this project lay in the partnerships that were established. Organizations representing the full range of maternity care providers in Canada collaboratively developed the initiative and collectively championed new options for the provision of maternity services through collaborative models of primary maternity care. The partner organizations in the project included the:

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

At least one representative from each partner organization participated in the Executive Committee, which was responsible for providing the overall direction of the project.

The Multidisciplinary Collaborative Primary Maternity Care Project aimed to reduce fundamental barriers to collaborative practice. The following barriers to the development and implementation of multidisciplinary collaborative models of primary maternity care were identified:

- Regulatory issues
- Limitations and inflexibility in scope of practice
- Financial and economic issues
- Medico-legal and liability issues
- Lack of awareness of benefits of multidisciplinary collaborative care with women and their families
- Overburdened health care providers with no time or energy to seek alternate models of primary maternity care.

The project focused on activities that reinforce capacity in primary maternal and newborn health care including the production of tools to assist groups in developing multidisciplinary collaborative maternity care teams, the dissemination of information on the benefits of collaborative practice and engaging key stakeholders in the consideration of alternate models of primary maternal and
Each partner organization firmly believes that there is a crisis in maternal and newborn health human resources and supports multidisciplinary collaborative primary maternity care as part of the solution to this crisis. The list of potential benefits of collaborative practice includes improved quality, efficiency and effectiveness of primary maternity care that is centered on the woman and her family. The partner organizations were actively involved in MCP² by:

- Providing representatives to participate in meetings and initiatives of the National Primary Maternity Care Committee
- Providing information to help identify the needs of their members as it relates to the establishment of multidisciplinary collaborative maternal and newborn care models
- Providing relevant organizational and clinical information, as required;
- Disseminating information through their communication routes, including publications, web sites and other promotional vehicles;
- Supporting and participating in the evaluation process;
- Supporting and participating in the activities outlined in the proposal;
- Providing advice and direction to project staff.

Most importantly, MCP² was effective in improving communications and information sharing by providing greater opportunity for physicians, nurses, midwives and other maternity care providers to discuss their challenges and successes with colleagues.

As a result of this project, multidisciplinary collaborative maternal and newborn care is a concept that is being considered by many organizations and governments to address health human resource shortages and improve access to primary maternal and newborn care.

The desired legacy objective for the project was the development of a National Primary Maternity Care Committee (NPMCC) that included representatives from each of the partner organizations, provincial government representatives, and consumers. A survey of maternity care providers carried out by the evaluation team of the project indicated that 87% of respondents felt there was a need for a national strategy to address maternity care issues in Canada. There is strong support for this concept across Canada. Stakeholders share the belief that development of a national strategy addressing the issues health human resources, structures and processes is essential.
2. Goals and Objectives

**PHCTF Common Objectives**

*MCP*² addressed two of the PHCTF program’s common objectives which were:

- Facilitate the establishment of interdisciplinary primary health care teams of providers, so that the most appropriate care is provided by the most appropriate provider
- Facilitate coordination and integration with other health services.

These objectives were addressed through:

- Maximizing synergies and the use of common / collaborative approaches by providing a forum for information sharing on multidisciplinary collaborative primary maternity care;
- Facilitating collaboration among professions involved in primary maternal and newborn care;
- Facilitating change to practice patterns for primary maternity health care providers by addressing key barriers to multidisciplinary collaborative practice;
- Increasing public awareness of the benefits of multidisciplinary collaborative primary maternity care; and by
- Educating health care providers and health care planners about the need for and benefits of multidisciplinary primary maternity care.

**National Envelope Objectives**

The *Multidisciplinary Collaborative Primary Maternity Care Project (MCP)*² was funded through the National Envelope of the Primary Health Care Transition Fund. The overarching goal of this initiative was:

> 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.

To address this goal, seven interrelated objectives were identified. These are consistent with all of the national envelope objectives. More specifically the objectives of *MCP*² were:

**1. Guidelines for Models**

To develop guidelines to facilitate the establishment and implementation of multidisciplinary
In order to develop guidelines for models that will facilitate the establishment and implementation of multidisciplinary collaborative models of primary maternity care, we proposed to:

- Document current models of collaborative practice in Canada
- Determine if there is an international model that could be used in Canada by reviewing models of collaborative practice in 5 European countries and Australia
- Develop guidelines for multidisciplinary collaborative maternity care models that can be used in all areas of Canada
- Disseminate guidelines

### 2. National Standards for Terminology and Scopes of Practice

To develop national standards regarding terminology and scope of practice for all primary maternity care providers, including nurses, midwives, family practitioners and obstetricians, we proposed to:

- Determine the current scopes of practice for each maternity care profession
- Determine current terminology
- Determine what national standards are necessary for terminology and scopes of practice to allow for recommended models.

### 3. Harmonization Standards and Legislation

To determine any changes needed in legislation and national regulations to allow multidisciplinary collaborative primary maternity care models to function throughout Canada:

- Determine necessary changes and make specific recommendations

### 4. Collaboration among Professionals

To facilitate collaboration among professionals involved in primary maternity care we proposed to:

- Consult with national, provincial and territorial stakeholders involved in the provision of primary maternity care
- Maintain an Executive Committee with representation from each partner organization to act as the steering committee for the project
- Establish a National Primary Maternity Care Committee with provincial, territorial and national representation from key stakeholders
- Develop communications plans that maximize communication on the project and ensure key
stakeholders are regularly informed of progress of the project
• Co-host a provincial consensus-building workshop on collaborative models of maternity care

5. Change Practice Patterns
To facilitate change in practice patterns for primary maternity care providers, we proposed to:

• Ensure participation of key stakeholders in all aspects of the project
• Develop and implement a dissemination strategy that will maximize the uptake of project documents and recommendations

6. Facilitate Sharing of Information
To facilitate information sharing on collaborative primary maternity care experiences we proposed to:

• Develop an internal communication plan involving members of both the Executive Committee and the National Primary Maternity Care Committee
• Develop an external communication plan or information dissemination program directed towards:
  o Consumers
  o Health care providers
  o Stakeholders (government, educational institutions, insurers, protective association, regulatory agencies, professional associations, etc.)

