

## **Ontario Maternity Care Expert Panel**

### **Appendix J – Glossary and Key Concepts**

#### **Aboriginal Midwives**

In Ontario, there are two groups who may practice as midwives: Registered Midwives and Aboriginal Midwives. Aboriginal Midwives are exempt from regulation in Ontario and may provide services under the governance of an Aboriginal health agency or independently in Aboriginal communities.(see also Midwife)

#### **Active Labour (see Labour)**

#### **Advanced/Acute Care Nurse Practitioner (ACNP- see also Nurse Practitioner)**

ACNP's work in hospitals as part of a team under medical directives from physicians(s) to order specific tests such as laboratory, ultrasounds, x-rays and electrocardiograms when a patient is in an acute care setting they may also prescribe and give certain specific drugs in these settings.

#### **Advanced Practice Nursing**

This is a generic term used to describe a variety of nursing categories with advanced education, roles and responsibilities. It includes advanced care nurse practitioners, nurse practitioners, RN(EC), nurse anaesthetists, clinical nurse specialists

#### **Advances in Labour and Risk Management (ALARM) and Advance Life Support in Obstetrics (ALSO)**

ALARM is a two-day comprehensive hands-on course run by The Society of Obstetricians and Gynaecologists of Canada and open to all professionals involved in intrapartum and immediate postpartum care. The course is designed to “review, update and maintain competence in obstetrics” and those successfully completing an examination are certified in the ALARM method.

Similarly the ALSO (Advanced Life Support in Obstetrics) Provider Course is designed to assist health care professionals in developing and maintaining the knowledge and procedural skills needed to manage emergencies that can arise in obstetrical care. ALSO is owned and managed by the American Academy of Family Physicians (AAFP). In 1997, The College of Family Physicians of Canada (CFPC) became the exclusive licensed distributor of the ALSO Provider Course throughout Canada.

[www.cfpc.ca/english/cfpc/cme/also](http://www.cfpc.ca/english/cfpc/cme/also)

#### **Anaesthesia/Anaesthetics/Anaesthesiologist**

The word anaesthesia means loss of feeling or sensation. An anaesthesiologist is a medical specialist who is trained to give medications called anaesthetics during surgery and other medical procedures to give pain relief, a loss of sensation or loss of consciousness during the procedure. In maternity care, anaesthetists are most commonly associated with performing epidurals for pain relief in labour and providing and spinal anaesthesia for Caesarean sections. (see also analgesia)

**Analgesia**

Refers to medications given for pain relief. In maternity care this would specifically refer to medications given during labour and delivery or postpartum. In some cases this medication is given in a way that is under the direct control of the patient. Usually this refers to oral or intravenous medications as opposed to spinal and epidural medications

**Antenatal/ Antepartum/ Prenatal Care**

Ante' and 'Pre' both mean before and 'natal' and 'partum' both mean birth, so all three words refer to the period of pregnancy before a woman gives birth. OMCEP will primarily use the terms interchangeably in this report. Care in the prenatal period refers to the pregnancy care provided to a woman. This care typically involves education and health promotion around early prenatal health, screening and clinical care of the woman and fetus; and, emotional and practical support of the woman and her family. (See also Continuum of Maternity Care.)

**Assisted Vaginal Birth (see Operative Vaginal Delivery)****At-Risk Delivery/Pregnancy (see Risk Status)****Augmentation**

When labour has started but the woman's labour is progressing slowly, a medication called oxytocin or a procedure of rupturing the amniotic sac or 'breaking the water' can be used to try to speed up the progress.

**Barriers to Care**

In this report, OMCEP will use the phrases "barriers to care" or "barriers to maternity care". There are certain factors that can act as barriers to health care for all citizens. When there is a shortage of health care providers or technology these access problems are inherent barriers to care for everyone. OMCEP will also use this term to refer to the additional barriers that certain diverse populations may face because of their aboriginal status, ethnocultural needs; language; low socio-economic status; physical disabilities; mental health needs; or experience with partner abuse.

**Birth Centre**

A facility designed specifically to provide dedicated care to women throughout a pregnancy and during childbirth. In this report we discuss them as Centres of Excellence for Normal Birth. The centre might be freestanding or it could be co-located or affiliated with a hospital.

**Caesarean Section (C-Section)**

When a spontaneous vaginal birth is not possible or may cause serious risk to the woman and/or fetus, an operation known as a Caesarean Section can be performed. A surgical cut is made through the abdomen and uterus and the baby is born through that abdominal opening instead of the vagina.

## **Call Group (see On-Call Group)**

### **Capitation**

Capitation is a method of payment for primary health services that is based on a fixed fee for a bundle of health services provided to a single patient. The amount paid per person varies with the age and sex of the patient. The organization receives that payment every month even if that patient did not visit that month.

### **Caseload**

Caseload is the term for the workload a healthcare provider or group of providers undertakes in the service of a population. In maternity care, the caseload would be the number of pregnant women or new mothers cared for by that provider and group. Often the group will work closely together according to a shared philosophy.

### **Clinical Nurse Specialist (CNS)**

A Masters-prepared registered nurse with advanced training in a specialty area of nursing practice such as neonatal intensive care. Clinical Nurse Specialists are often recruited to nursing leadership positions in research, policy, teaching or hospital administration.

### **Collaboration**

The word “collaboration” has many different definitions, particularly when discussing models of maternity care. OMCEP defines maternity care collaboration as a cooperative and mutually supportive relationship characterized by respect, trust, mutual support and excellent communication. Used in this way, collaboration should be an expected part of interactions between maternity providers and the women and families they serve and amongst the care providers themselves – whether those relationships are single-professional, multi-professional or inter-professional (see Team Models of Care for definitions of these terms). Collaboration is discussed further in the Models Chapter of the OMCEP Report.

Also from the Society of Obstetricians and Gynaecologists of Canada MCP<sup>2</sup> Project “Collaborative woman centered practice designed to promote the active participation of each discipline in providing quality care. It respects 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.” (Based on Health Canada’s definition of collaboration)

<http://www.mcp2.ca/english/documents/DefnofCollabMatCare31Mar05rev24June05.pdf>

### **Community (Three Definitions)**

In this report, OMCEP may refer to a ‘community’ in one of three ways:

- Definition #1: A geographic area with a concentrated population identified as a neighbourhood, municipality or region. When people recommend that a woman should be able to give birth in her “community”, they usually mean close to her home.

- Definition #2: Refers to health care delivered outside a hospital setting, i.e. in the community. For maternity care, this could mean services delivered in small non-institutional settings or in the home.
- Definition #3: A community can also be defined by shared traits or interests other than geography. A community could refer to people who share similar racial, cultural or ethnic backgrounds, religion, philosophical views, and many other traits. For maternity care, unique community characteristics are important because birth is usually celebrated in culturally specific ways.

### **Community Care Access Centres (CCACs)**

In Ontario, the Ministry of Health and Long Term Services has funded CCACs across the province to give easy access to the public for key long-term health services. Most are free-standing centres in the community and a few are associated with hospitals. CCACs coordinate the following services:

- long-term care in the home;
- admissions to long-term care facilities;
- services for special needs children in schools; and,
- information and referrals to other community agencies.

### **Community Health Centres (CHCs)**

Community Health Centres (CHCs) are community health organizations funded by the Ministry of Health and Long Term Care to provide primary health care and health promotion programs. They have independent boards of directors and their services are tailored to fit their community. CHCs provide help to individuals, families and communities. Their health promotion programs are also run in workplaces, housing developments and other community settings. Some of the services that might be offered at a Community Health Centre, depending on the need of that community, are:

- programs for youth;
- healthy sexuality programs;
- parenting education and parent-child resources and drop-ins;
- domestic violence prevention/treatment programs;
- counselling for addictions, stress and anger management and conflict resolution; etc.

