POLICY BRIEF
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Sustaining Intrapartum Services in Communities with No Local Cesarean Section

Rural Maternity Care New Emerging Team

SUMMARY

Many small, rural hospitals across BC are closing or reducing intrapartum services. This often occurs when decision makers feel it is no longer feasible to offer local access to cesarean section. Reduction in services has been linked to negative maternal-newborn health and psychosocial outcomes. Once a service closes, it is very unlikely to re-open at a later time when local intrapartum care becomes feasible once more. One service option for communities is low-risk intrapartum care without local cesarean section back-up. To assist communities with the decision to offer this level of care, this policy brief outlines the steps for a consultative, community-based process to make service level decisions responsive to all key stakeholders.

Background

- → Since 2000, a decreasing number of rural hospitals have offered maternity services
- → Closure of rural maternity services is linked to negative physiological and psychosocial maternal and newborn outcomes

In British Columbia and across Canada, rural maternity services are undergoing drastic structural changes. There has been a significant decline in the number of rural hospitals offering maternity care in British Columbia, across Canada,[1-3] and internationally.[4] Many factors have influenced this crisis in rural maternity services, including structural-economic changes in rural communities, regionalization of health care, an increasing dependence on technology and specialist (surgical) care, and health human resource issues. Often, these changes occur because decision makers perceive it is unfeasible to offer low risk birthing services without local cesarean section back-up. These decisions are taking place despite an emerging body of evidence on the safety of small volume maternity services.[5-7]

The closures of small volume maternity services and subsequent evacuation of women to give birth have been linked to negative maternal/newborn health outcomes,[3-4,8] and heightened stress, anxiety, and social vulnerability on the part of birthing mothers.[9]

Options for small rural communities

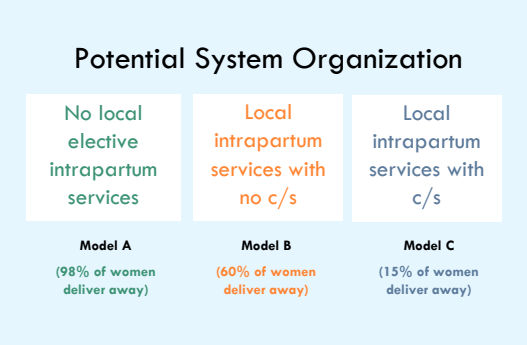

Figure A

One option for small rural communities seeking to establish or maintain local birthing services is to provide local intrapartum care with no local cesarean section back-up. Where a population's size, social vulnerability, and isolation will support a local birthing service, a number of BC communities have successfully and safely provided intrapartum care without local cesarean section access. While most of the birthing services in these small communities are provided by general practitioners, one community, Saltspring Island, has intrapartum

AT A GLANCE

What process should communities follow to successfully transition to having no local cesarean services?

→ Health planners should undertake an inclusive community consultation with key stakeholders to determine the appropriate service level.

Communities with maternity services without cesarean back-up should:

→ Clearly identify risks and benefits of local birth with no local cesarean services.
→ Create a protocol for local birth.
→ Evaluate local birthing services and safety on an ongoing basis.

The **Rural Maternity Care New Emerging Team** (RM-NET), housed in the Centre for Rural Health Research, is a collaborative group of academic and community-based researchers, policy makers, administrators, and other key stakeholders working together to achieve a comprehensive understanding of rural maternity care services in British Columbia. The RM-NET is co-directed by Jude Kornelsen and Stefan Grzybowski and its core team includes Shelagh Levangie, Sarah Munro, Melanie McDonald, and Bryce Westlake with student support for this policy brief from Laura Schummers.

care provided by midwives. When local births are supported without cesarean back-up, approximately 40% of women may deliver locally and, of these women, the majority are multiparous, often with young children at home.[10]

→ Local intrapartum care without local cesarean access is a safe option for many communities

→ Community consultation involving all key stakeholders is an essential element of a successful transition to changing levels of service

There is currently no protocol for changing intrapartum service levels in rural communities. Changes to service levels can be unexpected, unclear, and stressful for families and communities that are intimately affected by fluctuating access to intrapartum care. By providing all key stakeholders with clear pathways for considering and implementing changes to maternity service levels, communities may have safer and more positive transitions.

