COMMUNITY TOOLKIT for

Sustainable Rural Maternity Care

So, you want local maternity care?

This toolkit is targeted at rural communities (population <15,000) that have unsustainable local maternity services. Perhaps your community had local maternity care in recent years, but services closed due to the loss of a care provider. Your community may be providing services, but only for very low-risk mothers with previous uncomplicated pregnancies. At present, you see the need to reassess local prenatal, intrapartum, and postpartum care. This toolkit aims to guide small rural communities through the process of making local maternity care more sustainable—through consensus-building, skill enhancement, support for pregnant women, and, where appropriate, increasing the level of local birthing services. Additional steps are included for Aboriginal communities. The companion website to this toolkit, *http://crhr.ca/resources/toolkits*, provides additional resources for each step. The Centre for Rural Health Research welcomes requests for assistance as you navigate this process.

TWO QUESTIONS:

1. WHAT LEVEL OF MATERNITY SERVICE FITS YOUR COMMUNITY?

You need to determine the following:
- The population of your community
- The number of births per year
- The distance to the next nearest caesarean section service

Visit the Rural Birth Index calculator at www.crhr.ca/toolkit to see your community's optimal level of service.

2. IS YOUR COMMUNITY READY?

Talk to all care providers, hospital administrators and staff, community based health organizations, and community members. Survey, interview, or hold a public forum to ask these stakeholders about their attitudes and beliefs toward local birth.
Questions to ask may include:

- How do you feel about maternity care in our community?
- If appropriate services were in place, would you support them?

Meeting

Do you have any funding for an Advisory Council and the planning process?

No — **Is the comunity ready to move forward?** — Yes

Phase 1 Planning

1.1 FORM AN ADVISORY COUNCIL

1 Month · Facilitator · Meeting

The purpose of the Advisory Council is to oversee the planning of local maternity services. Some tips for a successful process:
- Meet in a neutral space
- Select a trustworthy Chair for the Council
- Hold meetings on a regular basis
- Create a budget for planning local maternity services
- Create Terms of Reference for the Council
- Consider hiring a professional facilitator

Be inclusive and welcome Aboriginal Elders, leaders, and community.

1.2 GATHER THE DATA

1 Month

Collect background information so that the planning process is informed by evidence. This Evidence Review could include information on the demographics and cultural needs of the community. Also consider existing health human resources and the care providers you will need to recruit.

It is important to explore how the new service will be funded. Sources may include:
- Community fundraising
- Private partnerships
- First Nations Health Council
- Health Authority funding

1.3 SUMMARIZE THE DATA

1 Week

Before developing an Action Plan, reflect on the data you have gathered and consider these questions:
- Are there adequate facilities and infrastructure for local maternity care?
- Are there care providers who will do local maternity care?
- Does the community want midwifery care?
- Are there any transportation or geographic isolation concerns?
- Are women willing to give birth in the community?
- Are there any events that have happened in your community that will impact the proposed plan, such as a recent maternity service closure?

1.4 DRAFT AN ACTION PLAN

1 Month

Choose a model of local maternity care based on your Evidence Review. Circulate the Action Plan to as many key stakeholders as possible.

The Action Plan could include:
- A summary of the Evidence Review
- A Vision Statement for local birth developed by the Advisory Council
- A description of the proposed model of maternity care
- A list of barriers to the proposed model and potential solutions

Recruiting rural care providers is difficult. Contact the Rural Coordination Centre of BC (RCCBC) for support (www.rccbc.ca) or Health Match BC (healthmatchbc.org)s.

1.5 HOLD A PUBLIC FORUM

1 Week · Facilitator · Meeting

Determine if there is consensus on the Action Plan by holding a public forum.

- Invite community members and Health Authority representatives
- Have the Advisory Council present the Action Plan to the public
- Discuss the proposed model
- Discuss the safety and "risk" considerations of the proposed model
- Consider amendments to the plan
- Ratify the Action Plan

Make sure that everyone has an opportunity to express his or her views. This may require some one-on-one discussions.

Is there consensus?

Demographic Data
- Community population
- Number of births per year
- Caesarean section availability
- Aboriginal community needs
- Past hospital service reviews
- Local perinatal outcomes data

Human Resources Data
What care providers currently practicing in the community are willing and able to take on maternity care? Will you need to recruit maternity care providers?

No — **Will the community have local maternity services?** — Yes

DEVELOP A BUSINESS PLAN

Meeting

Now that you have an Action Plan and a desired model of local maternity care, select key stakeholders to form an Implementation Committee and create a Business Plan. Engage in the following activities:
- Create an implementation timeline
- Create a budget for the new maternity service
- Identify funding sources for the service and, where appropriate, for care provider salaries
- Engage with the local Health Authority. Recruitment may take a long time.
- It is useful to start this discussion with the Health Authority once you have a sense of the model of care for your community.

Engage with First Nations Health Council.

Models Of Maternity Care

No Local Service	Primary Medical Care	Primary Midwifery Care	GP Sugery	Mixed Model
2%	30%	48%	80%	90%
Local prenatal and postpartum care. Women leave the community for birthing services.	Local primary maternity care for low-risk deliveries provided by General Practitioners.	Local primary maternity care for low-risk deliveries provided by Registered Midwives.	Local maternity service with caesarean section back-up provided by general practitioner surgeons and anesthetists.	Local maternity service with both GP Surgeons and specialist surgeons.