This plan included:
  o Newsletter articles
  o Journal inserts
  o National magazine inserts
  o Extensive publication of research results on a website

7. Promote the Benefits of Multidisciplinary Collaborative Maternity Care
To promote to the public and maternity care providers the need for, and benefits of, multidisciplinary collaborative primary maternity care we proposed to:

• Develop a targeted public awareness program for women of child bearing age with focus groups to measure effectiveness of communication material developed.
• Ensure program targeting health care providers will also include a survey to measure effectiveness of dissemination program.
3. Activities

The Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) team developed an implementation strategy to address the overarching goal and meet the above-described objectives. The Overarching Goal of MCP² was identified:

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.

Objective 1 - To develop guidelines to facilitate the establishment and implementation of multidisciplinary collaborative models of primary maternity care teams for various health care settings.

Activities:
To provide an international context to the activities of this project, an international research team conducted an analysis of the maternity care system and collaborative models of care in the UK, the Netherlands, Germany, France, Sweden and Australia. “Current Practice in Europe and Australia: A Descriptive Study” describes the most common model of maternity care, models of collaboration within and between professions, and the characteristics of maternity care that are specific to each country investigated. The report is based on an extensive review of literature together with in-country interviews with key informants in each of the identified countries, with the exception of Australia. This research revealed models of care that reflect historical and cultural changes through time. It did not uncover any specific models of care that could be transplanted to the Canadian system; most significantly, it demonstrated the uniqueness of the Canadian approach to maternity care. Nurses were not involved in maternity care to the extent they are in Canada in any of the countries studied. Further many international models of care rely almost exclusively on the complementary roles of the midwife and the obstetrician. The role of the family physician or general practitioner is recognized internationally, but outside North America, family practitioners do not commonly provide routine maternity care, particularly intrapartum care; but they may be involved as consultants to medically complicated pregnancies.

The international report was presented to the local maternity care community in several forums including at ‘Grand Rounds’, June 8th, 2005 at The Ottawa Hospital. A public forum June 7, 2005 attended by childbirth educators, doulas, midwives, and consumers was another forum for presentation of this report. The report is Appendix 1, and has been available on the website since
The summer of 2005.

The development of guidelines for the establishment models of multidisciplinary collaborative maternity care was the core work of this Project. The members of the National Primary Maternity Care Committee guided the process of developing the guidelines, which are a framework for multidisciplinary collaborative maternal and newborn care teams.

To ground the guidelines for the model, the National Primary Maternity Care Committee established the following definition for multidisciplinary collaborative maternity care within the framework of MCP[^2]:

> “Collaborative woman-centered practice designed to promote the active participation of each discipline in providing quality care. It enhances goals and values for women and their families, provides mechanisms for continuous communication among caregivers, optimizes caregiver participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines.”

As a first step to the development of the model framework, a literature review was conducted. The literature review was based on a systematic literature source and review process that synthesized material relevant to the development and functioning of multidisciplinary collaborative primary maternity care models[^3]. The review identified many studies where there was little, if any, discussion or clarity on the terminology used, including ‘models’, ‘multidisciplinary’, ‘interdisciplinary’, ‘transdisciplinary’, ‘collaboration’, ‘cooperation’ ‘partnerships’, and so on. Moreover, in some studies reviewed it was clear that ‘traditional’ forms of care were seen as ‘collaborative’ by some and not by others. This lack of clarity regarding terminology and meaning was apparent throughout all aspects of the project, and at times, complicated communication both within the Project and with others communicating to us about the Project. This will be discussed further in subsequent sections of this report.

The next step in developing the model framework was an extensive consultation process to provide additional guidance and support in developing the guidelines. The process included focus groups and interviews with relevant stakeholders[^4], an E-Delphi technique to gather feedback from

national committee members, and presentations to the National Primary Maternity Care Committee at several meetings. The final document, Guidelines and Implementation Tools for Multidisciplinary Collaborative Primary Maternity Care Models, was posted to the MCP$^2$ website in March 2006, and is included in Appendix 1. Seven knowledge transfer modules designed to facilitate the implementation of multidisciplinary collaborative maternity care accompany the guidelines. The modules will be discussed further under Objective 6. The guidelines and knowledge transfer modules will be distributed to provincial and national organizations representing professionals involved in maternity care, government representatives and to other key stakeholder groups.

**Objective 2 - To develop national standards regarding terminology and scope of practice for all primary maternity care providers, including nurses, midwives, family practitioners and obstetricians.**

**Activities**

A review of provincial and territorial legislation regulating family physicians, nurses, nurse practitioners and midwives was undertaken and a comparative analysis of the related legislation was completed. In the preparation for this analysis, the individual legislation from each jurisdiction was reviewed with a view to:

- Identifying applicable legislation in each jurisdiction and a date of enactment.
- Presenting a high level overview of each piece of legislation.
- Highlighting significant differences in the applicable legislation as it relates to the practices of obstetricians, family physicians, nurses, nurse practitioners and midwives;
- Presenting a high level review of the scopes of practice
- Providing general comments on the legislation in each jurisdiction.

This analysis, which includes a number of tables to display specific information about each piece of legislation, is available in a comprehensive Background Research Paper completed in December 2004, found in Appendix 2.

**Objective 3 - To harmonize standards and legislation for professionals, funders, insurers, educational institutions, protective associations, policy, etc.**
Activities

Comprehensive research on legislation and scopes of practice governing maternity care professionals was conducted and catalogued in the background research paper described under Objective 2, above. This document provides information on the current legislation and regulatory information on the provision of maternity care by regulated health professionals. The document may be used to assist health care planners in identifying where scopes of practices overlap.

