

# **Maternity Care in Ontario 2006: Emerging Crisis, Emerging Solutions**

**Ontario Maternity Care Expert Panel**

This report was fully funded by the Ontario Women's Health Council (OWHC)  
The OWHC is fully funded by the Ministry of Health and Long-Term Care.  
This report does not necessarily reflect endorsement by the OWHC  
or the Ministry of Health and Long-Term Care.



June 1, 2006

Ms. Jane Pepino  
Chair  
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Dear Ms. Pepino:

Reference: Ontario Maternity Care Expert Panel

The 15 members of the Ontario Maternity Care Expert Panel have great pleasure in submitting our report *Maternity Care in Ontario 2006: Emerging Crisis, Emerging Solutions*. Over the last 18 months the panel has worked diligently with staff to provide a comprehensive overview of the present state of maternity care in the province, identify both what is working well and where problems with access and quality exist. We have engaged a wide variety of representative groups, policy makers and consumers, and made recommendations for a coordinated and realistic maternity care strategy for Ontario.

The document is divided into three major sections 1) the present state of maternity care in Ontario, 2) vision and principles of maternity care in Ontario, and 3) how do we get to a province-wide strategy that integrates all sectors to provide access for childbearing women across Ontario. This strategy emphasizes the education and skills of the right provider at the right time, in an effective and efficient manner that is reviewed regularly by the Ministry of Health and Long-term Care, with reports to all key programs. Our recommendations align with the new ministry vision of stewardship and address how a provincial maternity care strategy would work with Local Health Integration Networks and other partners.

We have examined current peer-reviewed and other literature, completed a hospital survey from over 100 hospital sites across the province, conducted focus groups in Thunder Bay, Guelph, Owen Sound, Hamilton, and Toronto, provided a forum through the OWHC web site to ascertain women's views, and liaised with other provincial maternity care projects – Babies Can't Wait and Integrated Maternity Care for Rural and Remote Communities - and federally with the Multi-disciplinary Collaborative Primary Maternity Care Project (MCP<sup>2</sup>). We have also had many opportunities to seek input and present our interim findings to the professional, regulatory and educational bodies involved in maternity care in Ontario. This process has assisted us to identify important issues and engage in developing recommendations which to date reflect broad agreement on the part of the major stakeholders.

We would like to commend the Ministry of Health and Long-term Care and the Ontario Women's Health Council for their support and cooperation with our requests for information on a number of issues including: numbers of maternity care providers,

funding mechanisms, explanations of policies and procedures, and numbers of births and intervention data. Everyone involved treated the panel with utmost respect and this has led to the development of a multiple-layered recommendation document. In particular OMCEP members would like to thank Wendy Katherine, OMCEP Project Manager, for her outstanding contribution, organization, patience, and dedication during the last 18 months. There is no doubt in our minds that this project would not have been possible without her guidance and assistance.

The experience of our panel and our stakeholder consultations has demonstrated that inter-professional collaboration, and leadership by government, will lead to many solutions for present maternity care issues. We feel confident in our recommended approach which identifies a plan for, and priorities of, a future ministry-led Office of Maternal and Newborn Health or similar mechanism to be the hub of this important ongoing work in association with policy-makers, health care providers and childbearing women.

Yours sincerely,



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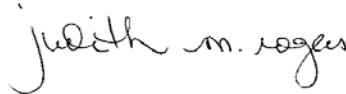
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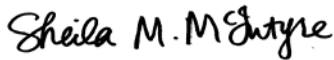
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## **Definition of Collaboration**

**collā'bor|āte**

**As adapted from the Oxford Canadian Dictionary**

- (1) Work jointly, esp. at literary or artistic production
- (2) Operate traitorously with the enemy

From the outset of our work, ‘collaboration’ was to be a key theme for the Ontario Maternity Care Expert Panel. We certainly planned for it to typify our internal working relationships and we felt certain that as a Panel we would be researching both team practices and collaborative care practices as potential optimal maternity care models for Ontario’s future. We discovered that collaboration at both levels was an interesting, surprising, and even challenging process.

The panel took great satisfaction in considering the nature of collaboration in a setting that involved so many diverse groups: education programs for medicine, midwifery and nursing; midwives (both aboriginal and registered); physicians (including specialties of anaesthesia, family practice, obstetrics and paediatrics/neonatology); professional associations; providers of professional liability protection; registered nurses (including registered practical nurses, public health nurses and nurse practitioners); regulatory bodies; staff from the Ministry of Health and Long-Term Care and maternity care agencies and women using maternity care services.