Phase 2 Strengthen Existing Model

2.1 SUPPORT WOMEN WHO TRAVEL

2-3 Months

Based on kinship ties and the nature of services provided (such as breech, twin, or VBAC deliveries), choose the appropriate referral community for each woman. Establish reliable communication between local care providers and the referral community. Establish a structure for postpartum follow-up at discharge and on weekends. Create both a general postpartum plan for all patients, and individual plans based on patient needs. It is important that the pregnant mom's prenatal record goes to the postpartum community and back home after discharge. Procure family accommodation in the referral community. Use a checklist to assist women making their travel plans

2.2 DEVELOP A PLAN FOR UNEXPECTED DELIVERIES

1 Month

Create community specific policies and procedures for:

- Emergency delivery
- Neonatal resuscitation
- Neonatal transport
- Intrapartum emergency transport
- Health Authority funding.

2.3 ENHANCE LOCAL SKILLS

6-12 Months

Provide emergency staff with training in emergency intrapartum care. Enhance skills of maternity staff through continuing professional development (CPD). CPD programs could include ALSO, ALARM, NRP, ACoRN, and MoreOB.

Work with local nurses right from the start to promote confidence in local maternity care. You may need to recruit obstetrically trained nurses to the community. In-service and online education options should be explored.

Consider establishing a Pregnancy Travel Coordinator who would coordinate women's travel to referral communities by helping create a travel budget, brainstorm travel funding options for family and escorts, and secure social support. Also consider providing funding for Doulas in the referral communities.

Evaluate the referral community accommodation.
Is it appropriate for families?
Provide access to culturally appropriate foods in referral communities (some hospitals have Aboriginal food services available). Establish relationships with doulas in the referral communities. Establish good communication between the Aboriginal Liaison Worker and Pregnancy Travel Coordinator, or merge the positions where appropriate. Become familiar with:
Emergency transport and transfer services - BC Bedline -
Obstetricians in referral communities
Obstetricians in tertiary centres

Checklist
Help pregnant women prepare by discussing these questions:

Early pregnancy (0-24 weeks)
Who will look after your home while you're in the referral community? Who will care for your other children and/or pets? Will your support person (partner, mother, friend) stay home during some or all of your stay in the referral community? When will they join you? How much will your travel, accommodation, and food cost? Do you have a plan for covering these costs? Do you have a contingency plan if you or your baby must stay in the referral community longer than expected?

Mid pregnancy (28 weeks)
On what date will you leave for the referral community?
How will you be traveling to the referral community?

Late pregnancy (34-36 weeks)
Are there weather concerns that could impact your travel?
Should you adjust your departure date to avoid bad weather?

Phase 3 Implementation

3.1 RECRUITMENT

2 Weeks

Confirm consensus among care providers for the new level of service. Create and advertise new health human resource positions.

To support new care providers coming to the community, help facilitate their transition by finding job opportunities for their spouse and suggest appropriate housing and schools.

3.2 COMMUNITY PREPARATION

1-2 Months · Meeting

Hold a community meeting to discuss the new level of service. Provide for a community consent process that acknowledges the realities of local birth. Care providers and local administrators should pursue the following:

- Establish criteria for local deliveries and informed choice processes for intended place of birth.
- Provide education to hospital, community, and referral centre on the new care providers' roles and responsibilities and scope of practice.
- Communicate the risks and benefits of the new service.

New care providers, particularly midwives, should engage in cultural orientations with local First Nations to build trust and mutual understanding.

3.3 ADMINISTRATIVE PREPARATION

1-6 Months

- Establish strong transfer protocols and communication with referral communities.
- Facilitate interprofessional relationship building between new providers and 1) existing providers and 2) referral providers.
- Create a system for conflict resolution between professions.
- Ensure there is cultural orientation for new practitioners.
- Update policy and procedures manual.

If there is a midwifery model of care, connect with the Midwives' Association of BC to facilitate educational sessions regarding the model of midwifery care. Isolated rural communities may benefit from an expanded scope of midwifery practice, including:

Sexual health education, prenatal education classes, outreach to satellite communities, first surgical assist at caesarean sections, well-baby care, well-woman care, family planning services.

Phase 4 Sustainability

Ongoing

4.1 SUPPORT FOR PROVIDERS

Provide Continuing Medical Education (CME) and Continuing Professional Development (CPD) for the core maternity team (physicians, nurses, and midwives).
- Funding may be accessed through the Rural Education Action Plan (REAP), the local health authority, or First Nations Health Council.
- Provide appropriate locum coverage for providers accessing CME/CPD.
- Provide, where possible, team-based and hospital in-service ME/CPD.

4.2 PROMOTE COMMUNITIES OF PRACTICE

- Establish connections with specialist colleagues in regional and tertiary centres.
- Establish local or regional interdisciplinary Departments of Maternity Care or, for midwives, develop Regional Departments of Midwifery.
- If there is local caesarean section coverage, also connect with the proposed Virtual Department of Operative Care.

4.3 MONITOR THE NEW MATERNITY SERVICE

Determine the population catchment (patients living within 1 hour and within 2-4 hours of local care).
- Track clinical outcomes through Perinatal Services BC data.
- Compare with outcomes of like-sized communities and pay close attention to variance.
- Establish a process for quality improvement.
- Establish a process for documenting provider responses and satisfaction with service.

Centre for Rural Health Research