This document, together with work completed by the Harmonization Working Group of the National Primary Maternity Care Committee, also identified regulatory, institutional, privileging, employment, funding, and other similar policies and factors that limit health care professionals from working to the full extent of their current knowledge, training, experience, and skills. Addressing such barriers will better enable the implementation of multidisciplinary collaborative care. This information was communicated to the partner organizations through the Executive Committee.

The Harmonization Working Group also developed a tool, Fundamentals Elements of Primary Maternity Care, to assist planners and professionals to identify gaps and overlaps in the availability of care in a specific environment. Multidisciplinary collaborative care may be one option chosen by stakeholders to address such gaps in care. This document has been incorporated into the decision-making process required to assess the need for multidisciplinary collaborative care. It is found in the “About the Modules” subsection of the Guidelines and Implementation Tools for Multidisciplinary Collaborative Primary Maternity Care Models, found in Appendix 1.

Objective 4 - To facilitate collaboration among professionals involved in primary maternity care

Activities

A National Primary Maternity Care Committee was established that included representatives from each of the partner associations, provincial government representatives and consumers. The terms of reference ensured that this committee was inclusive with representation from each of the partner organizations, representation from across Canada and representation from urban, rural and remote settings. Members of the national committee were involved in one of the five working groups established to focus on the following topics: model development; public policy; research / evaluation; communications; harmonization / legal. As such, members of the National Primary Maternity Care Committee were involved in every aspect of the project and their input was instrumental to the success of the project.
A comprehensive internal and external communication plan was established and implemented to ensure that information about the project and the reports from the project were disseminated to all members of the National Primary Maternity Care Committee. In addition, project updates were distributed to key provincial/territorial stakeholders including regulatory colleges, governments, professional associations and health organizations. These stakeholders were identified by the project team or consultants, or contacted the project team requesting access to ongoing information about the Project.

Collaboration among maternity care providers was facilitated with their active participation in the project. Partner organizations worked collaboratively by:

- Providing representatives to participate in meetings and initiatives of the National Primary Maternity Care Committee
- Providing information to help identify the needs of their members as it relates to the establishment of multidisciplinary collaborative maternal and newborn care models
- Providing relevant organizational or clinical information, as required;
- Facilitating the implementation of dissemination strategies through their communication tools, including publications, web sites and other promotional vehicles;
- Supporting and participating in the evaluation process;
- Supporting and participating in the implementation of activities outlined in the proposal;
- Providing advice and direction to project staff.

The project also participated in a provincial consensus building conference on May 25, 26, 2006 in Toronto entitled “Ideas into Action”. This conference brought together key stakeholders in maternity services in Ontario to develop action plans to address the health human resource crisis in maternity services in Ontario. When asked, 100% of the participants at this conference agreed that Ontario should be actively involved in a national strategy to ensuring sustainability of maternity services in Canada.

**Objective 5 - To facilitate change in practice patterns for primary maternity care providers**

**Activities**

Participation on the National Primary Maternity Care Committee (NPMCC) provided formal and informal opportunities for maternity care professionals to exchange information about philosophical approaches to practice, scope of practice, practice patterns, and issues of clinical and professional concern. NPMCC members have reported that exposure to this information has resulted in
increased communication between maternity care professionals at all levels, including nationally regionally and at local practice levels.

Information on the need for and benefits of multidisciplinary collaborative primary maternity care was disseminated to all health care providers involved in maternity care including family physicians, nurses, midwives and obstetricians through a four page insert in each of the national journals or newsletters of the partner organizations, presentations at national conferences, and articles in other newsletters that reach health care providers (Appendix 3).

A change in practice patterns will result from the development of new multidisciplinary collaborative teams and through the increased exposure of professionals to other options for collaboration, communication and cooperation.

**Objective 6 - To facilitate information sharing on collaborative primary maternity care experiences.**

**Activities**

A comprehensive internal communication plan was implemented targeting the members of the Executive Committee and the members of the National Primary Maternity Care Committee to inform and provide activity updates on the project’s key initiatives and outcomes. Internal communication activities included:

- the distribution of all reports in their draft form for comment and feedback prior to completion,
- the distribution of all final reports and correspondence,
- the distribution of articles for inclusion in the publications of partner organizations,
- the development of an insert distributed in the professional journal of each partner organization,
- the creation of a PowerPoint presentation distributed to partner organizations for presentation to their membership,
- the distribution of monthly project updates to all committee members.

An external communication plan was implemented that aimed to inform and provide activity updates on the project initiatives and outcomes to key stakeholders. The external communication plan targeted the membership of the partner organizations, national and provincial professional associations and health organizations, regulatory bodies, as well as provincial and territorial governments. The external communication plan was also vital to position the project as a relevant, useful, and important initiative with key stakeholders.
Communication activities included:

- Development and dissemination of a project overview outlining the goals and activities of the project
- Development of an e-mail contact list that included more than 115 stakeholders with an interest in multidisciplinary collaborative maternity care to whom all relevant information about the project was disseminated.
- Regular project updates were sent by letter to the above external stakeholders.

A web site was created, with a URL specific to the project but linked to each partner organizations’ web site, to facilitate access to information and to ensure all reports were available in a timely fashion.

In addition, information about the project was shared through presentations made at partner organisations’ annual conferences, national and provincial professional association meetings, maternity care organisations, provincially-based maternity care planning groups, and to government officials through the Project’s public policy campaign. The chart below provides further details about these contacts.

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<tr>
<td>Website⁵ – Page Views</td>
<td></td>
<td>67,242</td>
</tr>
<tr>
<td>– Sessions</td>
<td></td>
<td>10,549</td>
</tr>
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**Objective 7** - To promote to the public and maternity care providers the need for, and benefits of, multidisciplinary collaborative primary maternity care.

