Maternal & Newborn Health
Planning Project Update
Volume 1, Issue 1—May 2007

Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK

Maternal & Newborn Health Planning

We're Listening!

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network is committed to optimal maternal and newborn services and excellent health outcomes for mothers and their babies.

For nearly 10 years, numerous reports, both national and provincial, have described opportunities for the best health care service choices for mothers and newborns. Some of that best care would include higher education availability for women, fair and easy access to health care, use of best practices or best possible service models, well trained health professionals, and adding new enhanced roles to the scope of some health professionals.

The HNHB LHIN, in its first Integrated Health Services Plan (*November 2006*), identified obstetrics as an emerging opportunity to review, and potentially, improve.

The HNHB LHIN has been likened to a microcosm of the province and has a diverse and changing demographic. Women of birthing age, in HNHB, are changing in numbers and where they reside within the LHIN. Many dynamics are underway in maternal and newborn health planning: the nursing workforce is aging and retiring, physicians are in short supply, both family medicine practitioners and obstetricians, and a number of other allied health professionals are no longer as readily available.

Communities see these needs and have identified opportunities for improvement in services. Listening and responding, the HNHB LHIN has begun an important planning project to identify how health care services for mothers and newborns can be enhanced and add to the best possible health outcomes.

Did You Know?

- Nearly half of all women residing in the HNHB LHIN are smokers and have a higher exposure to second hand smoke than the provincial average?
- 20% of families within the HNHB LHIN are headed by a lone female parent and the highest rates of female lone-parenthood are evident in Welland, Niagara Falls and Fort Erie?
- Nearly a quarter of hospital discharges in HNHB LHIN are related to maternity care?
- Hospitals in Hamilton handle almost 50% of the obstetrical volume, followed by hospitals in Niagara (28%), Burlington (11%), Brant (9%), Norfolk (3%) and Haldimand (1%)?

Launch of New Postpartum Assessment Clinic

Public Health Services' Family Health Division is launching a new model of care. The division has partnered and worked with local physicians and hospitals over the past nine months. During this development phase, key players have collaborated and are now delivering a postpartum component to *Healthy Babies Healthy Children*. *Healthy Babies Healthy Children* is a prevention and early intervention initiative to provide support and services to families with children from before birth up to six years of age. Adapting the program, the postpartum assessment means that families are seen by a health professional at least twice within the first seven days, after delivery, to identify health issues as soon as possible. Both Hamilton Health Sciences (McMaster site) and St. Joseph's Healthcare will offer this service through weekend assessment clinics. Good news indeed because earlier assessments really will improve the likelihood of healthy babies and healthy children.

Inside this issue:

Ontario

Quality Care in Community Hands

In February 2007, the Board of Directors of the HNHB LHIN approved the project charter for work on a maternal and newborn services plan. The Board recognized and fully supported the importance of promoting equitable access to high quality health care for mothers and newborns.

To start the work of this project, the LHIN brokered a short-term, multi-disciplinary steering committee that would bring forward recommendations to the LHIN. The members of this steering committee (*see membership below*) are experts in the field of maternal and newborn services, across the LHIN, and reflect a broad range of professional expertise. Heading up the Maternal and Newborn Steering Committee is Dr. Karyn Kaufman, Professor Emeritus at McMaster University. Karyn's knowledge runs deep, as Assistant Dean in the Faculty of Health Sciences and Director of the Midwifery Program from its inception in 1993. This renowned health science program was formed as a consortium between partnering academic centers; Laurentian, McMaster, and Ryerson Universities. Karyn has been a practicing midwife in Hamilton and a member of the staff of St. Joseph's Healthcare and Hamilton Health Sciences. Karyn's keen insight, passion for maternal and newborn care, and valued guidance will be leading the Maternal and Newborn Steering Committee in their deliberations and review.

"The opportunity to chair the steering committee is a way to express an ongoing commitment to providing care for mothers and babies. I have had the privilege to be part of many births and there is nothing that brings more joy. If now I can help facilitate future directions that will lead to ongoing improvements I will be honoring those women and families."