### **Community Hospital, also known as Level I and II Hospitals (see Hospital Types)**

#### **Community Sponsored Contract (CSC)**

In Ontario, the Ministry of Health and Long Term Services has identified 24 Northern Ontario communities as being underserved by the health care system and needing at least one to two physicians. To encourage physicians to work in these underserved areas, the Ministry provides a guaranteed salary for doctors working there, along with additional funds for evening, overnight and weekend work and for being on-call for emergencies.

### **Congenital Anomaly or Abnormality**

‘Congenital’ means that something exists at the point of birth or before. An ‘anomaly’ is something that appears different from what is normal or expected. A congenital anomaly is a birth defect that can be seen in the developing fetus in the uterus or is discovered at birth. The cause could be something that is inherited from one or both parents or something that happened to the developing fetus because of its unique environment, such as an infection in pregnancy that causes birth defects.

### **Consumer (see Woman)**

### **Continuity of Care and Related Terms**

There are many definitions of continuity of care. OMCEP’s definitions are provided below and a full discussion of continuity of care issues can be found in the description of OMCEP’s guiding principles.

Continuity is the result of a combination of adequate access to care for patients, good inter-personal skills; good information flow and uptake between providers and organizations; and good care coordination between providers to maintain consistency. For patients, it is the experience of care as connected and coherent over time. For providers, it is the experience of having sufficient information and knowledge about a patient to best apply their professional competence and the confidence that their care is recognized and pursued by other providers.

**Continuity of Carer:** This term refers to the “relational continuity” that is achieved with a woman sees the same care provider through pregnancy, labour birth and the postpartum period. In this report, OMCEP will use the terms ‘continuity of carer’ or ‘continuity of provider’ when referring to models of care that use a single provider across a woman’s pregnancy and the term ‘continuity of care’ when more than one provider or organization is involved.

**Continuity of Care:** This term relates to the degree to which a woman receives continuous personalized care across her pregnancy, labour, birth and postpartum period. The key elements of continuity of care are based on “information” and “management” continuity. These terms are described more fully in the guiding principles section of the OMCEP report and include:

- a maternity plan based primarily on the needs of the woman and her family;
- coordinated and integrated care across all providers;
- accessible and timely care;
- seamless transitions from one service to another; and,
- respectful relationships between the woman and her providers and among the providers themselves.

## **Continuum of Maternity Care**

The continuum of maternity care represents a timeframe of approximately one-year. It begins with preconception counselling and includes prenatal care, care throughout a woman's pregnancy, labour and birth – called intrapartum care – and then care for the woman and her newborn until 6-8 weeks postpartum. This continuum employs the following terms:

Preconception Counselling → Prenatal Care → Intrapartum Care → Neonatal and Postpartum Care

## **Culturally Appropriate Care:**

Culture is a complex integrated pattern of thoughts, beliefs, behaviours, customs, networks and institutions that describe a racial, ethnic, religious or social group. Culturally appropriate care is an important measurement of quality of care. It refers to a commitment to provide care to a community or population in a way that recognizes and responds to the unique cultural needs of that community. In particular, the term is used most often to describe a commitment to understand and respond to the needs of Canada's aboriginal peoples as well its many diverse ethnocultural communities. Culture may also refer to the unique views and needs of religious or social communities and to those with unique health challenges, such as those with mobility problems, hearing impairment, etc. When it comes to health care and maternity services, each cultural group or community may have its own care requirements; culturally appropriate care must be defined for each community. OMCEP has chosen the term culturally appropriate care but others may use similar terms, such as culturally sensitive care or culturally responsive care.

## **Determinants of Health**

Key Determinants (as defined by Health Canada)

[http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#key\\_determinants](http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html#key_determinants)

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender

## **Doula**

A Doula is an experienced layperson that helps during childbirth by offering non-medical support during labour and birth, and sometimes by supporting a mother and child after the birth. The word is Greek in origin and means “woman caregiver of another woman” or “woman servant”. A doula offers physical, emotional and social support, including assistance regarding methods of breathing, comfortable physical positions, words of comfort and encouragement, a

continuous presence of support, and other types of coaching and education. Doulas are beginning to practise in Ontario, but currently there they are an unregulated provider group. Although there are plans at the international level for recognized certification programs, there is currently no specific training, certification or regulations for doulas in Canada.

### **eHealth (including Electronic Health Record, Telecare, Telehealth and Teleradiology)**

Adapted from Health Canada at:

[http://www.hc-sc.gc.ca/hcs-sss/ehealth-esante/index\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/ehealth-esante/index_e.html)

“eHealth is an overarching term used to describe the application of information and communications technologies in the health sector. It encompasses a whole range of purposes from purely administrative through to health care delivery. For example:

- within the hospital care setting, eHealth refers to electronic patient administration systems; laboratory and radiology information systems; electronic messaging systems; and, telemedicine ...
- within the home care setting, examples include teleconsults and remote vital signs monitoring systems ...
- within the primary care setting, eHealth can refer to the use of computer systems by general practitioners and pharmacists for patient management, medical records and electronic prescribing.

A fundamental building block of all these applications is the Electronic Health Record (EHR), which allows the sharing of necessary information between care providers across medical disciplines and institutions.”

The area of eHealth is rapidly changing, as is the terminology to describe it. Some organizations refer to this new field as Telecare or Telehealth. In Ontario, Telehealth is not a generic term but rather the name of the Province’s toll-free 24-hour telephone health advisory service.

Teleradiology is the term used to describe a process where radiology results, such as an ultrasound, are read at a distance and the results conveyed back to a local health care provider. Teleradiology is mentioned in this document as a useful technology in prenatal care for women in rural and remote communities.

### **ePhysician Project**

The ePhysician Project is a 3-year Ontario government initiative jointly sponsored by Ministry of Health and Long-Term Care, the Ontario Medical Association and the Ontario Family Health Network. Its role is to provide a highly integrated Information Technology (IT) environment to support primary care physicians in the timely delivery of their services. Some of the services offered include: secured electronic patient medical records that can be shared between providers or with pharmacies and labs; access to medical, scientific and technical information; medical education, professional development and other ‘eLearning’ programs; among other services. In 2005 the project was being tested by a group of physicians with full provincial service to be available after testing is completed.

### **Epidural Anaesthetic**

The epidural space is located just inside the spine, close to the spinal cord in the back, and contains lots of nerve roots. Epidural anaesthetic is the name for the medical procedure where a local anaesthetic or a pain reliever is given through a special needle into the epidural space. This medication will either reduce or eliminate feeling in the lower region of the body. An epidural can be used for pain relief during the labour or birth process. Epidurals are given by anaesthesiologists or GP- anaesthetists. (see also spinal)

### **Episiotomy**

The name of a procedure used just prior to birth where a physician or midwife makes a cut to enlarge the vaginal opening to quicken the birth of a baby.

### **Family Health Team (FHT), including Family Health Group (FHG) and Family Health Network (FHN)**

In Ontario, the Ministry of Health and Long-Term Services (MOHLTC) is encouraging health care providers to form local Family Health Teams to ensure that primary health care is available in every community, around the clock. A Family Health Team includes family physicians and other professionals who work together in one location. Family Health Groups are also a new MOHLTC model, involving larger practices and more appointment hours, and with an after-hours telephone service, staffed by a nurse, for 24-hour coverage, seven days a week.