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⁵ Website terms -- Page view – A request from a visitor’s browser for a displayable web page. Session – Initiated when the visitor arrives at the website and ends when the browser is closed or there is a period of inactivity.
Activities

The project aimed to promote the benefits of multidisciplinary collaborative maternity care to women of child bearing age. A series of focus groups were held with women of child-bearing age across the country in the fall of 2004 and again in the fall of 2005. These reports may be found in Appendix 4. The main purpose of these focus groups was to obtain views on multidisciplinary collaborative care from mothers who had recent maternity care experiences. Participants in the focus groups were asked about their recent maternity care experience and their level of awareness of the concept of collaborative practice and health care teams. The participants of the focus groups held in the fall of 2005 were also asked to review three advertisement concepts.

Based on their feedback an advertisement was developed and then published in the April 2006 French and English subscription editions of Chatelaine Magazine (Appendix 4). The purpose of the advertisement was to highlight the need for, and the benefits of, multidisciplinary collaborative primary maternity care. This advertisement initially reached more than 770,000 subscribers across Canada. As this publication commonly remains in the waiting rooms for extended periods, the potential audience is significantly greater.

The project also aimed to promote the need for and the benefits of multidisciplinary collaborative maternity care with maternity care providers. A baseline survey on the current level of knowledge and acceptance of multidisciplinary collaborative care by maternity care providers and other stakeholders was conducted in the fall of 2004.

An “advertorial” was also published in the professional journals of each of the partner organizations which reached most health professionals involved in maternal and newborn care. This four-page insert explained the project, highlighted two current examples of multidisciplinary collaborative care models, one in an urban setting and one in a rural remote environment and documented the need for, and the benefits of, multidisciplinary collaborative maternity care (Appendix 3).

Evaluation

The evaluation component of the project included web-based surveys, focus groups at national
meetings and interviews with maternity care providers to assess the impact of this project. Both quantitative and qualitative methods were used to understand and compare stakeholders' knowledge, attitudes, and beliefs about multidisciplinary collaborative maternity care at the beginning and the end of the project. These activities enabled personal reflection on these issues, and provided an opportunity for professional groups to explore the possibility of changes in models of practice.

Reports are available that outline the findings from the qualitative interviews conducted with professional association representatives and government policy decision makers both at the beginning and end of the project (Appendix 5). The evaluation activities were reported to have encouraged participant reflection on the possibility of change amongst the body of potential health care planners.

A key finding of the evaluation team was that by April 2006 more than 70% of respondents had heard of the project, and more than 87% agreed that there is a need for a Pan-Canadian maternity care strategy responsible for planning multidisciplinary collaborative care.

4. Outcomes and Results

The Project has achieved many of its objectives. It has made significant progress towards the goal of increasing access to quality primary maternity care for Canadian women. Of greatest significance, it has developed various tools to facilitate implementation models of multidisciplinary collaborative care that will potentially address health human resource shortages.

Objective 1: Guidelines for Models

This objective was met. A document, *Guidelines and Implementation Tools for Multidisciplinary Collaborative Primary Maternity Care Models* was developed following extensive consultation with members of the National Primary Maternity Care Committee, and many other stakeholders including maternity care professionals, professional organisations representing maternity care professionals, public and private sector health policy professionals, and consumers. The guidelines are based on a definition collaborative maternity care developed by the consultant in collaboration with the National Primary Maternity Care Committee. The guidelines describe the core members of a collaborative team as a team of health professionals who are in direct and continuous contact with the woman seeking care. They identify other professionals who may play a vital role in the provision of primary maternity care, depending on the specific needs of the woman and her baby. Health professionals comprising the core team and others involved in the woman’s care may, or may not, be co-located. The guidelines emphasize the necessity for well-developed communication systems or strategies to facilitate continuity of care for the woman and her baby.

Objective 2: Determine national standards for terminology and scopes of practice and Objective 3: Harmonization of standards and legislation

The *Background Research Paper* was commissioned as a resource document for these objectives (*Appendix 2*). It catalogues the scopes of practice of physicians, midwives, nurses and nurse-practitioners, and describes the terminology used within health professional legislation and regulation. This document can be used at the provincial level for legislation review, and at the local level, as a guide for scope of practice discussions.

These two objectives presented considerable challenges to the project. The Harmonization Working Group of the National Primary Maternity Care Committee was unable to come to a consensus regarding recommendations to address either objective. This likely reflects the current state of maternity care practice; health care professionals are just beginning to shift from traditional
silo models of care to an expanded repertoire of care delivery options.

The Harmonization Working Group chose to develop a comprehensive list of the fundamental elements of maternity care. This chart is included within the module document titled, “About the Modules.” Used as a tool to begin the process of an environmental scan, it may identify gaps in maternal and newborn care provision. Once these gaps have been identified, these care tasks may be assigned to other health care professionals, or to other care providers within the community or a plan of care will need to be developed to ensure access to these care tasks.

**Objective 4: Collaboration among Professionals**

The National Primary Maternity Care Committee enabled a diverse group of 29 maternity care stakeholders including professionals, policy makers and consumers to come together over an 18 month period to provide clinical and administrative input, feedback and guidance on the content for each of the project objectives. Working together created opportunities for formal and informal exchanges of information about philosophy to care, scopes of practice, and core competencies, topics which many of these maternity care providers had never had an opportunity to discuss with one another prior to this experience.

Participation on this Committee also required that these professions work toward a common goal, that is, the development of the collaborative maternity care guidelines. This was an activity with which many of these professionals had no prior experience.

