Maternity Care Priorities in Alberta
Briefing Note – Listening Campaign

Executive Summary

The MaternityCare Consumers of Alberta Network (MCAN) conducted a Listening Campaign from April through August, 2014, involving almost 1,400 Albertans and found that:

- Alberta's maternity care system is in the midst of a crisis, unsustainable (particularly in rural and remote settings), and not meeting families' needs.
- There are not enough low risk maternity care providers to meet the demand.
- Universal rights of childbearing women are not always being acknowledged and supported.

MCAN is calling for the development and implementation of a maternity care strategy for Alberta.

Background

A healthy baby and a healthy mother are desires universally shared by everyone involved in birth. The childbirth continuum (from pregnancy through birth and infant care) is a deeply personal time that can be a profoundly empowering or disempowering season of a woman's life. It is also a time when respectful maternity care is essential and when the universal rights of childbearing women ought to be upheld.

In September 2014, the World Health Organization issued a statement[1] calling for women's right to dignified, respectful care in pregnancy and childbirth. Recently, the Prime Minister of Canada spoke to the United Nations General Assembly calling on the world to improve maternal and child health. In Alberta, stakeholders are echoing these calls and asking for a province wide maternity care strategy.

There are two key concerns. The first is that current maternity care arrangements do not ensure women's rights to freely choose where, how, and with whom they birth. Second, current maternity care system constraints are escalating, negatively impacting care, and creating inefficiencies. However, babies cannot wait for the system to catch up before being born. Our maternity care system is in a crisis. It is not meeting families' needs and it is unsustainable.

Current Situation

Pregnant women in Alberta find it extremely difficult to find primary caregivers of their choice especially in remote, rural, and aboriginal communities. A critical shortage of obstetricians has loomed for years, fewer family doctors are providing maternity care, and the demand for midwives far exceeds the number of registered midwives. Additionally, while it is recognized that obstetricians are extremely skilled and essential for high-risk pregnancies, with fewer family doctors practicing maternity care and not enough midwives to meet the demands, obstetricians are taking on more low risk clients. Not only does this place an unnecessary financial burden on taxpayers, it is a contributing factor to the key concerns set out above.

To better understand the maternity care landscape, the MaternityCare Consumers of Alberta Network (MCAN) undertook a project to identify and understand maternity care priorities in our province. A Listening Campaign took place from April through August of 2014 and included nine focus groups held in urban, remote, and rural communities, as well as an online survey that received 1,235 responses, several informal interviews, and a number of unsolicited written submissions.

[1] World Health Organization (2014). The prevention and elimination of disrespect and abuse during facility-based childbirth. Retrieved October 2, 2014 from http://www.who.int/reproductivehealth/topics/maternal_perinatal/statement-childbirth-data/en/

A Maternity Care Priorities Report will be published on November 5, 2014. It will provide the historical context of North American birthing culture along with women's health theory and woman-centred ethics. The report will present findings and recommendations on improving Alberta's maternity care system.

Findings

Listening Campaign participants identified "burning issues" that were synthesized into three themes: where birth takes place, the approaches used in maternity care, and the types of caregivers women access (primary caregivers and other health professionals). These three areas are described in this section.

Where They Want

We found that, depending on where a woman lives, her choice of birth setting varies. Although consumers in urban settings are more likely to have a wider range of choices of where they birth, they are still limited by the type of caregiver available. If a pregnant woman in an urban setting can't obtain midwifery services due to the shortage of midwives, the woman is then limited to birthing in a hospital or birthing at home, either unattended or by hiring a traditional birth attendant (an unregulated professional).

Participants in all locations decried the limited choice of birth setting for rural and remote consumers. However, birthing in a hospital does not confer consistency of choices. Some hospitals do not deliver via caesarean section or will not allow vaginal birth after caesarean (VBAC) due to perceived risks and/or lack of personnel to support surgical deliveries. Concerns were also raised about the need to improve facilities and restrictive hospital policies. Birthing out-of-hospital (in a free-standing birth centre or at home) is limited in many regions. Some women even go to extremes to access care (e.g. travelling great distances, uprooting from their community, or choosing to give birth without a primary caregiver).

Participants revealed systemic barriers such as funding primary caregivers out of separate pots of money, financial disincentives to change, and lack of inter-disciplinary involvement and consumer representation in decision-making bodies. Hospitals are further challenged to retain medical professionals because of limited resources, a disconnection between operations and administration, and policies that may impede professionals' autonomy and job satisfaction.

How They Want

In terms of approaches to how women experience maternity care, participants spoke about both specific, practical issues (such as intervention rates or how many people the woman can have at the birth) and philosophical concerns (such as maternity care attitudes, knowledge, and beliefs).

Consumers expect autonomy over their bodies, continuity of care, and respect for their choices. Repeatedly, participants reported instances of rude and inappropriate behaviour (some called it bullying) by primary caregivers and other health care providers. Birth trauma (both situational and iatrogenic) was frequently raised. Some women reported receiving insufficient information to give informed consent, having procedures performed without their consent, and concerns about care not being evidence-based or failing to meet professional association standards. Many felt that diverse and vulnerable populations were not receiving enough attention: marginalized and impoverished populations, immigrants, LGBTQ, neuro-diverse, differently-abled, and adolescents.

Alberta stakeholders want internationally accepted universal rights of childbearing women described by the White Ribbon Alliance to be upheld including their rights to:

- Freedom from harm and ill treatment
- Information, informed consent and refusal, respect for choices and preferences, including the right to companionship of choice wherever possible
- Confidentiality, privacy
- Dignity, respect
- Equality, freedom from discrimination, equitable care

- Timely healthcare and to the highest attainable level of health
- Liberty, autonomy, self-determination, and freedom from coercion

Overriding all of this, participants pointed out systemic issues. The system lacks accountability, transparency, and an inter-disciplinary approach. Funding mechanisms are not set up to make the maternity care system efficient and they restrict access to resources.