“One of the successes of the panel is that we have created a place for these discussions. People are now looking for the opinions of other professions.” – OMCEP Panel Member

## **Acknowledgements**

The Ontario Maternity Care Expert Panel developed this report with the help of numerous individuals:

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# **MATERNITY CARE IN ONTARIO 2006: EMERGING CRISIS, EMERGING SOLUTIONS**

## **Executive Summary**

### **Maternity Care Services in Ontario**

The Ontario Women’s Health Council created the Ontario Maternity Care Expert Panel in October of 2004 to address concerns about the trends of decreasing accessibility of maternity care services<sup>a</sup>, changing trends in service provision and long term sustainability of maternity care in Ontario. Maternity care services are “the foundation for the subsequent health of mothers, babies and their families”.<sup>1</sup>

The scope of maternity care services in Ontario includes approximately 40% of all live births in Canada<sup>2</sup> with the number of births expected to rise within the next 20 years from approximately 131,000 births annually in 2003 to 157,000 in 2024.<sup>3</sup> Maternity care is a leading reason for hospital admission.<sup>4</sup> Maternity care services touch virtually every family in every region of Ontario. The success of these services – from pre-conception education to prenatal support to post-natal care – has lifelong implications for the health of neonates as they become adults, for women, and for the lives of their families and communities.<sup>5</sup>

In Ontario, the impact of these services on the health status of our population, the lives and functioning of families, the long-term costs of health services in terms of issues and the overall economic and social health of our society is not routinely measured or evaluated. Ontario’s health system spends over one billion dollars a year<sup>b</sup> on maternity care services, yet there have been no province-wide policies or regular reports on access, distribution or effectiveness of these services. There is a general lack of population health policy for the system as a whole, with current policies concentrating on services by individual provider groups only.

Other provinces, including British Columbia, Alberta, Nova Scotia and Prince Edward Island have established provincial strategies to provide a framework for the coordination and delivery of maternity care<sup>6-9</sup> and several provinces have commissioned recent reviews of their maternity care systems in response to evidence citing a maternity care ‘crisis’.<sup>10-12</sup> The Society of Obstetricians and Gynaecologists of Canada, among other

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<sup>a</sup> OMCEP uses the terms “maternity care” and “maternal-newborn health services” within this report. Both terms refer to the continuum of care provided to a woman and her newborn(s) from pre-pregnancy to about two months after birth.

<sup>b</sup> This estimate was developed using case costing information to extrapolate the amount spent by hospitals on maternity care. Added to this estimate were budgets for public health maternal and newborn programs, midwifery funding and liability insurance reimbursements for obstetricians, family physicians and midwives. This estimate represents a partial costing only. Blended budgets and an absence of explicit reports for many relevant ministry programs prevented OMCEP from developing a comprehensive inventory of maternal newborn health care expenditures.

national maternity care stakeholders, has also characterized the current state of Canada's maternity care health human resources as 'in crisis'.<sup>13</sup>

### **The Maternity Care Services Opportunity**

The Ontario Maternity Care Expert Panel believes Ontario has an optimum opportunity now to provide the leadership necessary to transform this critical part of the province's health system to provide better and more accessible services to women and infants; to achieve enhanced health outcomes and to contribute to the overall health of our citizens and communities.

The premise upon which this report is based is that the Ontario Ministry of Health must assume that leadership role and work with other ministries to achieve a renewed vision of maternity care. We are calling for the establishment of the *Office of Maternal and Newborn Health* (OMNH) or equivalent mechanism— a Ministry mandated program with the responsibility and authority for establishing and maintaining an overall provincial plan for maternity care services. The OMNH would ensure that the system will be monitored and coordinated at the provincial level, adapting dynamically to the needs of local communities and working closely with Local Health Integration Networks, local and regional care providers, other stakeholders and with the women and families who rely on these services.

### **The Guiding Principles for Maternity Care Services in Ontario**

In the Panel's view, a framework for ongoing maternity care policy is urgently needed. We have developed a simple and encompassing vision to aid in the transformation of Ontario maternity care services.