**Objective 5: Change Practice Patterns**

The tools developed by this project will facilitate changes in practice patterns. The seven knowledge transfer modules that accompany the guidelines document will assist groups of health care professionals to complete environmental scans, decide whether multidisciplinary care is an appropriate model for their practice setting, and if so, aid them in implementing such a model. The following seven knowledge transfer modules are designed to facilitate the implementation of multidisciplinary collaborative care:

- Module 1: Conduct an Environmental Scan
- Module 2: Q/As on Developing a Collaborative Model
- Module 3: Building Teams
- Module 4: Communicating Effectively
- Module 5: Improving the Collaborative Model
Module 6: Evaluating the Collaborative Model

Module 7: Determining the Cost Implications of the Collaborative Model

An accompanying document, About the Modules, offers information about these modules, and how they compliment and support the material found in the Guidelines. This module contains a chart of fundamental elements of maternal and newborn care that may be used to identify gaps in care. If gaps are identified, plans are made to address gaps. This plan may include the implementation of a model of multidisciplinary collaborative care. The seven knowledge transfer modules are ‘tools’ designed to facilitate the implementation of multidisciplinary collaborative care. Some are designed to assist the initial development of collaborative care teams; others provide tools for evaluating functioning collaborative care models. Module 6 provides a model for evaluating the efficacy and quality of care offered by collaborative teams. Using this tool to evaluate multidisciplinary collaborative teams would enable consistent comparisons between models.

The modules may be used by health care professionals or by health planners. Health care professionals wanting to implement collaborative care in their practice setting may choose to work through the modules, using the Guidelines document as a supporting guide. Health planners may use the tools to encourage and support the implementation of collaborative care in regions that are inadequately served. It is important to state that the Project developed these guidelines to support maternity care professionals wishing to change their models of practice to include models of multidisciplinary collaborative care. They are not meant to supplant models of care that are working well.

Various components of these tools have been piloted. The fundamental elements of maternal and newborn care chart found in the “About the Modules” document was tested by Regional Health Authority officials in Manitoba to determine gaps in provision of care in their districts. Two of the modules, Team Building, and Creating a Change Environment, were focus-tested at the last meeting of the National Primary Maternity Care Committee. They were well-received.

“These relationships have developed over time and are the result of a lot work across professions. …The exposure of each profession to the other(s) increases understanding across disciplines and goes a long way to improving care.”

(A provider with experience working in a multidisciplinary care model)
Objective 6. Facilitate Information Sharing

Throughout the project, information about the benefits of multidisciplinary collaborative primary maternity care has been communicated to individual health care professionals and their associations through print and other modalities. In the fall of 2005, a four-page insert was published in each of the professional journals of the partner organizations. In the time following publication of this insert, the number of inquiries about the MCP\textsuperscript{2} project increased significantly. Individual health practitioners contacted the Project staff requesting additional information and support, including funding, to implement multidisciplinary collaborative primary care within their communities. Many of these requests for information came from health care professionals in crisis or experiencing “burn out”. These individuals were seeking a solution to an immediate crisis. In addition to responding to these requests directly, individuals were also directed to the website, www.mcp2.ca, to access project documents. This website was designed to facilitate communication between the project team and members of the executive and national committees, as well as to serve as an information-sharing vehicle with the public. It has been a valuable tool. Between March 2005 and June 2006, there were 67,242 page views, requests from a visitor’s browser for a displayable web page, and 10,549 Sessions; sessions are initiated when the visitor arrives at the website and end when the browser is closed or there is a period of inactivity.

The Project also maintained a contact list of people interested in our work. These contacts were regularly updated on the project, including email notification when new documents were posted to the website. At the end of the project, there were more than 115 people on this list.

In addition, several articles describing the work of the project were published in partner organization journals and newsletters. While the project team wrote some of these articles, others were written by members of the executive and national committees suggesting a significant level of commitment to the concept and a desire to share information with other professionals in their respective discipline.

The project objectives and results were presented in numerous settings throughout the duration of the project, including at the national conferences of each partner organization, at two collaborative maternal newborn care conferences. Each of these presentations resulted in requests for information about multidisciplinary collaborative care, its implementation, its applicability in various setting and requests for sources of funding. A PowerPoint presentation was also developed for members of the National Primary Maternity Care Committee to use at local meetings.
The Project also linked with three projects examining maternity care in Ontario resulting in the co-sponsorship of a consensus-building workshop: Ideas into Action – Maternity Care Solutions for Ontario. This conference held May 25-26, 2006, was an opportunity to share the results of each project, and develop joint recommendations to be presented to the government of Ontario. The recommendations of these three projects were consistent with those developed by MCP2.

**Objective 7: Promote Benefits of Collaborative Maternity Care**

Many of the activities undertaken as part of Objective 6 also promoted the benefits of collaborative care to health care professionals and other stakeholders.

An advertisement to raise the awareness of the benefits of multidisciplinary collaborative primary maternity care with consumers was placed in Chatelaine magazine in March 2006. Positive feedback has been received that the advertisement is both clear and easy to understand.

There were two stages in the Public Policy campaign. The first stage, “Setting the Stage,” was completed in winter 2005. Government officials, health policy analysts and other stakeholders were visited in the provinces of British Columbia, Manitoba, and Ontario. Response from the provinces was positive, with an expressed interest in seeing the results of the project when available.

In the winter of 2006, the second stage, the “Getting on Board” campaign revisited the first three provinces and in addition, met with officials from Quebec and Nova Scotia. The goals of the campaign included sharing the guidelines for model development, and gaining provincial support for the implementation of the recommendations of the project, particularly as they related to the goal of developing a national approach to the problem of reduced maternal newborn care health human resources. The Project’s implementation tools were well-received, particularly on the part of direct care providers, many of whom were from communities facing challenges in maintaining access to locally-based maternity care services.

In Nova Scotia, we met with 15 individuals including representatives of regional health authorities, civil servants, and elected officials. There was interest in the tools developed by the project, particularly from the regional health authorities. There was also interest in any mentoring or financial support that might be available to help set up collaborative teams. In Manitoba, there was significant interest in the tools expressed by the 38 representatives that met with the project team. The model document and the Identification of Gaps in Maternity Services table were tested in Manitoba at a workshop sponsored by the ministry of health in March 2006, and the participants
indicated that they found them very useful. The regional health authorities plan to identify the use of the tools, framework, and concepts from the project in their health planning processes, as they explore opportunities to establish multidisciplinary collaborative maternity teams. In Quebec and Ontario there was also interest in the documents produced by the project and uptake of the tools is expected.

