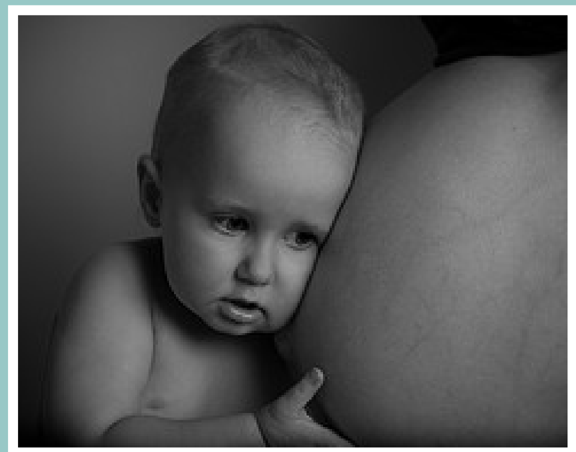
Interdisciplinary Maternity Care in Rural Environments

Campbell River Community Report



Centre For Rural Health Research

The Centre for Rural Health Research

About Us

The Centre for Rural Health Research (CRHR) was formed in 2005 in response to the need for evidence to develop policies and inform decision making in the area of rural health. This mandate is based on an understanding of the known health inequities between rural and urban residents arising in part from the difference between their respective health needs and service delivery context. Under the direction of Drs Stefan Grzybowski (a rural family physician) and Jude Kornelsen (a medical sociologist who specializes in maternity care), the CRHR is supported by both the Vancouver Coastal Health Research Institute and the Department of Family Practice at the University of British Columbia. All projects are grant-funded through the Canadian Institutes of Health Research (CIHR), the Michael Smith Foundation for Health Research (MSFHR), or British Columbia Medical Services Foundation (part of the Vancouver Foundation). To date the program of research has focused primarily on rural maternity care (supported infrastructurally by the Vancouver Coastal Health Research Institute and a New Emerging Team Grant from CIHR). As we recognize the multi-faceted context that has led to challenges in the provision of care to rural parturient women, all research is undertaken from a multi-disciplinary perspective employing quantitative or qualitative methods as appropriate. The current research on inter-professional care in rural environments, funded through CIHR, is one of the current projects being undertaken by the centre. This community report is a synthesis of findings from Campbell River, one of four communities participating in this project. The final report for this study will integrate the composite of findings. Please see www.ruralmatresearch.net for a complete list of projects and recent publications.

About this study

In response to the lack of research on models of multidisciplinary care in rural environments, the Centre for Rural Health Research has conducted a study, "Inter-professional Collaborative Maternity Care Project." Campbell River is one of four rural communities in BC that are a part of this larger study, which includes interviews with community members, birthing moms, care providers and administrators in communities dealing with interprofessional collaboration. Each community in this study including Smithers, Creston, Trail and Campbell River is currently at a different stage regarding the integration of midwifery into the health care system.

The goals of this research project were to:

- Identify barriers to the integration of midwifery into a rural environment; and
- Identify the changes that need to take place in order for midwives to integrate into rural communities.

In Campbell River, we conducted 6 interviews and 2 focus groups in October 2008. The participant cohort is represented in the chart below:

Participant Designation	# of Participants
Physicians/OB	5
Midwives	3
Maternity Nurses	6
Public Health Nurses	3
Administrators	1
Total # of Participants: 18	

Background

- In British Columbia, 20 communities have closed local maternity services since 2000.
- These closures are due, in part, to the challenges that care providers face: limited resources, limited maternity training, stress, lack of funding for being on-call for births.
- Many rural women must leave their communities to give birth, leading to stress, anxiety, financial expenses, no continuity of care, and separation from family and community.
- One solution to these challenges is inter-professional care – collaboration between **midwives** and other providers such as nurses, family physicians, obstetricians, and gynecologists.

Midwifery Care in British Columbia

Midwifery is regulated in 7 provinces and one territory in Canada, and was regulated in British Columbia in 1998. In BC, a midwife works as an autonomous primary caregiver delivering maternity care service to an average of 40 women per year. Midwives are legislated in BC under the Health Professions Act and are regulated by the College of Midwives of BC. Midwifery services are funded through the BC Medical Services Plan (MSP).

A midwife's **scope of practice** consists of these activities:

- Assessing, monitoring, and caring for women during normal pregnancy, labour, birth, and postpartum periods;
- Providing counsel, support, and advice to women during pregnancy, labour, birth, and postpartum periods;
- Managing normal vaginal deliveries;
- Providing care for, assessment, and monitoring of the healthy newborn; and
- Providing advice and information on infant care, contraception, and family planning.

