

COLLABORATIVE MATERNITY CARE: THE SOUTH COMMUNITY BIRTH PROGRAM

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The Departments of Family Practice and Midwifery at Children's and Women's Health Centre in Vancouver have received funding for a collaborative, interdisciplinary primary health care initiative. The South Community Birth Program (SCBP) will meet the needs of South Vancouver's low-risk childbearing women and families by providing a full range of primary maternity care services in the community-based setting of the South Community Health Office.

Care will be provided in a collaborative, interdisciplinary manner where family physicians, midwives, community health nurses and doulas work as a team to offer care to this underserved, multi-ethnic community. This will take place in a community-based, culturally-appropriate and woman-centred manner during pregnancy, birth and the newborn period. The program will also establish a multidisciplinary education and research center for current and future health care professionals focusing on healthy birth. SCBP will assist in meeting the community's maternity care needs while introducing a new model of care that educates health care professionals and instills in them an enthusiasm for primary maternity care. This initiative's goal is to return pregnancy and birth back to a community-based, peer-supported, primary care experience.

Underserved population:

This diverse ethnic community, where more than 53 per cent of the population speaks a first language other than English, is underserved by primary maternity care services. The community has the largest number of births per year in the Vancouver Coastal Health Authority region (1,244 in 2001) yet there are only three family physicians practicing in South Vancouver who

provide full service obstetric care.

Community-based primary care:

Working in tandem with the South Community Health Office team of caregivers, SCBP provides South Vancouver's childbearing women and their families with comprehensive, coordinated primary maternity care services. The program will work with the community's primary care physicians to maintain ongoing relationships during the childbearing period and after.

Accessibility:

SCBP provides childbearing women with prompt access to family physicians and midwives by bringing primary maternity care services back into the community in a one-stop shopping model of care.

Improved health:

SCBP is committed to achieving better pregnancy outcomes, such as increased satisfaction in the birthing experience, increased responsibility for self-care among women, reduced hospital length of stay, reduced Caesarean section rate, improved breast-feeding outcomes, and a reduction in the number of low birthweight babies.

Community Involvement:

More than a dozen focus groups have been undertaken with new mothers in the community to ensure SCBP's services meet their needs. Family physicians have also been consulted regarding the role SCBP can play in providing primary maternity care.

Model Adaptable to Other Communities:

SCBP's model of shared primary maternity care between family physicians and midwives could be adapted for use in other communities to help sustain women's access to local, primary maternity care services, especially where maternity care providers are in short supply.

Quality & Accountability: An evidence-based initiative, this model of care is founded on clearly defined outcomes, targets and performance measures to ensure that patients experience positive health outcomes and receive high quality, efficient and effective care.

OBJECTIVES

The aim of The South Community Birth Program (SCBP) is to improve the health outcomes of low-risk pregnant women and their families in the underserved community of South Vancouver by providing them with collaborative, interdisciplinary care from family physicians, midwives, community health nurses, and doulas.

1. To improve the health outcomes of women and their families by:
 - developing an environment where the SCBP team and families work in partnership to meet the needs of the childbearing women in their community,
 - developing an environment where the SCBP team assists women and their partners to identify their own strengths and build confidence in their ability to give birth and become parents,
 - developing an environment that encourages women and their families to assume an active role in their own primary health care, and developing a strong sense of peer support within the community,
 - providing a safe, positive birth experience through the reduction of unnecessary interventions such as Caesarean sections and by providing a shortened hospital stay.
2. To develop a multidisciplinary educational model for midwives, family physicians and community nurses by:
 - establishing a model of integrated, multidisciplinary care for the provision of maternity care,
 - educating future professionals with a new vision and enthusiasm for birth,
 - undertaking interdisciplinary research to increase our understanding of the multiple factors involved in the process of normal birth,
 - developing quality improvement initiatives.