**Every woman in Ontario will have access to high quality, woman and family-centred maternity care as close to home as possible.**

We believe that this vision will best be fulfilled if the actions of the Office of Maternal and Newborn Health and of all those engaged in the transformation of Ontario's maternity care services are focused to develop a *specific* maternity care system based on the following guiding principles:

#### **Woman and Family Centred Care**

- Care across the continuum of maternity and newborn care
- Equitable access to "Care as Close to Home as Possible"
- Pregnancy and birth as a normal physiological process
- Regional coordination of services and access to high-risk care
- Woman and family centred care including:

- Empowerment and participation
- Informed choice
- Choice of birthplace
- Quality care to diverse and vulnerable populations
- Continuity of care

### **Principles of Service Provision**

- Valuing maternity care providers
- Collaboration – inter-professional, respectful and seamless
- Provider preparation, competence and confidence

### **Principles of Stewardship and Coordination**

- Effective coordination of services
- Maternity care as part of primary care
- Alignment of the system with national and international determinants of health
- Continuous evaluation and improvement to ensure quality and safety
- Financial responsibility and accountability

### **Overview of the Report**

This report describes both the approaches the Panel has taken to researching; understanding the current system, provincial needs and the directions in which we believe Ontario should be moving to fulfill our vision for maternity care in Ontario.

It includes a detailed discussion of a variety of models of care that allow for improved access and comprehensive care in a wide variety of settings. There are recommendations for the required changes in maternity care provider human resources to maintain a sustainable system into the future. It also includes an overview of regulatory, liability and funding issues that will need review and modification on both a provincial and national basis. Lastly it describes the need for, and a model for, provincial stewardship including; planning, co-ordination, data collection and evaluation. Throughout the report is the recognition that, in addition to health care providers, the women and families who access services need to have their voices heard in concrete ways in all levels of planning and evaluation; from the planning of their own care to the planning for the models of care delivery, in the education for the providers and in the strategic planning for the province.

Throughout our deliberations and the preparation of this report, we have consulted widely with stakeholders – including extensive involvement of women and women’s representatives, professionals and those involved in the current health care transformations to help ensure that the system that evolves from these initiatives will reflect our guiding principles and result in maternity care services that can make the optimum contribution to the health of women, infants, families and the society as a whole.

A partial list of the publications reviewed (Appendix B), the submissions received (Appendix K), the groups and individuals consulted and the conferences attended throughout the Panel’s work (Appendix G) can be found at the end of the report. The

panel created an extensive library of bibliographic references which has become an invaluable tool for the creation of this report and will hopefully continue to provide the backbone for future developments in maternity care in Ontario.

The Panel is grateful for all those who assisted in our deliberations, to the women who shared their stories and to the dedicated professionals who aspire to a vision of an improved maternity care system.

## **Summary of OMCEP Recommendations:**

A complete list of OMCEP recommendations by theme is contained in Appendix A

The Ontario Maternity Care Expert Panel recommends that the Premier of Ontario direct the ministries of Health and Long-Term Care, Children and Youth Services, Health Promotion, Training Colleges and Universities and Attorney General to work with professional organizations, regulatory bodies and educational institutions to take immediate action to address the impending maternal-newborn care crisis and ensure that women and families receive access to essential, high-quality, effective and sustainable maternity care services in Ontario by:

1. Increasing the number of maternity care providers and declaring a moratorium on maternity care program closures in communities that have sufficient health human resources to maintain safe services.
2. Immediately establishing an ongoing provincial maternity care program led by Ministry of Health and Long-Term Care and regional networks of care providers to be responsible for:
  - Creating a sustainable maternal and newborn care plan for Ontario with full financial responsibility and accountability;
  - Integration of that plan across ministries, all regions and services;
  - Alignment of the maternity care plan with the government's transformation plan with maternity care as an integral part of primary care;
  - Ongoing performance measurement to ensure access to quality services.
3. Incorporating women's input into maternity care at all levels from informed decision-making about their own care to local, regional and provincial service planning policy.
4. Ensuring timely and equitable access to quality maternity care by committing to:
  - Primary maternity care delivered close to home;
  - Services that are responsive to the needs of diverse and vulnerable populations;
  - Woman and family-centred models of care;
  - Regionally coordinated access to high-risk care.
5. Create and undertake public and professional education campaigns to support a sustainable maternity care system and promote pregnancy and birth as a normal physiologic process with access to care for complications, as needed.
6. Attract, support and retain maternity care providers by developing a system that values and respects all provider groups, including midwives, nurses and physicians through harmonization of regulation and liability mechanisms and creation of complementary funding schemes.
7. Remove barriers to care and create structures that support:
  - The effective use of all care providers to their full scopes of practice;
  - Collaboration amongst professionals;
  - Innovative inter-professional models of education and clinical care founded on evidence-based guidelines and practices.

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8. Reproductive Care Program of Nova Scotia. Website: <http://rcp.nshealth.ca>
9. Prince Edward Island Reproductive Health Programme. Website: <http://www.gov.pe.ca/infopei/onelisting.php3?number=20616>
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12. Nova Scotia Department of Health. Report of the Primary Maternity Care Working Group. Halifax; 2005 Jun.
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