### **Family Physician (FP) and General Practitioner (GP)**

A Family Physician is a generalist physician trained for at least two years after medical school in the holistic care of an individual and his/her family. Family physicians generally provide primary care and operate under the Four Principles of Family Medicine

- The family physician is a skilled clinician
- Family medicine is a community-based discipline
- The family physician is a resource to a defined practice population
- The patient-physician relationship is central to the role of the family physician

<http://www.cfpc.ca/English/cfpc/about%20us/principles/default.asp?s=1>

Some family physicians take on limited roles such as emergency medicine, palliative care and other practice specific functions. A 'general practitioner' has entered practice as a generalist without specialty training prior to 1994 and is not certified by the College of Family Physicians of Canada.

### **Family Physician (FP)-Anaesthetist or General Practitioner (GP)-Anaesthetist**

Both General Practitioners and Family Physicians can take further advanced training in other specialties. One of those specialties is the use of anaesthetics during medical procedures and general surgery. In Canada, 20% of all anaesthetics are given by FP-Anaesthetists or GP-Anaesthetists, mostly in small communities and rural areas. (See also Anaesthesia and Epidural.)

### **Family-centred Care**

Family-centred maternity and newborn care describes a process of offering maternity care that is responsive to the individual needs of the woman and her identified support system or family

members. Family-centred care is a philosophy where the physical, emotional, practical and psychosocial needs of the woman and her family guide the efforts of the maternity care providers. These principles are more fully outlined in the Health Canada document:

*Family-Centered Maternity and Newborn Care: National Guidelines*

[http://www.phac-aspc.gc.ca/dca-dea/publications/bkgrdcon\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/publications/bkgrdcon_e.html) (See also Woman Centred)

### **Fee-for-Service (FFS)**

This is the most common method of government payment to Ontario physicians, and is paid through the Ontario Health Insurance Plan (OHIP). OHIP identifies a payment for each procedure, test or visit (all are 'services'), for which the physician is entitled to bill.

### **Fetal Mortality/Morbidity (see also Mortality/Morbidity)**

Fetal mortality refers to the death of any fetus that weighs 500g or greater or is of 20 weeks gestation or greater ( $\geq 500$  g or  $\geq 20$  weeks of gestation). Fetal morbidity refers to any damage that occurs to the fetus in the uterus that is serious but does not cause death. Some examples of the serious complications which are included in fetal morbidity are: lack of oxygen leading to brain injury or mental retardation; very low birth weight; injuries during the childbirth process; side effects from maternal alcoholism, etc.

### **Fetus**

This term refers to the unborn offspring of a mammal. In humans, the term fetus is used from the seventh or eighth week of pregnancy until the birth of the infant. 'Fetal' means referring to the fetus.

### **Forceps/Mid-Pelvic Forceps (see Operative Vaginal Delivery)**

### **General Anaesthetic**

An anaesthetic is any medication given by a specialist during surgery and other medical procedures to give pain relief, a loss of sensation or loss of consciousness during the procedure. A general anaesthetic is a medication strong enough to give a total loss of consciousness during an operation or other procedure.

### **Genetic Screening**

'Genetic' refers to the genes we inherit from our biological parents, which determine our physical make up, traits and some medical conditions. The term "genetic screening" is broadly used for the process of testing individuals for inherited conditions, chromosomal and other abnormalities. It can encompass both screening tests that identify risk but not diagnose a condition, (e.g. Maternal Serum Screening (MSS)), and diagnostic tests, that indicate the presence of a condition, (e.g. amniocentesis), both of which are used to detect Down's syndrome and other chromosomal abnormalities as well as multi factorial problems such as neural tube defects.

During prenatal care genetic screening is also used to refer to testing of parents -- to see if they carry the presence or potential for any health condition that could be passed down to their children (directly or indirectly), such as cystic fibrosis, Tay-Sachs disease and haemophilia.

(See Congenital Anomaly)

### **Gestation/Gestation Period**

Gestation means the period of development of any young mammal, from the point when the egg is fertilized until birth. In humans, the gestation period refers to the number of weeks a woman is pregnant, calculated from the first day of the woman's last normal menstrual period. The gestation period of a normal pregnancy is between 37 and 42 weeks.

### **Gravida**

Gravida is the medical term for a pregnant woman. It can also be used to describe the number of times a woman has been pregnant. A woman who is pregnant for the first time is described as a primigravida and a woman who has been pregnant more than once as a multigravida.

### **Gynaecologist (see Obstetrician/Gynaecologist)**

### **Hard Call and Soft Call (see also On-Call)**

A term used mainly by family physicians to describe the workload arrangement for sharing of on-call responsibilities among members of a group and provision of 24-hour coverage. Hard Call means that each provider has designated times within which she/he is required to be on call. In a Soft Call arrangement there is still an on-call rotation with a designated person but the other care providers have the right to ask to be notified and provide care (or decline) when they are not technically the person designated to be on call.

### **Health**

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

(World Health Organization Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.)

### **Health Professions Regulatory Advisory Council (HPRAC)**

HPRAC provides independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario.

HPRAC has a statutory mandate under the Regulated Health Professions Act (RHPA 1991). HPRAC's duties are to advise the Minister on

- Whether to regulate or de-regulate health professions
- Suggested amendments to the RHPA and related Acts and their regulations
- Matters concerning the quality assurance programs of health professional colleges
- Any matter related to the regulation of health professionals referred by the Minister

HPRAC has a statutory duty to monitor Colleges' Patient Relations Programs.

In addition, HPRAC had a statutory duty to evaluate and report within 5 years of the Act coming into force on the effectiveness of the each College's programs related to

- patient relations
- quality assurance
- complaints and discipline procedures with respect to professional misconduct of a sexual nature.

<http://www.hprac.org/english/about.asp>

### **Healthy Babies Healthy Children (HBHC)**

Healthy Babies Healthy Children is a prevention/early intervention initiative designed to help families promote healthy child development and help their children achieve their full potential. This free voluntary program is offered to pregnant women and families with young children through local Public Health Units.

There are six services in all, ranging from screening and assessment of risks to healthy child development, phone contact with a Public Health Nurse within 48 hours of a newborn being discharged from hospital, followed by an offer of a home visit, and three other, more intensive services for families and children with special needs.

<http://www.cfcs.gov.on.ca/CS/en/programs/BestStart/Healthy/default.htm>

### **Home (Two definitions: having services ‘close to home’ and home birth)**

Definition #1, ‘close to home’ refers to living in close proximity to health services, as in having access to maternity care in one’s own community.

Definition #2, A home birth is one that takes place in a woman’s home or in another home setting.

### **Hospital Types: Community (Level 1); Secondary (Level 2); Tertiary (Level 3)**

In Ontario, hospitals that provide at least some level of maternity and newborn care are divided into three levels. The higher the level, the more that hospital is designated to care for women with complicated pregnancies and to provide care to newborns with serious health issues.

- **Level I, Community Hospitals:** These hospitals have the staff and equipment for uncomplicated full-term pregnancies but can also recognize a potential crisis or emergency that may be beyond the abilities of that hospital. If they cannot care for the pregnant woman or newborn during that emergency, staff at a Community Hospital can use a referral and transport system to a Level II or Level III hospital.
- **Level II and II+ Regional/Secondary Hospitals:** These hospitals, in addition to fulfilling care requirements of Level I facilities, have the staff and equipment for pregnancies where moderate difficulties arise for the woman or newborn. These difficulties are expected to resolve within two or three weeks. An example of where childbirth should take place in a Level II hospital is when a baby might have severe breathing problems for several hours after birth, requiring special treatment. Staff at a

Regional Hospital can use a referral and transport system to a Level III Hospital if the newborn develops health problems that cannot be treated at their hospital.