APPROACH

The South Community Birth Program uses a collaborative, inter-disciplinary, team-centred approach to providing low risk primary maternity care services. Based on the Centering Pregnancy model of care, SCBP incorporates health assessment, education and support into one entity.¹ Centering Pregnancy offers opportunities for socialization and group support enables participants to learn from each other and build community.

The first visit to SCBP involves a one-on-one session with an SCBP family physician or midwife, but subsequent sessions are generally done in a group setting facilitated by two or more members of the SCBP team; a family physician, midwife, community health nurse, or doula. The women direct the discussion, suggesting topics of interest to them at the moment, and slip off to the side to meet with various members of the SCBP health care team for blood pressure checks, abdominal palpation or to discuss concerns.

The Centering Pregnancy model of care encourages women to take responsibility for their own health care. The women are active participants in their care; they are responsible for their own medical chart, weigh themselves and test their own blood pressure and urine at each visit. As well, the potential for learning and peer support is multiplied by the resources that the group setting has to offer, and engenders a quality of care that is difficult to provide through individual examination room visits. Each woman is also assigned a doula from the community, trained by SCBP's doula facilitator. Where possible, the doulas will speak the client's first language and will provide the woman with one-on-one support during labour and delivery. During labour and delivery, primary care will be provided by the on call family physician or midwife.

SCBP is using this approach toward primary maternity care because research demonstrates that team-based care not only improves the overall continuity of care for clients, it also creates an energetic and engaging working environment for health care professionals.^{1,2} Regular team meetings give the caregivers the opportunity to discuss challenging cases, ruminate on their approach to caregiving, and share learning opportunities with each other.

SCOPE

The South Community Birth Program offers a full range of maternity care services to meet the needs of low risk childbearing women and their families. These services will cover health education, promotion and prevention services such as preconception and birth counseling, prenatal, intrapartum and postnatal care, drop-in resources and discussion groups. It will also provide women with home visits and newborn care up to six weeks after birth. The program will be marketed to patients through their family physicians but patients will also be able to self-refer to the program, with efforts made to maintain the involvement of their family physicians.

SCBP offers women and their families the following services:

Pregnancy care: prenatal and postnatal care will be offered to women in a one-on-one and group format. Early labour and postpartum care takes place in the community with support from SCBP's team of health professionals,

Discussion groups: grouped by due date, SCBP's Centering Pregnancy model of care has clients meet monthly, then bimonthly, to discuss a variety of topics directly related to the clients experiences, such as exercise in pregnancy, mother and baby massage, alternative therapies, breastfeeding, enhancing normal labour, and infant care,

Birth counselling: counseling is available to women with previous difficult birth experiences, those who may have sexual abuse issues or other fears around birth,

Intrapartum care: labour and delivery will occur at B.C. Women's Hospital, attended by the on-call family physician or midwife. The goal is to provide a safe, positive birth experience with a minimum of technology and a shortened hospital stay,

Postpartum care: mother and newborn care will be provided by SCBP health professionals up to six weeks post delivery, at which point care will be transferred back to the woman's family physician,

Community outreach: individuals from various ethno-cultural groups participate on an advisory board to provide community input into SCBP's programs and services.

The South Community Birth Program will offer health care providers the following:

Clinical experience: opportunities are available for

health care students and professionals to gain clinical experience in low risk maternity care in a collaborative, inter-disciplinary setting,

Interprofessional seminars: seminars on research and clinical topics regarding healthy birth will be offered where professionals and students can share knowledge,

Research: An extensive evaluation of the SCBP is underway, evaluating outcomes, and the Centering Pregnancy model as well as client and provider satisfaction. Opportunities are also available to undertake research into low risk pregnancy and birth at SCBP.

REFERENCES

1. Rising SS. Centering pregnancy. An interdisciplinary model of empowerment. *Journal of Nurse-Midwifery*. 1998;43(1):46-54.
2. Payne P, King V. A model of nurse-midwife and family physician collaborative care in a combined academic and community setting. *Journal of Nurse-Midwifery*. 1998;43(1):19-26.