The visit to British Columbia included meetings with 30 representatives of health authorities and civil servants. Since the recent BC Maternity Care Enhancement Project included recommendations for collaborative teams, there was significant enthusiasm for the tools produced by the project. There was also support expressed for the concept of a national approach to maternal newborn care in Canada.

Evaluation

On two separate occasions, at the beginning and at the end of the project, the evaluation team assessed the knowledge, attitudes, and beliefs of maternity care professionals with reference to multidisciplinary collaborative care using surveys, focus groups, and interviews. The Privacy Act affected this work, making access to respondents challenging and in some cases impossible, necessitating the use of alternative routes.

The first set of surveys resulted in 796 respondents and the second set had just over 600 respondents. A typical respondent was female, between the ages of 45 and 54 with less than 10 years work experience. Large numbers of all professionals strongly agreed with the key elements of collaborative practice developed in the project, including mutual respect and trust, shared goals, informed choice, professional competence and collegial relationships among team members. There was less agreement on the topics of hierarchy, supervision, and the ultimate accountability of one health care provider. More extensive results and discussion of the survey results are available in Appendix 5.

The focus group report indicates that participants were interested in developing local collaborative models grown from each unique environmental context. The crisis in maternity care is seen as an opportunity to engage in thinking about and delivering care differently. Participants expressed weariness about change for change sake. There was cautious optimism with the idea that we must plan very carefully, teams have to individually selected, and the barriers of liability and remuneration have to be worked out prior to offering something new and different. Collaborative teams were not seen as a panacea for all situations nor for all communities. More extensive
results and discussion of the focus group results are available in Appendix 5.

The interviews with key stakeholders included questions that addressed the value of the project and the opinions of the participants on the need to maintain a national maternity committee. In addition, participants were asked their opinion of three concepts of collaborative models that had produced equivocal results in the survey (hierarchy, supervision, and accountability). The analysis of the interviews revealed the participants were enthusiastic about maternity care and that there was an enormous willingness to work together to create a better sustainable system. Midwives and nurses were more enthusiastic in determining new models that would allow both professions to practice to full scope of practice and become part of a team with true-shared decision-making. There were changes in attitudes around liability and collaborative care that were positive. Participants recognized that women are central to teams and have a responsibility to ensure that they are true members of the team. More extensive results and discussion of the interviews results are available in Appendix 5.

Lessons Learned

The perceived crisis in maternity care health human resources helped facilitate the work of the project. As one health care provider stated, ‘you really only get tremendous success in a crisis or a pending crisis that unless you have that motivation to find a solution you don’t always look for it, never mind find it’. Members of the executive and national committees were motivated to ‘sit at the table’ given this situation.

The enforced timeline required significant effort to ensure everyone was heard. As the Project progressed, enhanced communication strategies were developed to address these concerns.

As addressed elsewhere in this report, terminology was a significant issue. The project team determined that, in addition to having very clear terms of reference for committee participation, language should have been clearer and definitions of key concepts developed earlier in the project so that everyone involved was using the same terminology from the onset.

Consultants found that the Privacy Act has significantly affected access to contact information through professional associations. Several health care professional associations refused to provide contact information as their respective membership lists contained ‘personal’ as well as ‘professional’ contact information. While ‘professional’ contact information is within the public domain, ‘personal’ information is felt not to be, so that releasing membership lists may invade a professional’s right to privacy. Lack of readily available contact lists hampered access to groups of
health care professionals resulting in diminished numbers of participants at some stages of the Project's work. It was necessary to contact these groups of health care professionals through other less reliable means, or to forgo contact completely.

As midwifery is not legally recognized in all Canadian jurisdictions, some midwives were reticent to provide contact information. In addition, the newness of the profession in Canada meant that the national professional organization did not have a formal national list of members even in those provinces where midwifery is recognized. Therefore, communicating easily with the entirety of this professional group was challenging.

The profession of nurse practitioner is also relatively new in Canada. At the onset of the project there was no national organization representing nurse practitioners. Communication with this group was therefore hampered. Information gathering about this professional group was complicated by the diversity of recognized titles, diversity in the legislative or regulatory mechanisms by which the profession is identified or recognized, and by a lack of provincial and national professional groups. The Nurse-Practitioner Initiative, another one of the Primary Health Care Transition Fund initiatives has addressed some of these issues.

Registered nurses working in maternity care are difficult to reach individually, due in part to the large number in Canada. Provincial and territorial regulatory bodies also reported that they were limited by privacy legislation in their ability to share mailing lists. Although many registered nurses involved in maternity care are members of the Association for Women’s Health, Obstetric and Neonatal Nurses, Canada (AWHONN), many are not. Thus, contacting this population of maternity care practitioners was hampered.

Clarification of the Privacy Act and its potential impact on access to professional mailing lists may benefit future researchers.
5. Implications

The work of MCP\textsuperscript{2} has the potential for far-reaching impact on primary maternal and newborn care provision in Canada. The resources and tools developed by the Project may affect both policy and practice. The **Guidelines for Development of a Multidisciplinary Collaborative Primary Maternity Care Model** and the accompanying series of knowledge transfer modules provide a framework for primary health care reform. They specifically address primary maternity care where human resource shortages have had a profound impact on access to care for Canadian women.

As stated earlier in this report, problems with recruitment and retention have resulted in a significant reduction in the availability of maternity care professionals to provide care, particularly in the intrapartum period. Multidisciplinary collaborative care was proposed as one solution to this health human resource crisis. The tools are now available to facilitate the implementation of multidisciplinary collaborative maternity care. However, implementation will require a long-term strategy, including further funding, coupled with political and administrative will on the part of health care providers, health professional organizations, administrators and governments.