- **Level III, Tertiary Care Centres or Hospitals:** These hospitals, in addition to fulfilling care requirements of Level I and II facilities, have the staff, technology and skills to help those with significant maternal, fetal and newborn complications. This could include care to preterm or “premature” babies, particularly of 32 weeks gestation or less, and to other pregnancies and births with significant medical challenges. Services at Level III hospitals are the most advanced in the province and include intensive care or life support for preterm and seriously ill babies.

### **Induction (see Labour Induction)**

#### **Infant Mortality/Morbidity**

Infant mortality refers to the death of a newborn who was born alive but died at any time during the first year (prior to the 364<sup>th</sup> completed day of life). Infant morbidity refers to any illness, disease or disability that occurs to a child during its first year of life that is serious but does not cause death. (See also Mortality/Morbidity)

#### **Informed Choice**

Informed choice is an active decision-making process between a provider and recipient of health services, where the recipient plays a direct role in determining the plan for care. An informed choice about any healthcare issue is based on an adequate understanding of:

- the available research, information and community standards needed to make a decision;
- including the identification of all available alternatives;
- the expected consequences of each of the alternatives, both favourable and unfavourable;
- with full support to individual choice, and without any undue control or coercion of the individual

<http://www.zfconsulting.com/webprojects/midwives/mss/home/docs/Informed%20Choice.pdf>

#### **Informed Consent**

Informed consent is a legal process whereby an individual agrees to a service or treatment only after she/he has a full understanding of the facts and possible consequences of that service or treatment. The following is adapted from Ontario’s “Health Care Consent Act ,1996”

[http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/96h02\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/96h02_e.htm)

The are 4 elements for consent to treatment:

- the consent must relate to that treatment;
- it must be informed;
- it must be given voluntarily; and,
- it must not be obtained through misrepresentation or fraud.

Consent is informed if, before giving consent, the person receives all of the information a reasonable person in the same circumstances would require in order to make a decision and the person receives accurate responses to any request for additional information.

**Integration:(Two definitions: Personal Perspective and System Perspective)**

Also known as integrated care, integration is used to describe a comprehensive approach by many health care providers and organizations in the planning, coordination and delivery of health services.

Definition #1: From the perspective of a person seeking health services, integration means that the individual's needs are addressed respectfully, seamlessly and comprehensively by her one maternity care provider or by a well co-ordinated team of care providers. For example, a woman may see one midwife throughout most of her care but might also be referred to a specialist for prenatal screening who often works in partnership with the midwife. All information and decision-making is shared.

Definition #2: System integration means that all of the levels of the health care system work together, from policy, regulation and funding groups, through to all those involved in delivering the actual health services, e.g., maternity care providers. Integration should incorporate all community and institutional settings and at the regional, provincial, and (where applicable) national levels.

**Inter-professional/ Inter-disciplinary Care/ Collaboration**

Inter-professional care is a term used to describe models of team-based care where providers from different professions share responsibility for care for the same group of women and babies and may share on-call coverage as well. Individuals from the different professions work together, either in sequence or concurrently, to provide care to the same person or population. Usually these teams work in the same location, have a shared philosophy of care and clinical practice guidelines. There are many models of inter-professional collaboration that can enable physicians, midwives, nurses and other health care providers to work together as part of a maternity-care team. (See Team Models of Care for other related models, also Collaboration)

**Intrapartum or Intrapartum Care (also known as Childbirth)**

This term refers to the period during labour, childbirth, and right after the baby is born, until the placenta is expelled. In this report, OMCEP will use the term ‘maternity care’ when referring to care to a woman at any stage of her pregnancy and the term ‘intrapartum care’ when specifically discussing care during labour and on the day a woman gives birth.

**Labour, including Latent and Active Labour**

Labour is often divided into three stages.

- The first stage begins when a pregnant woman begins to have contractions and ends when her cervix is fully dilated, to ten centimetres. The first stage of labour can be further sub-divided between latent (early) and active labour.
- The second stage is usually characterized by the start of maternal pushing efforts and ends when the baby is born.
- The third stage begins at the moment of birth and ends when the placenta is expelled.

**Labour Induction**

When labour has not started but the health of the fetus or woman require the birth to take place sooner than it would on its own, medications like prostaglandins or oxytocin or procedures like rupturing the amniotic sac or ‘breaking the water’ can be used to try to begin the woman’s entry into labour.

**Lactation Consultant (LC)**

A trained professional who has received education and practical experience, and passed regular competency exams on teaching breastfeeding, as certified by the International Board of Lactation Consultant Examiners. A Lactation Consultant has the skills, knowledge and attitudes to encourage breastfeeding, to teach a new mother how to breastfeed, and also how to overcome any problems when breastfeeding a newborn baby.

**Latent Labour (see Labour)****Level I, II or III Hospitals (see Hospital Types)****Local Health Integration Networks (LHINs)**

In 2004, Ontario formed 14 new Local Health Integration Networks (LHINs) to” allow local communities and health care providers to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The government would continue to set strategic directions and provincial standards for high-quality, accessible health care”. Each LHIN is organized around a geographic area where people naturally seek healthcare. These Networks are designed to help with health services’ planning and delivery but individuals do not have to get all of their health care in the region where they live. They can cross over boundaries and choose the doctor or medical service they need

[http://www.health.gov.on.ca/english/media/news\\_releases/archives/nr\\_06/mar/nr\\_030106.html](http://www.health.gov.on.ca/english/media/news_releases/archives/nr_06/mar/nr_030106.html)

**Low Birth Weight**

A birth weight of less than 2,500 grams, or 5 pounds 8 ounces, is considered low birth weight. Low birth weight infants are at greater risk for needing special medical care and for some diseases and health problems such as breathing difficulties, problems with eyesight and learning difficulties

**Managing Obstetrical Risk Efficiently (More<sup>OB</sup>)**

Managing Obstetrical Risk Efficiently (MORE<sup>OB</sup>) is a continuous patient safety improvement program for physicians, midwives and nurses developed through the Society of Obstetricians and Gynaecologists of Canada. It is provided within the hospital setting over a 3-year cycle and focuses on promoting a patient safety culture within a maternity care environment.

**Maternal-Fetal Medicine Specialist (MFM Specialist)**

A Maternal Fetal Medicine Specialist is an obstetrician-gynaecologist with an additional sub-specialty credential from the Royal College of Physicians and Surgeons in maternal-fetal medicine. An MFM specialist has the education and skills to provide care to women with

significant complications during pregnancy. An MFM specialist may provide consultation only to another care provider or may assume care of the woman. MFM specialists are involved in advanced diagnostics and the medical, obstetrical and surgical care of pregnant women and their fetuses. Most work in advanced care facilities such as Level III or Level III hospitals in Ontario.