Midwives can order different diagnostic and screening tests, as well as prescribe a variety of medications. If a woman or infant needs extra care, a midwife will work with other health care professionals through discussion, consultation, or transfer of care, per the College of Midwives of BC guidelines.

For more information on midwives' scope of practice, visit the website of the College of Midwives of British Columbia: www.cmbc.bc.ca.

Barriers to Interprofessional Collaboration

Despite extensive literature supporting midwifery care as a choice for birthing women, in British Columbia there are a number of barriers to the integration of midwives into rural communities:

- Physicians and nurses often lack an understanding and awareness of midwives' roles;
- Communication difficulties;
- Resistance from physicians' professional and regulatory organizations;
- Fears about the safety of home birth;
- Midwives and physicians are paid differently (although both are paid by the Ministry of Health); and
- Midwives and physicians have different patterns of practice:
    - Physicians can prescribe more types of drugs, order a range of tests, and use different instruments; and
    - Midwives can offer a choice in place of birth; provide at-home postpartum care, and their visits last 45 minutes to an hour.

What We Learned

Current Model of Maternity Care

- At the time of this study, Campbell River operated under a shared model of maternity care, involving 9 physicians, one OBGYN, and two provincially certified midwives.
- An obstetrician is on-call 24 hours/day, providing cesarean section backup. The recruitment of a second Obstetrician has been an onerous and ongoing process. The sustainability of maternity care services in Campbell River may depend on the recruitment of a second obstetrician. There is potential for such a recruitment to occur in early 2010.
- Paediatric care is provided by family physicians and by 2 paediatricians.
- Between 2002-2007 there was an average of 1 birth/day at Campbell River and District Regional Hospital (CRDH)
- The midwives in Campbell River operate under their own one-in-two call rotation, relying on the obstetrician for surgical backup.
- The local Healthy Beginnings Program currently offers postpartum and breastfeeding support for new mothers at home, provided by nurses and one lactation consultant. It was noted that this program has significantly increased the rate of breastfeeding in Campbell River

> "I think some of the [privileging] concerns were really about [physicians] not being that familiar with their level of training, their level of expertise" [Participant 5; 20]

History of Midwifery Services

Campbell River's first midwife, a long-time maternity nurse in the community who was also trained in the United Kingdom's midwifery system, was granted a license to practice midwifery by the British Columbia College of Midwives. She initiated the process of obtaining hospital privileges at CRDH in January 1998. After establishing working relationships with midwives in Courtenay, she and a second midwife were granted courtesy privileges in St. Joseph's General Hospital in Comox in June of that year. Provisional privileges at CRDH for Campbell River's first midwives were granted by the Vancouver Island Health Authority's director of community and rural practices in August 1998. An ongoing evaluation of midwife privileges was conducted by the CRDH's obstetrics committee.

> "The midwife we worked with for twenty years [as a nurse] and therefore the transition was really easy. Just no problem" [Participant 07; 30]

Midwives with Nursing Training

In British Columbia, many rural obstetrical services have employed generalist nurses who have received international training in midwifery. Participants in Campbell River expressed the benefits of having a community midwife who had previous experience as a practicing nurse at CRDH. The benefits of the midwife's nursing experience included:

- Care providers had an established trust in the midwife's clinical scope of practice; and
- When the midwife began community-based practice her relationships with the nursing staff and physicians were already formed, decreasing challenges to inter-professional collaboration.

> "Province-wide women are not getting the care they need. Why not? Why aren't midwives going in here? Well, because there's barriers, there's challenges to privileging in hospitals. There's challenges to scope of practice, there's challenges to interprofessional collaboration" [Participant 05 ;1]

Privileging Challenges

Gaining hospital privileges is an ongoing challenge for midwives in rural communities in British Columbia. In Campbell River the midwives received privileges in Comox, prior to receiving them in Campbell River.

There is currently no centralized provincial or regional privileging committee and privileges are therefore processed through individual hospital-based privileging committees. Some participants expressed that those involved in the hospital-based privileging process often have a lack of understanding of the midwifery scope of practice. They recommended that there should be a regional multi-disciplinary maternal and child committee that facilitates the privileging process at each hospital.

Physician Resistance

Participants expressed that, initially there was resistance from Campbell River physicians regarding the introduction of local midwifery. Physicians concerns included:

- Medical-legal concerns;
- Negative experiences with midwives in other circumstances;
- Fear that physicians would lose their own maternity patients;
- Lack of understanding regarding the midwifery scope of practice and training; and
- Perceived differences in the payment models between physicians and midwives.