“Obstetricians look forward to the day where multidisciplinary collaborative care programs will be established across the country. There are not enough obstetricians to address the increasing demand for maternity services. These models of care are essential to help obstetricians cope with the workload and more importantly, make sure high quality maternity care is available to all women who give birth.”

A Manitoba-based obstetrician

It is clear that an important first step towards the reduction of barriers to collaborative primary maternity care was achieved through the participation of key stakeholders in the work of this project, primarily through the National Primary Maternity Care Committee. We anticipate that this initial work will have a long-term impact on the future of collaborative care models across Canada and more specifically, on the provision of collaborative primary maternity care. The scope of the impact at the provincial and territorial levels on the delivery of primary maternity care, however, will depend on the political will and vision of governments and health care providers in the planning and implementation of multidisciplinary collaborative teams to improve the access and quality of primary maternity care in the jurisdictions which they serve.

These implementation tools, the Guidelines and the knowledge transfer modules, will be disseminated in the form of a binder to various stakeholders. They will also remain available on the website for a minimum of one year following the project closure. Liberal access to these resources
will make it easier for interested individuals and groups to begin the process of implementing collaborative care models in their communities.

These resources also have the potential to impact policy and practice through the proposed evaluation tool that is included within one of the knowledge transfer modules. Both current collaborative maternity care teams as well as those that may arise in the future may use this evaluation tool. There are many care providers that function in a collaborative manner, but there is no common tool with which to evaluate consistently the efficacy of these models of care. Consistent use of a common evaluation tool would provide valuable information for future sites that wished to implement multidisciplinary collaborative care, both within maternity and within other health care disciplines.

The resources and tools developed by our project are not specific to maternity care. They may be applied to other health care disciplines, and so have the possibility of influencing primary health care in broader sense.
6. Sustainability

Whenever groups of maternity care providers gather across Canada, at conferences, meetings, or workshops, there is consensus that there is a maternity care health human resource crisis. This shortage of providers is having a detrimental impact on the current availability of quality maternal newborn care for women throughout the country. In addition, it is putting a strain on existing health care providers, who must expend inordinate energy attempting to mitigate the effects of the shortages as they maintain quality maternal newborn care. Immediate action is required to prevent cracks forming in our health care system that may result in increases in maternal and newborn morbidity or mortality. In meetings with key stakeholders in British Columbia, Ontario, Quebec, Manitoba and Nova Scotia there was recognition that the shortage of skilled maternity care providers requires a national approach to a collaborative solution.

The focus of the project was on finding multidisciplinary collaborative solutions that will build capacity in primary maternity health care, engage key stakeholders in considering alternate models of primary maternity care, disseminate information on guidelines for model development, and associated implementation tools. Bringing such approaches forward will reduce barriers to collaborative practice and improve confidence amongst health care providers and the public on the benefits of developing collaborative models of service.

This project has been instrumental in:

- Collecting data and relevant information on current multidisciplinary collaborative maternity care models;
- Establishing guidelines for the development of multidisciplinary collaborative care models that are woman-centered and include core components with flexible contextual factors;
- Increasing communication and collaboration between individuals and associations involved in providing the full range of maternal newborn care to champion collaborative models care;
- Addressing barriers to multidisciplinary collaborative primary maternity care
- Raising awareness on the benefits of multidisciplinary collaborative primary maternity care with health care providers and consumers
- Identifying a solution to the recruitment and retention problems in maternity care health human resources
However, the activities of this project are not sufficient, in themselves, to ensure either the sustainability of the current maternity care system or the development of new multidisciplinary collaborative primary maternity care teams across Canada. MCP\textsuperscript{2} has identified solutions that address the health human resource crisis in maternity services through the development of multidisciplinary collaborative maternity care teams. In the short term individuals, groups and organizations can use the tools develop multidisciplinary collaborative maternal newborn care teams. A long-term strategy is required to facilitate the implementation of these teams and redevelop the full spectrum of a primary maternity care system that would include:

- Continued development of a coordinated, pan-Canadian approach to multidisciplinary collaborative maternal / newborn care services;
- Reduction of repetition and duplication of efforts across provinces and territories of Canada
- Pilot sites of multidisciplinary collaborative maternity care teams established in various health care settings (urban, rural, etc) based on the model guidelines, definition, guiding principles and core components developed by the MCP\textsuperscript{2} project;
- Utilization of the pilot sites as teaching opportunities for multidisciplinary collaborative practice for undergraduate and post graduate students;
- Evaluation of financial and clinical implications of multidisciplinary collaborative maternity care teams (current and newly formed);
- Mentoring of new multidisciplinary collaborative maternity care teams developed using the model guidelines;
- Maintenance of a website that would document best practices, success stories, warehouse relevant documents and act as a conduit for care providers seeking information or organizational support.

To ensure long-term sustainability, we propose the establishment of a pan-Canadian network that would be responsible for consulting, communicating, and sharing best practices for safe, effective maternal newborn care. This organization would be composed of national / provincial representatives, would be action oriented and would focus on encouraging collaborative practice, mentoring new teams in collaborative models and sharing successes. This network would include key stakeholders who are actively involved in the provision of maternal newborn care across Canada.
Advantages of a pan-Canadian Network

Benefits of a network of national and provincial representatives include:

- Promotion of Canadian standards and quality of care for safe and effective maternal newborn care
- Inclusion of representation from key national and provincial stakeholders
- Facilitation of access to care as close to home as possible
- Promotion of a coordinated vision for maternal newborn care
- Encouragement to share successes to reduce duplication and repetition of effort across Canada
- Inclusion of key stakeholders to implement changes in a timely fashion
- Representation from appropriate membership to engage key stakeholders in the subcommittees
- Responsiveness to consumers and health care providers needs while meeting government priorities related to maternity care
- Facilitation of the implementation of multidisciplinary collaborative primary maternity care models based on consistent principles and a common evaluation framework;
- Promotion of the use of coordinated guidelines, protocols and tools for implementing change
- Development of potential to expand the scope of activities to include other relevant objectives
- Development of champions and mentors for multidisciplinary collaborative practice

Network Specifics

More specifically, we propose a network with membership from current maternity care provider organizations, provincial perinatal programs, ministries of health, consumer networks, educational organizations and other key stakeholders to review data and trends, share strategies and tracking outcomes to ensure a consistent approach to the standards and quality of maternity care in Canada. Initially, the size of the network would be 20-25 members, expanding to 35 members as additional professions joined.