### **Maternal Mortality/Morbidity**

Maternal mortality is defined as the death of a woman either while she is pregnant or within 42 days of the end of the pregnancy. Maternal mortality is often divided into Direct Maternal Mortality or Indirect Maternal Mortality. Direct Maternal Mortality occurs when a woman dies as a direct result of complications from the pregnancy itself. Indirect Maternal Mortality occurs when an underlying illness or disease already present in the woman is aggravated by the pregnancy and the combination of health issues result in her death. Maternal morbidity would include any serious health problems that occur in a woman who is pregnant, or soon after the end of her pregnancy, and which have been caused at least in part by her pregnancy. (See also Mortality/Morbidity)

### **Maternity Care (see Continuum of Maternity Care)**

A term used by all professional groups to refer to the care of pregnant woman during pregnancy and birth and care of the woman until six weeks postpartum. Midwives and nurses would usually also use this term to include care of the newborn immediately after birth and for the first weeks of life, whereas physicians may call this component “newborn care”.

### **Midwife or Registered Midwife**

In Ontario, ‘Midwife’ is a protected term, which is equivalent to “Registered Midwife”. The practice of the registered midwife is: “the assessment and monitoring of women during pregnancy, labour, and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period, and the conducting of spontaneous normal vaginal deliveries.” (From the College of Midwives of Ontario, as defined in the *Midwifery Act, 1991*).

To practice in Ontario, midwives must be registered with the College of Midwives of Ontario. The only exception is for Aboriginal Midwives (see Aboriginal Midwife), who are exempt from regulation. Some aboriginal midwives also fulfill the entry to practice requirements of the College and choose to become registered midwives as well.

In Ontario, baccalaureate midwifery education programs are offered at Laurentian, McMaster and Ryerson Universities. Ryerson also offers a 1-year bridging project for midwives with non-Ontario credentials.

### **Ministry of Health and Long-Term Care (MOHLTC)**

The name for the ministry with lead responsibility for health care issues in the Province of Ontario.

**Miscarriage**

The loss of a pregnancy before the fetus has reached 20 weeks gestation, also referred to as a spontaneous abortion.

**Models Of Care**

Models of care are ways of delivering service that are set out for each profession, potentially as guidelines for providing optimal care. They may be developed by health care providers, professional associations, agencies, institutions, by inter-professional teams or by other joint initiatives that combine the efforts of many stakeholders to create one model of care.

**Mortality/Morbidity (see Health)**

Mortality is the term used to refer to death. Morbidity is the term used to refer to serious injury, illness or disability. (See also Maternal Mortality or Morbidity; Fetal Mortality or Morbidity; Perinatal Mortality or Morbidity; Neonatal Mortality or Morbidity, Infant Mortality or Morbidity.)

**Most Responsible Provider (MRP)**

This term is often found in legal and regulatory documents, when speaking about insurance and liability, and in certain data collection systems. This term refers to the professional who has the legal responsibility for coordinating and monitoring an individual's care at a given time. The assignment of this role can change over the course of health care. If a physician or midwife sees a woman throughout her pregnancy and childbirth, that professional is the most responsible care provider for her pregnancy. The role switches if a woman is transferred to someone for labour and childbirth. During intrapartum care, that new professional, often an obstetrician, would be considered the most responsible care provider.

**Multi-Disciplinary Teams (see Team Models of Care)****Multigravida**

Gravida is the medical term for a pregnant woman. A woman who is pregnant and who has also been pregnant at least once before is said to be 'multigravida'.

**Multip or Multipara**

'Multi' means many and 'para' means to give birth. A multip or multipara is a woman who has given birth at least twice. (See also Parity)

**Multiple Pregnancy and Multiple Birth**

A multiple pregnancy results when more than one fetus develops as part of a single pregnancy. A multiple birth is when more than one baby is born from a single pregnancy. The most common type of multiple pregnancy is twins.

**Multi-professional Care**

Multi-professional care occurs when different provider groups are involved in a woman's maternity care and that care is transferred from one professional to another, usually sequentially, without them working together as a formal integrated team. (See team models of care for related definitions)

**Neonatal**

‘Neo’ means new and ‘natal’ means birth. The period of time from the date of birth to the first 28 days after birth is called the neonatal period.

**Neonatal Unit - NICU**

The Neonatal Unit is a specialized unit in a hospital with the staff, training and equipment to work with seriously ill newborns. (Also known as Special Care Nurseries.)

**Neonatal Mortality/Morbidity**

A neonate is a newborn baby aged 28 days or less. Neonatal mortality refers to the death of a newborn who was born alive but dies within 28 days of birth. Neonatal morbidity refers to any illness, disease or disability that occurs to a child during its first 28 days of life that is serious but does not cause death. (See also Mortality/Morbidity)

**Newborn/Neonate**

The general term for a baby who has just been born or is up to six weeks old. Another term for a newborn is neonate.

**Niday Perinatal Database**

The Niday Perinatal Database is a voluntary internet-based surveillance system that health care providers use to enter data on most babies born in Ontario. Both maternal and newborn data are captured. Hospitals and midwives enter the data on the pregnancy, the labour, the birth, the postpartum period and any complications.

[http://www.pppeso.on.ca/english/niday\\_faqs.html](http://www.pppeso.on.ca/english/niday_faqs.html)

**Northern Group Funding Plan (NGFP)**

The Northern Group Funding Plan was created by the Ministry of Health and Long-Term Care (MOHLTC) in the Province of Ontario to create incentives for doctors to move to Northern Ontario to work. A salary is provided along with extra fees for on-call work and other special services.

**Nullip or Nullipara**

‘Null’ means zero or nothing and ‘para’ means to give birth. A woman is described as nullip or nullipara if she has never given birth. (See also Parity)

**Nurse Midwife (see Midwife)**

A term used in the United States to describe a professional who is trained as both a nurse and a midwife and has graduated from a program where a nursing credential is normally the prerequisite for midwifery education at the postgraduate level.

**Nurse Practitioner (Two types: Primary Health Care Nurse Practitioner, RN (EC) or Acute Care Nurse Practitioner (ACNP))**

A Nurse Practitioner is a registered nurse who has taken advance training in Primary Health Care or Acute Care and is permitted to practice according to an expanded scope. In Ontario, in 1998, the “*Expanded Nursing Services for Patients Act*” gave Nurse Practitioners the authority to:

communicate a diagnosis; order specific tests such as ultrasounds or x-rays; order electrocardiograms when a patient is not in an acute health state; prescribe and give certain specific drugs and order specific laboratory tests. Some Nurse Practitioners work in general health settings, offering either ongoing primary care or short-term acute or emergency care. Some Nurse Practitioners specialize in a specific health condition, such as diabetes; others may specialize with a specific population – such as pregnant women – or with certain communities or geographic groups – like aboriginal or rural communities. In some communities, the Nurse Practitioner may be the only health care provider who is available on an ongoing basis.

### **Nurse-Anaesthetist**

A Nurse-Anaesthetist is a registered nurse who has taken advance training in the use of anaesthetics for pain relief. At present, this designation only exists in the United States. (See also Anaesthesia)

### **Obstetrics/Obstetrical Care**

Obstetrics is the branch of medicine and surgery that deals with pregnancy and childbirth and specializes in dealing with maternal and fetal complications and providing consultation to care providers who specialize in normal childbirth (midwives and family physicians) when complications arise. Subspecialties of obstetrics include Maternal and Fetal Medicine. Obstetrical care in our report refers to care provided by obstetricians, but in other contexts is used synonymously with “maternity care”. (See also Obstetrician/Gynaecologist)

### **Obstetrician/Gynaecologist**

An obstetrician/gynaecologist is a physician, whose specialty is women’s reproductive health care across the lifespan, including maternity care. An Obstetrician may provide maternity care for a woman from the beginning of her pregnancy through to the birth, or only at the time of her labour and delivery (known as intrapartum care). Obstetricians frequently assist with normal pregnancies and deliveries, either on their own or in shared-care arrangements with family physicians, but are also the key specialists for at-risk pregnancies and deliveries. Obstetricians also provide key roles in providing consultation services to family physicians’ and midwives’ patients when normal pregnancies or deliveries become more complicated.