The value of community consultation

Community involvement in local health care planning decisions strengthens communities, raises public awareness about health issues, and builds valuable relationships between health authorities and communities.[11] When a hospital is considering changing its level of maternity services, all key stakeholders should participate in the planning process.

The consultation may take the form of a community forum or a series of ongoing advisory meetings. The groups and individuals included in this decision-making may include:

→ Community leaders or Tribal Council designates,
→ Local health care administrators,
→ Local maternity care providers,
→ Community members (inclusive of Aboriginal community),
→ Other key community groups identified by community leaders, and
→ A neutral, professional facilitator with experience working with the demographic profile of the community.

The community consultation should include consideration of evidence on appropriate maternity service levels, population need, safety, and cost. Intrapartum care without local cesarean section access is only one model for rural communities (see Figure A). To determine the optimal level of care for a given community, the planning process should be underscored by an analysis of the community's population need, social vulnerability, and geographic isolation (see Policy Brief 1.2—The Rural Birth Index). Decision makers in the community must also consider the resources of the local care providers and the stress these professionals incur from offering birthing services without cesarean back-up. Other information that may influence decision making includes a financial and social cost analysis of birth in the home community versus travel to birth away. Population demographic projections will also need to be considered in decision making.

Local services without cesarean section

→ If key stakeholders decide to have local services without cesarean section, they should:
  — Undertake a community-wide informed consent process
  — Establish risk management strategies
  — Evaluate local birthing capabilities

If a community decides that the benefits of local birth outweigh the risks of no access to cesarean section, these are the steps that should take place to create a safe, positive environment for birthing women and care providers:

- Review recent history of local birthing services with attention to the decision making process around previous service level changes.
- Undertake a community-wide process that acknowledges the risks and benefits of local birth without access to cesarean section to enable:
  - An informed choice process for the woman and her family, and
  - An informed consent process for care providers.
- In the informed choice/consent process, discuss spiritual, social, and psychological as well as physiological risks and benefits.

> "I'm sure that our community, if given that choice, would say, 'Yeah, we want our babies born here. Yeah, we're willing to take that risk.'" —*Bella Bella resident*

- Establish a risk management strategy to determine which women are likely to birth safely in the local community, allowing input from all members of the local provider team.
- Evaluate current competency of medical and nursing staff who provide intrapartum services and develop appropriate maintenance of competency strategy including access to continuing education courses (e.g. ALSO/ALARM).
- Undertake an evaluation of the hospital's physical infrastructure to ensure appropriate equipment and resources as per the BC Perinatal Health Program (BCPHP).
- Establish lines of consultant support with referral community including scheduled community visits by referral consultant (e.g. obstetrician, pediatrician).
- Review transfer protocols and logistics of emergency transfer, and establish protocols for information sharing with new physicians, nurses, and locums.
- Implement a systematic audit and quality improvement framework for ongoing comparison of outcomes to peer hospitals (BCPHP).

Summary of recommendations

For rural communities in British Columbia, the level of local maternity services should be determined based on best evidence for sustainability and optimal outcomes. Decision making should privilege an inclusive, community-based process with involvement from key stakeholders. This process should be underpinned by a review of the history of local birthing services, specifically the decision making process that resulted in previous service changes.

Community Informed Choice

Informed choice is integral to successful intrapartum service provision for communities with no local cesarean section services. Women and the community at large must fully understand the risks and benefits of birthing locally or in a referral community. Care providers must present information to women in a manner free of manipulation or coercion in order to enable women to make informed birthing decisions and reach consensus on a course of care with their care provider.

GLOSSARY

Informed Choice
A decision that is made without manipulation and based on a clear understanding of all relevant information, options, risks and benefits.

Intrapartum Services
Management and delivery of maternity care to women in labour

Referral Hospital
A hospital offering specialist (surgical) labour and delivery service to outlying communities

Regionalization (of maternity care)
The shift to a system of care with centralized administrations, less duplication of services, and frequently the centralization of intrapartum services in referral hospitals.

The *Issues in Rural Maternity Care* policy brief series addresses current issues in the provision of maternity care in British Columbia and provides timely recommendations for improving the quality and safety of rural intrapartum care. Targeted at policy makers and maternity care providers, it is produced by the Rural Maternity Care New Emerging Team (RM-NET).

Resources

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