The leadership of the proposed network would be an Executive Steering Committee that would include one representative from each professional group involved in the network, with one member acting as chair on a rotating basis. The network office team would include a staff member
responsible for organizing meetings and teleconferences for the network, maintaining the website, coordinating access to mentors and warehousing relevant documents and material.

The network would have sub-committees working on the recommendations from the final report of the MCP\(^2\). Each sub-committee would consist of a chair and 4-6 committee members drawn from a pool of interested professionals working in the maternity care field.

The subcommittee work in the short term would include:

- Pilot sites for new collaborative models
- Supporting harmonization of standards and legislation
- Evaluation of existing collaborative teams as requested
- Mentoring and evaluation of new collaborative teams
- Sharing successes

In the longer term, the work would be expanded to add:

- Development of national data collection standards and processes
- Facilitation of opportunities for multidisciplinary education
- Development of national clinical guidelines that could be shared across maternity care professions
- Development of patient safety standards and processes
- Development of a national approach to planning all aspects of maternity care

Each participating province and territory could have a site visit, educational session, or mentoring workshop developed to meet their specific needs. The subcommittee on pilot sites would develop a team of professionals that could visit new sites to assist with set up or existing sites to assist with evaluation.

In the development stages of the network, $250,000 per year will be required for short-term goals that will require one face-to-face meeting of the network members annually, regular teleconference meetings, mentoring sessions, and maintenance of a website. Once the network has been established, the larger term goals will be addressed.

Provincial governments will each be asked to contribute to support provincial meetings and mentoring sessions or workshops developed to meet their specific needs. Any additional funding would be used to support the specific visits in each participating province. Partner organizations
will be asked to make “in kind” contributions, when possible, to support the participation of their members in the network. Partners in the project are actively pursuing additional funding to develop this network.
Appendix 1

Objective 1: Guidelines for Models


Appendix 2

Objective 2: National Standards for Terminology and Scopes of Practice

Appendix 3

Objective 5: Change Practice Patterns

(2005) MCP^2: A National Initiative to Address the Availability and Quality of Maternity Services, What Midwives Need to Know About the MCP^2 Model,

(2005) MCP^2: Une initiative nationale visant à traiter de la disponibilité et de la qualité des soins obstétricaux, Que doivent savoir les sages-femmes au sujet du modèle MCP^2?

(2005) MCP^2: A National Initiative to Address the Availability and Quality of Maternity Services, It Works for Nurses!

(2005) MCP^2: Une initiative nationale visant à traiter de la disponibilité et de la qualité des soins obstétricaux, Ca fonctionne pour les infirmières!

(2005) MCP^2: A National Initiative to Address the Availability and Quality of Maternity Services, Why would a physician join a multidisciplinary collaborative team?

(2005) MCP^2: Une initiative nationale visant à traiter de la disponibilité et de la qualité des soins obstétricaux, Pourquoi un médecin joindrait-il une équipe multidisciplinaire concertée?
Appendix 4

Objective 7: Promote Benefits of Multidisciplinary Collaborative Primary Maternity Care


2006, Maternity Care in Canada: It’s all about teamwork & mutual trust.

2006, Soins de maternité au Canada: Travail d’équipe et confiance mutuelle.
Appendix 5

Evaluation

Davies, Barbara L., RN, PhD; Medves, Jennifer M., RN, PhD; Graham, Ian D., PhD; and Peterson, Wendy, RN, PhD. (2006) Technical Report One, Report on the Surveys, Assessing Knowledge, Attitudes and Beliefs Towards Collaborative Primary Maternity Care.

Medves, Jennifer M., RN, PhD; Peterson, Wendy, RN, PhD; Davies, Barbara L., RN, PhD; and Graham, Ian D., PhD (2006) Technical report Two, Final Report of the Interviews of Key Informants from the Partner Organizations of the MCP2 project, Mutual Respect is the Key: Knowledge, Attitudes and Beliefs about Collaborative Practice in Maternity Care in Canada.

Davies, Barbara L., RN, PhD; Medves, Jennifer M., RN, PhD; Peterson, Wendy, RN, PhD; and Graham, Ian D., PhD; Trepanier, Marie-Josée, BNSc. (2006) Technical Report 3, Report on the Focus Groups from the MCP2 Project, Types of Collaboration in Primary Maternity Health Care.

Medves, Jennifer M., RN, PhD; Peterson, Wendy, RN, PhD; Lada, Nancy, RN, MScN (candidate); Davies, Barbara L., RN, PhD; and Graham, Ian D., PhD. (2006) Technical Report 4, Report of the Second Interviews of Key Informants from the Partner Organizations of the MCP2 Project, Groundbreaking Work: Post Project Interviews of Key Stakeholders in the Partner Organizations

Medves, Jennifer M., RN, PhD; Davies, Barbara L., RN, PhD; Peterson, Wendy, RN, PhD; and Graham, Ian D., PhD. (2006) Technical Report 5, Communicate, Communicate, Communicate, Lessons Learned from the Multidisciplinary Collaborative Primary Maternity Care Project.
Appendix 6

Letters of Support