### **Ontario Health Insurance Plan (OHIP)**

OHIP is the acronym for the Ontario Health Insurance Plan, a service of the Province of Ontario. All residents of the province are entitled to health care services paid by OHIP. OHIP identifies a payment for each procedure, test or visit (all are ‘services’), and then reimburses the health care provider each time that service is used by a patient.

### **On-Call**

Someone is ‘on-call’ if they are scheduled to make themselves quickly available in an emergency or for another unscheduled event, such as a birth. A person who is on-call is expected to either telephone in or come to their workplace within a short period of time. Maternity care providers are frequently on-call because the date and time of most childbirth experiences cannot be planned in advance. (See also On-Call Group; Hard Call and Soft Call.)

**On-Call Group/Shared On-Call System**

When a group of care providers organize themselves to share on-call responsibilities to ensure 24- hour coverage and reasonable time off.

**Ontario Physician Workforce Database**

The Ontario Physician Human Resources Data Centre (OPHRDC), on behalf of several organizations in the Province of Ontario, collects data each year on all licensed physicians. The data for all active physicians, retirements, new doctors, etc. are collected from the physicians themselves. Information is also collected for each specialty – such as Obstetrics – by geographic region, age and sex. The Database can be used for planning purposes: to investigate regional coverage; whether doctors nearing the age of retirement are being replaced by new physicians; whether there are shortages of specialists, etc.

**Operative Vaginal Delivery**

During the second stage of labour if the birth of a baby needs to be hastened, a maternity provider can use forceps or a vacuum to ‘assist’ the birth. Forceps are curved metal instruments that are placed inside a woman’s vagina and around the baby’s head to use traction to deliver the baby. Vacuum extraction involves placing a suction cup on the baby’s head that allows traction to assist with the birth of the baby. Also called assisted vaginal birth or instrumental delivery. These skills are part of the of the scope of practice for obstetricians and for some family physicians

**Paediatric, Paediatrics and Paediatrician**

The branch of health care and medicine that specializes in the care of infants and children is called paediatrics. Paediatricians are specialists in the diagnosis and treatment of abnormal conditions in infants and children and provide consultation to other health care professionals who specialize in well baby and child care. There are many pediatric sub-specialties including pediatric cardiology, psychiatry and surgery.

**Parity**

Parity refers to whether a woman has given birth and, if so, to the number of previous pregnancies she has had. A woman is described as nullip or nullipara if she has never given birth. A primip or primipara is a woman who has given birth to one child. A multip or multipara is a woman who has given birth to two or more babies.

**Perinatal and Perinatal Health**

‘Peri’ means near and ‘natal’ means birth, so the perinatal period is the time near the birth of a baby. The perinatal period is sometimes defined differently but the Canadian Perinatal Surveillance System defines the range to include any fetus that is of 20 weeks gestation or older, and up until the point of birth, and to any newborn who is 7 days old or less. Individuals or organizations that specialize in perinatal health therefore specialize in caring for women with complicated pregnancies, particularly where the fetus is at risk, and for newborns at risk.

<http://www.phac-aspc.gc.ca/rhs-ssg/index.html>

**Perinatal Mortality/Morbidity**

Perinatal mortality refers to any death of a fetus more than 20 weeks old that dies in the uterus or shows no signs of life at birth (stillbirth) and any infant that dies during childbirth or within 6 days of birth. (See also Mortality/Morbidity)

**Physician Relief (see On-Call Group)****Physiological**

Physiological is a term related to the way human bodies function naturally. Physiologic birth means birth that happens naturally, in the absence of medical or other interventions.

**Population Health-based Approach**

The term 'health' is being re-defined to mean more than the absence of disease. Health includes physical, mental, emotional and social well-being. With the expansion of our definition of health also comes the understanding that many factors can influence the health of individuals, and even whole communities and populations. These factors are called 'determinants of health'.

Health Canada lists 12 main determinants of health. OMCEP has made some slight alterations to the last two determinants:

- income and social status;
- social support networks;
- education and literacy;
- employment/working conditions;
- social environments;
- physical environments;
- personal health practices and coping skills;
- healthy child development;
- biology and genetic endowment;
- health services;
- gender (others include sexual orientation as well); and,
- culture (including ethnicity and race).

Population health aims to improve the health not just of individuals but also of a defined community or population. For maternity care providers, that population could be all of the women in their practice. For planners, the population could mean a specific community or city, or populations such as the following: Inuit and First Nations populations, ethnocultural communities; francophone populations; women with physical disabilities, etc. A population health-based approach must first define the populations to be served, identify their needs and available resources, and then identify and reduce any gaps in service to each population to create equity in the health care system. (see also determinants of health and health definitions)

Adapted from the Population Health section of the Public Health Agency of Canada and from the Government of Ontario's "Guide to Strategic and Program Planning" for Family Health Teams, July 11, 2005.

### **Postpartum/ Postnatal Care**

‘Post’ means after and ‘partum’ and ‘natal’ mean to give birth, so postpartum and postnatal both refer to the period of pregnancy after a woman gives birth. OMCEP will primarily use the term postpartum in this report. Care during this period focuses on assessment, education, health promotion and support for mother and infant and assistance with the establishment of lactation/infant feeding and parenting.

### **Postpartum Haemorrhage**

Postpartum haemorrhage is defined as an abnormally large amount of uterine bleeding after childbirth that can cause complications for the woman. Traditionally, primary postpartum haemorrhage was described as a blood loss of >500 cc in the first 24 hours of giving birth. Secondary postpartum haemorrhage was described as a blood loss of >500 cc after the first 24 hours of giving birth. New criteria look at whether the loss of blood volume is sufficient to modify a woman’s vital signs. An essential skill for maternity care providers is to learn how to prevent and deal with postpartum haemorrhage.

### **Preconception or Pre-pregnancy Counselling**

Preconception or pre-pregnancy counselling and screening include counselling to women and couples before a woman becomes pregnant. The counselling might focus on genetic and familial issues, pre-existing health concerns, lifestyle and nutrition issues, relationship and domestic violence concerns and environmental factors in the home, workplace and other settings:<sup>1</sup>

### **Premature and Preterm**

Premature and preterm both refer to events that occur sooner than expected. When a woman goes into labour before the usual 37-40 week period of time this is known as a premature or preterm labour. A preterm birth occurs when an infant is born early, when the pregnancy has been less than 37 completed weeks or 259 days. The cause of most preterm births is unknown. Preterm births are associated with greater risks to the newborn.

### **Prenatal (see Antenatal/Prenatal)**

#### **Prenatal Education**

Prenatal Education is sometimes called Childbirth Education. Prenatal education refers to any organized program of classes or individual education that is delivered to a woman who is pregnant, or to the woman and her partner or identified family. Prenatal education provides information about pregnancy, labour and delivery (birth), breastfeeding, and other early parenting issues.

#### **Prenatal Screening**

Prenatal Screening refers to the ongoing health care examinations – by health care practitioners and by laboratories – used to determine whether a pregnancy is remaining within the range that is considered normal and/or whether variations or complications are arising.

### **Primary Health Care and Related Definitions**

In 1978, the World Health Organization (WHO) defined primary health care in part, as “the first level of contact of individuals, the family and community with the national health system

bringing health care as close as possible to where people live and work ...”<sup>ii</sup>. Primary health care describes any services that deal with basic medical health, as well as preventative health, health education and health promotion.