With Whom They Want

Participants agreed that all three primary caregivers (family doctors, midwives, and obstetricians) are important. The concern was that there is a lack of equitable access to one's caregiver of choice resulting in women giving birth in ways and places that they do not wish. Across the province, consumers want more midwives. In some places, there are fewer family doctors practicing maternity care and a shortage of obstetricians. Many participants did not think that utilizing obstetricians (highly trained specialists and surgeons) is the best use of limited health care resources for low risk care. They felt that maternity care funding should follow the woman not the primary caregiver. They were concerned that the increasing demands placed on primary caregivers may be taking a toll on them personally and in how they treat patients. In particular, excessive waiting times at appointments (in some places 4 to 6 hours) and to get appointments was cited as frustrating. Participants had questions about long-term human resource planning, accrediting internationally trained primary caregivers, and traditional birth attendants.

There were concerns about demands on hospital-based nurses, their ability to keep up with evidence-based care, and their level of familiarity with natural, intervention-free birth. For both public and hospital nurses, the issue of an aging workforce needs to be addressed. Breastfeeding support was cited as needing attention, especially for hospitals to encourage and support breastfeeding, including having certified lactation consultants available on staff. There was a desire for prenatal education and support mechanisms focusing on women's vulnerabilities and empowerment rather than on teaching compliance. It was felt that other health care modalities would complement existing practices. A major concern across Alberta was the lack of knowledge and capacity to deal with mental health issues associated with the childbirth continuum.

Overall, participants wanted to see silos broken down and an increase in inter-disciplinary practice and inter-professional learning to support women from pre-conception through early stages of parenthood.

Recommendations

Our recommendations align with Alberta's Primary Health Care Strategy that defines three strategic directions: enhancing the delivery of care, changing the culture of health care, and creating the building blocks for change.

We offer two key points to developing a maternity care strategy that bolsters autonomy in decision-making and moves towards equitable access to care how, where, and with whom a woman chooses. First, a comprehensive leadership approach is needed across the system (government policy makers, administrators, professional organizations, academia, unions, consumer groups, and media). Second, to develop a maternity care strategy, a system of change is needed that focuses on remediation of the whole (instead of constituent parts) and relies on leverage points that are linked and interconnected. Our recommendations are set out below.

Change the Dominant Mindset

Based on our findings, the dominant mindset in maternity care has to shift even more to recognize women's psychological and emotional needs along with their physical needs. Such an approach will align with the following: Canada's commitment to the United Nations Women's Convention; international recognition of the importance of upholding women's fundamental human rights to respectful, dignified care; and Alberta's Primary Health Care Strategy.

Fund Maternity Care Services by User

Because primary caregivers are funded out of separate funding pools, mechanisms should be put in place to provide centralized oversight of how maternity care services are financed, with a view to embedding continuity of care, seamless service delivery, and accountability for taxpayer dollars. Funding of maternity care services should follow the user not the practitioner.

Adopt a Province-wide Maternity Care Strategy

At the highest level, there needs to be a clearly articulated commitment to improve maternity care. This should entail the Premier and the Minister of Health appointing a heterogeneous team who can bring a variety of perspectives to establish a clear vision for the future and develop a maternity care strategy for Alberta that encompasses all families (including rural, remote, diverse, and vulnerable populations).

Align People and Processes

Respect for women's autonomous choices and their bodies needs to increase, including ensuring there is informed consent and being transparent and forthcoming to birthing women about all choices pursuant to international human rights in childbirth standards. Primary caregivers and nursing staff need to be provided with the physical and human resources they need to do their jobs, meet their standards of practice, and develop professionally. Childbirth educators, consumer groups, and mental health professionals can work to support women in finding, using, and amplifying their voices in birth.

Enhance the Flows of Information

More effort needs to be put into instilling evidence-based practice, increasing awareness, and improving transparency around a number of identified areas such as reinforcing the Society of Obstetricians and Gynaecologists of Canada guidelines and understanding the Canadian Model of Midwifery Practice. There needs to be enhanced understanding about: natural physiological birth, prenatal loss, fertility challenges, waterbirth, vaginal birth after caesarean, breastfeeding, birth trauma (whether situational or iatrogenic), and other mental health concerns. In addition, new modes of outreach to diverse and vulnerable populations need to be pursued.

Become a Continuous Learning System

A commitment is needed at a high level to make the maternity care system a continuous learning system. This will entail moving beyond traditional approaches to overcome barriers and employing more knowledge creation and dissemination mechanisms, such as MOREOB (Managing Obstetrical Risk Efficiently[2]), which was noted in several instances as a good tool albeit with limited licenses currently available in Alberta and reliant on local leadership for application.

Increase Accountability and Transparency

Despite the complexity of our maternity care system, alignment across and through the system - strategically, administratively, and operationally - needs to be a priority. Sophisticated tools will need to be developed to set performance improvement targets and measure progress. Accountability mechanisms and increased transparency will need to be put in place as well as seeking and applying best practices.

It is our hope that the findings and recommendations in the Maternity Care Priorities Report will encourage and embolden Alberta's political leaders to improve the maternity care system so that it is wholly integrated with inter-disciplinary collaboration and where leadership is strategic, health professionals have balanced and rewarding careers, and women freely choose where, how, and with whom they birth.

[2] MOREOB http://www.moreob.com/