"I think some of the physicians, when midwifery first started here, were scared that they were going to be losing their patients" [Participant 10; 22]

"No matter whether it's a physician or a nurse or a midwife, somebody who's going to be successful in that community is somebody who's going to have the same outlook as the rest of the people in the community." (Nurses' Focus Group)

Home Birth

Historically in Campbell River, the home birth rate has been very low compared to the provincial average. Participants indicated that this is due to the local culture in Campbell River and a general lack of desire for home birth on the part of most women. Hospital-based care providers expressed some discomfort with the option of home birth and seemed satisfied with the low home-birth rate in the community. As one care provider noted that "people aren't looking for home birth here" (Nurses' Focus Group).

"I think a lot of us have issues with home births" [Participant 5]

Interprofessional Collaboration

Campbell River is an example of a community that has overcome some of the challenges to the integration of midwives into a rural community.

- The maternity care team in Campbell River consists of family doctors, midwives, hospital and public health nurses, an obstetrician, pediatricians, doulas, and lactation consultants.
- Participants noted that the **benefits** of midwifery include introducing 'choice' in place of birth and birth attendant, as well as continuity of care.
- Participants identified that the **qualities** leading to successful interprofessional care included: communication, mutual respect, educational camaraderie, clear roles and guidelines, trust, time, and understanding each other's scope of practice.
- Some current **challenges** to interprofessional collaboration are listed in the chart below.

"We had so much support from the nurses, I cannot thank them enough. And you now, the interesting thing is that about half of them have changed over, retired, moved on, gone to other jobs. And the support has maintained itself thanks to the young ones coming up." [Participant 3; 136]

Current Challenges to Interprofessional Collaboration in Campbell River	
Remuneration	▪ Participants expressed the challenges that **midwives** face with their current remuneration model including, unsustainable start-up costs, an urban-centric remuneration structure, a lack of locum funding for midwives and a lack of rural voice in funding decisions. ▪ Participants expressed the challenges **physicians** face with their current remuneration model namely being a lack of on-call funding for maternity care and a discrepancy between midwives and physicians pay schedule for deliveries. *"We have had some discussion with some of my colleagues early on and saying listen, you know, if you remunerated us in a similar scale to the midwives I would be very happy to have established a model." (Participant 5)*
Medical-legal concerns	▪ Physicians expressed a need for more clearly defined roles and responsibilities for the midwives to avoid any potential medical-legal concerns.
Lack of clear understanding regarding midwifery scope of practice	▪ Although midwifery has been formally established for ten years some nurses and physicians noted a lack of clear understanding regarding the midwifery scope of practice. *"I don't know where my responsibility with them is, where it begins. And this has been my concern right from the start." (Participant 3)*
Doctors and nurses' concerns about home birth	▪ Although the home birth rate in Campbell River is low, in comparison to the rest of BC, care providers still expressed a sense of discomfort. *"I think a lot of us have issues with home births." (Participant 4)*

Recommendations

Based on the findings from this study of interprofessional collaboration in Campbell River, we have developed a set of recommendations to facilitate the integration of midwifery services into like-sized British Columbia communities. In rural communities where community midwifery is being introduced:

1. Build strong **relationships** between midwives and all hospital staff by establishing clear communication and building trust through participation in iterative meetings, discussion, and rounds.
2. Ensure that midwives have an understanding of the **culture of the community** and local hospitals.
3. Share guidelines regarding the **roles and responsibilities** of midwives and of other maternity care providers.
4. The above recommendations require a designated mediator to work towards conflict and dispute resolution.

In addition, at the regional and provincial levels, we suggest the following recommendations be considered:

1. Create a **start-up fund** for midwives to facilitate the establishment of sustainable rural practices.
2. Introduce primary maternity care **on-call funding** for rural GP's.
3. Enhance support for midwives through regional **departments of midwifery**.
4. Delegate **hospital privileging** responsibility to regional departments of midwifery.

Investigators

Stefan Grzybowski, MD
Tel: (604) 875-3281
sgrzybow@interchange.ubc.ca

Jude Kornelsen, PhD
Tel: (250) 653-4325
jude@saltspringwireless.com

Research Team

Shelagh Levangie, MA
Tel: (604) 742-1796
shelagh@ruralmatresearch.net

Sarah Munro, MA
Tel: (604) 742-1792
sarah@ruralmatresearch.net

Melanie McDonald
Tel: (604) 742-1796
melanie@ruralmatresearch.net

Bryce Westlake
Tel: (604) 742-1796
bryce@ruralmatresearch.net

Centre for Rural Health Research
Suite 530, 1501 West Broadway
Vancouver, BC V6J 4Z6
Tel: (604) 742-1792/1796
Fax: (604) 742-1798
www.ruralmatresearch.net