**Primary Health Care Provider:** The primary health care provider is the professional who sees a person on an ongoing basis for the bulk of their primary health care needs. In Ontario, primary health care is almost always provided by a general practitioner (GP) or by a family physician (FP), although in many rural and remote areas a nurse practitioner (RN(EC)) may assume that role, and some people get their primary health care services at Community Health Centres or other community health agencies. The primary health care provider should not only see the person for their basic health care needs but also coordinate appointments with specialists, for testing, etc. without transferring their primary role. Primary health care providers often have the most complete and up-to-date health record for that individual.

**Primary Care Provider:** The primary care provider is the professional who is the first point contact and coordinates care to an individual when they are receiving care for a particular health need. For example, in maternity care the primary care provider is often a family physician, midwife or obstetrician. The primary maternity care provider does not have to be someone who offers intrapartum care. For example, nurse practitioners can act as the primary care provider in many maternity models, seeing women and taking care of many of their health needs during prenatal and postpartum care, and coordinating care with her intrapartum provider as well as any other specialists, lab technicians or diagnostic imaging specialists. What is key in every maternity model is that a woman knows at all times who is acting as her primary maternity care provider.

#### **Primary Care Network (PCN)**

Primary Care Networks are pilot projects in the Province of Ontario where networks of doctors use computers and information technology to share information about patients with each other. Over 266,000 individuals and 168 family physicians have voluntarily signed on to try out the new information technology in 13 centres.

#### **Primary Health Care Transition Funds (PHCTF)**

These Funds, provided by the Government of Canada, were started in 2000 and are scheduled to end in 2006. The purpose was to fund new large-scale projects in primary health care in order to find models that will increase access for all Canadians to a primary health care organization; expand access to essential services 24-hours a day and seven days a week; increase the emphasis on health promotion and disease prevention as well as treating illnesses; establish teams of providers from different professions (inter-disciplinary) to provide full coverage of all main services to patients in one setting. Various pilot projects have been funded and the results will be reported by 2006.

#### **Primigravida**

Gravida is the medical term for a pregnant woman. ‘Primi’ refers to the word ‘one’. A woman who is pregnant for the first time is described as a primigravida.

**Primip or Primipara**

‘Primi’ refers to the word ‘one’ and ‘para’ means to give birth. A primip or primipara is a woman who has given birth to one child. (See also Parity)

**Public Health Nurse (PHN)**

A Public Health Nurse (PHN) is a nurse who works in the community through a public health unit, in areas such as health promotion and education; communicable disease prevention and surveillance; family health; chronic disease prevention, and many other areas. A Public Health Nurse might work with individuals, families, groups or communities, providing one-on-one service or working in a variety of community settings. In maternity care, a Public Health Nurse in Ontario is usually most active in prenatal education, in delivering the “Healthy Babies, Healthy Children” program (a screening and early intervention program for women and babies) or in providing postpartum home visits to women and their newborn children.

**Public Health Units (PHU)**

In Ontario, public health is delivered at the community level through local agencies governed by Boards of Health. There are 36 public health units located across the province. The province and municipalities share the costs. Their role is to protect the public from health hazards, to promote healthy communities, to control infectious diseases, to supervise food-handling safety and to work toward disease and injury prevention. The province is also covered by local Medical Officers of Health who protect the public’s health following legislation known as the Health Protection and Promotion Act.

**Regional Centres, also known as Level II Hospitals (see Hospital Types)****Regionalization**

In Canada, the provinces are responsible for the delivery of health care. To streamline the health care system, many provinces divide the responsibility for health care into different geographic areas, or regions. Usually there is an appointed board, or several locally appointed or elected boards, to coordinate the health care in each region. In many provinces, these are called Regional Health Authorities, or RHAs. In the past, Ontario organized its regional groups into District Health Councils (DHCs). In 2004, Ontario announced the establishment of 14 new Local Health Integration Networks (LHINs) to “plan, coordinate, integrate and fund the delivery of health services at the community level”.

**Registered Midwife (see Midwife)****Registered Nurse (RN)**

In Ontario, after completing nursing education, only those nurses who meet the registration standards with the College of Nurses of Ontario can practice as a registered nurse. As of 2005, all new registered nurses will have a degree in Nursing from a university; many existing RNs will continue to practise without a degree.

**Registered Practical Nurse (RPN)**

Registered Practical Nurses can be educated at the community college level and are also licensed to practice through the College of Nurses of Ontario.

## **Regulated Health Professions Act**

Under the authority of the Regulated Health Professions Act, 1991 (RHPA), the power to register physicians, nurses and other regulated health professionals is provided to the College, which governs the health profession,

## **Risk and Risk Status (three definitions)**

The word ‘risk’ means the chance for harm or loss. When describing pregnancies or maternity care, the words ‘risk’ or ‘at-risk’ are sometimes used. In this report, you may see the terms used in one of three ways:

- **Low and High-Risk:** These terms are used in maternity care to describe the chance of a complication, harm or loss occurring to a woman, her pregnancy or to her newborn. Since pregnancy and childbirth are normally healthy physiological processes, most women are described as ‘low-risk’ for complications and can be seen by any experienced maternity care provider. However, where known health problems or markers – sometimes referred to as ‘risk factors’ – are present, these women or newborns are at higher risk for complications and may require care by professionals and hospitals specializing in high-risk care.
- **At-risk Community:** A second way in which OMCEP will apply the term ‘risk’ in this report is to discuss communities or cities that are in danger of losing some or all of their maternity care services. While some rural and remote areas may not realistically be able to offer maternity services to women with high-risk pregnancies, many communities can provide care for uncomplicated pregnancies. The following factors are indications that a community is at risk of losing its maternity care services: providers are retiring or relocating and communities are having difficulties recruiting replacements; essential equipment is unavailable; limits are placed on the number of maternity care beds in a hospital insufficient to respond to demand; hospital-based services have to be suspended or closed temporarily because of shortages in providers, beds or technology; funds previously used for maternity care are re-allocated to other hospital-based services. OMCEP defines communities experiencing these problems as communities-at-risk of losing quality maternity care.
- **At-risk Population:** Some populations of women are said to be at greater risk of not having access to quality maternity care because of language or cultural barriers, their age, physical or mental health disabilities, low socio-economic status, and other factors. Francophone women may be at risk if they cannot receive care in French or if a translator is not available for all appointments, likewise immigrant and refugee women may be at greater risk of complications or reduced care because of language or cultural issues. Many aboriginal communities are at greater risk if they are located in remote communities, but First Nations women may also be at risk if local maternity care is not responsive, or seen to be responsive, to their cultural needs. Young women, particularly teenagers, may be at greater risk because they do not yet have the capacity or the means to follow detailed care plans, or they may avoid appointments because they feel judged for being pregnant. Women who are pregnant and also have existing physical disabilities may not be able to access appointments because buildings are inaccessible; translators are

not made available for the hearing-impaired, etc. Women with multiple needs because of existing mental health issues, poverty, homelessness, etc. face some of the greatest risks to a health pregnancy if care is not taken to address all of their needs in one integrated plan.

### **Scope Of Practice**

Scope of practice is a concept delineated in a document, or a series of documents, that defines the boundaries within which each health care professional is regulated to provide services.

These scopes of practice are developed by the professional colleges and regulated in the specific professional acts under the Regulated Health Professions Act to provide definition for the public and for other providers.

### **Secondary Hospitals, also known as Level II Hospitals (see Hospital Types)**

#### **Sessional Fee**

A sessional fee is a form of payment method – in contrast to capitation, fee-for-services, or other salary models. In health care, a sessional fee refers to payment on an hourly rate, or for a fixed period of time, called a “session”. Usually a session would last for a few hours or less.

Typically, sessional fees are paid to physicians on top of, or in substitute for, fee-for-service billings.

#### **Shared Care (also sometimes called Team Practice)**

The common medical definition of shared care refers to the practice where a general practitioner or family physician shares care for a woman’s pregnancy with an obstetrician, however more and more the term is used to describe any partnership of two or more health care providers or health care organizations who work together to provide care to a woman throughout her pregnancy and/or after the birth (postpartum care). The team may consist of health care providers from the same profession, or a team made up of members from different provider groups (multi-professional or inter-professional). Shared care may involve agreements for sharing on-call duties so care can be provided to women for childbirth, as well as for other after-hours care. Shared care does not always mean that each provider has equal standing. While the care for the woman and/or newborn may be shared, accountability or authority for decision-making may be shared or may rest in one provider more than another.

#### **Shared On-Call System (see On-Call Group)**

#### **Single-professional Care**

Single-professional care occurs when members of one profession only provide care. Examples of single-professional maternity care teams include groups of obstetricians (OBs) or family physicians (FPs) or midwives (RMs) working together or sharing on call.

#### **Spinal and Combined Spinal-epidural**

In a spinal the anaesthesiologist injects pain medication (usually a narcotic, occasionally an anaesthetic) into the space that lies deeper than the epidural space ("spinal"). This is used for quick and short-term pain relief

In a combined spinal epidural (CSE) the anaesthesiologist injects pain medication (usually a narcotic, occasionally an anaesthetic) into the space that lies deeper than the epidural space ("spinal"). The anaesthesiologist then pulls outward into the epidural space; threads a catheter into the epidural space, and removes the needle. The spinal cannot be repeated, but the catheter remains for an epidural should you want additional pain relief later.

### **Spontaneous Abortion (see Miscarriage)**

#### **Stakeholder**

A stakeholder is any individual or group who has a direct interest in the topic or issue being studied. For maternity care, the key stakeholder would be the pregnant woman. Her needs or maternity care experiences must lie at the centre of any discussion of the maternity care system. Other stakeholders would include her family, women's advocate groups, and all of the health care providers, professional associations, maternity care organizations, colleges, regulatory groups and government ministries involved with the coordination of maternity care.

#### **Standards Of Practice**

Standards of practice are guidelines developed by the organization accountable for the delivery of health care services by a certain profession. In health care, the colleges regulating each professional group set standards of practice, e.g. College of Midwives of Ontario or College of Nurses of Ontario. There can also be separate community standards and clinical guidelines set by a profession's own internal association, e.g. Association of Ontario Midwives or Ontario Nurses' Association.

#### **Stillbirth**

A stillbirth is said to occur when a fetus of 20 weeks gestation or older shows no signs of life at birth. In most areas a cause of death must be established and a certificate of stillbirth is issued.

#### **Team Models of Care**

Team models of care can take place among providers of the same profession or can involve mixed teams with multiple professional groups. In this report, OMCEP will occasionally group models of maternity care in the following categories:

**Single-professional Care:** The most common current model of maternity care involves groups of obstetricians (OBs) or family physicians (FPs) or midwives (RMs) working together and sharing on-call schedules with other members of the same profession only. When only one provider group is included in a structured team it is called single-professional care.

**Multi-professional Care:** Where different provider groups are involved in a woman's maternity care, but that care is transferred from one professional to another, usually sequentially, without them working together as a formal integrated team, this is known as multi-professional care. Common examples of multi-professional care include a situation where a family physician or nurse practitioner cares for a woman until she is 32 weeks pregnant, after which time her care is transferred to an OB. Multi-professional care is also involved when a woman sees one or more specialists or consultants, at the same time as seeing her primary provider; she might receive care from a lactation consultant and a social worker while also be cared for by her obstetrician.

**Inter-professional Care:** This model also involves shared care between different professions but it is implemented in an integrated way in which the team members work together in a formal structure and there is an expectation that the team will have an ongoing relationship with the woman throughout pregnancy, childbirth and beyond. Often these teams work in the same location, have a shared philosophy of care and clinical practice guidelines. Examples of inter-professional care can include maternity care clinics or centres.

**Tertiary Care Centres/Tertiary Hospitals, also known as Level III Hospitals (see Hospital Types)**

### **Transfer of Care**

Transfer of care refers to the process whereby a health care provider transfers decision-making authority for a woman's care to another provider, either for a short interval or for ongoing service. In maternity care, transfer usually occurs if a pregnant woman or her newborn develops complications during the pregnancy or childbirth and is transferred to a specialized caregiver such as an obstetrician, surgeon or paediatrician.

### **Trimester**

A woman's pregnancy is generally described in terms of three stages, and each is called a trimester. The first trimester lasts from the beginning of pregnancy until 12 completed weeks, the second lasts from 12 to 28 completed weeks and the third lasts from 28 weeks until the birth.

### **Ultrasound Scan**

Ultrasound is a technique for taking images of an individual's internal parts using sound waves. An ultrasound scan can take a picture and other measurements of a fetus in the womb, or of other systems inside the body. The health care provider can look at the image at that moment, in real time, and check for a pregnancy, or the normal growth of a fetus, or can take pictures and other measurements that can be saved, interpreted or shared electronically.

**Vacuum Extraction (see Operative Vaginal Delivery)**

### **Vaginal Birth**

The process of giving birth where the baby is born by coming out through a woman's vagina. Sometimes this is referred to as a 'normal birth'; meaning surgery was not necessary to remove the baby during delivery (see Caesarean Section).

### **Woman: (mother/consumer/patient/client)**

The Ontario Maternity Care Expert Panel (OMCEP) will use the word 'woman' when referring to the female person who is the active participant and recipient of maternity care services. Sometimes the literature will refer to women who are pregnant as patients, clients, consumers or mother

### **Woman-Centred/Women-centred (two definitions)**

- Definition #1, Woman and family-centred care entails a plan for each woman that places her needs and those of her identified family and supports at the heart of the services she receives. Her needs and choices will determine the focus for the planning and delivery of her individual maternity care so she can participate and direct her own pregnancy and birth experience.
- Definition #2, Childbirth is a profound event for women, their families and for communities. A women-centred maternity care system seeks out information on the needs and preferences of women and places those needs at the heart of all of its efforts. Women and their families are actively involved in the planning, monitoring and evaluation of the maternity care system. A women-centred maternity care system recognizes the work and lifestyle needs of providers and any current limits to the health care system, but always strives to meet provider needs and eliminate barriers so care to women and their families is not compromised. Women-centred care is different from maternity services that are organized primarily around meeting the needs of the provider or the hospital or health care system.

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<sup>i</sup> A chapter on Preconception Care can be found in:

*Family-Centred Maternity and Newborn Care: National Guidelines, Chapter 3.* Public Health Agency of Canada.  
[http://www.phac-aspc.gc.ca/dca-dea/publications/fcmc03\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/publications/fcmc03_e.html)

<sup>ii</sup> *Declaration of Alma-Ata.* World Health Organization (WHO), 1978.

[http://www.euro.who.int/AboutWHO/Policy/20010827\\_1](http://www.euro.who.int/AboutWHO/Policy/20010827_1)