Karyn Kaufman

Steering Committee Members

Sharon Dore
Advanced Practice Nurse,
Hamilton Health Science & CWONN
Co-Chair

Bonnie King
Family Health Manager,
Hamilton Public Health Unit

John Lamont
Professor Emeritus, OB/GYN,
McMaster University

Rory McDonagh
Chief of Obstetrics,
St. Joseph's Health Care

RoseAnne Maracle-Ringuette
Program Coordinator,
Health Promotion Division, Haldimand & Norfolk Health Unit

Barbara Miller
Manager,
Maternal Child Program,
Brant Community Healthcare System

David Price
Chair of Family Medicine, McMaster University

Judy Shearer (LHIN 3 rep)
Clinical Director,
Childbirth Program,
Grand River Hospital Corporation

Johan Viljeon
Regional Chief of Obstetrics, Niagara Health System

Laura Williams
Outreach Program Coordinator,
De dwa da dehs nyes,
Aboriginal Health Centre, Hamilton/ Brantford

Community Dialogue, Community Action for Health

The World Health Organization (WHO) identifies "community action for health as a process in which any community...is a full partner at all stages of the health care process." (*Making Pregnancy Safer Initiative, 2003*)

The WHO also states that the identification of needs, selection of priorities, planning, implementation, and evaluation of activities occur in close cooperation with the health sector as well as other sectors concerned.

Leslie Cochran, Planner with the HNHB LHIN, was very aware of the importance of multi-partner consultation in building legitimacy to the maternal and newborn project. Leslie carried out a series of key informant interviews and participated in a workshop (March 2007) to inform the work of the LHIN. The key informant interviews gave voice to a myriad of stakeholders: midwives, obstetricians, family doctors, hospital administrators, public health staff, and program leaders who all contribute to the health outcomes for mothers and newborns.

Consulting with the experts, the system navigators, the leaders, and the knowledge sources, we learned that there are strong assets in our region to build upon. Some examples of regional strengths include: a highly skilled and dedicated work force, the support of adopting best practice models, developments in regional program and health resource planning, and multi-disciplinary service delivery using midwives, nurse practitioners, doctors and more.

As in any area of health planning there are challenges that push us towards innovation and new ways of thinking about providing better services. LHINs are afforded the historic opportunity to engage in a new way of looking at improvements and enhancements in maternal and newborn services such as: protocols for patient care, improved access to services, linking midwives with nurse practitioners in delivery streams, more system efficiencies, and more.

The Maternal Newborn Steering Committee, Leslie, and the rest of the HNHB LHIN Team are energized by the opportunity to work with committed health professionals, engage mothers, and build on the existing strengths that we see in our region's rich list of options of maternal and newborn services.

"It's the right care, at the right time, in the right place. I think if we could move toward that kind of vision, it would mean that health care workers are working in their own facilities, but feel part of a larger team providing health care for the region and for women… feeling part of the larger whole. So that we are all working toward the same goal, which is providing excellence in maternity care across the region."

Key Informant, 2007

Guiding Principles

Maternal and newborn care is both vital and complex. The care pathway for mothers and their newborns is involved, linking with a range of health care providers, programs, and provincial ministries. The LHIN's planning approach acknowledges that addressing maternal and newborn services, no less than any other health sphere, requires a highly collaborative approach.

The collaborative and inclusive approach recognizes that maternal and newborn services are delivered in a wide variety of settings across our LHIN: First Nations, Urban, Rural, Anglophone, Allophone, Francophone, hospitals, or home births.

One of the opportunities for LHIN wide planning is to define needs and patterns that cross geographical boundaries to neighboring LHINs and move within our catchment area.

Integration implies wholeness.

Guiding principles in the planning work of the LHIN include acknowledging that the needs of a mother include considerations for her physical, emotional, spiritual, and health well being.

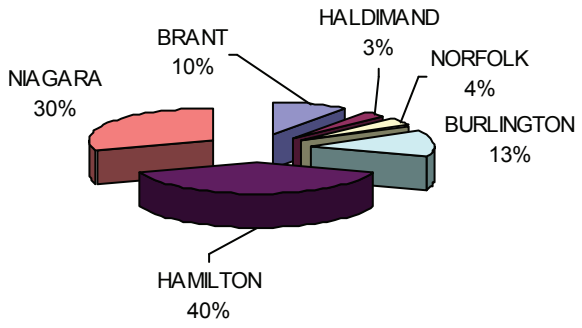
In short, the Maternal and Newborn Steering Committee and the Planning Team of the LHIN are committed to working towards enhancements and solutions for all women across the LHIN inclusive of marginalized women and women of diversity. One of the core goals of this planning work is to gain intelligence into the best possible solutions for all mothers and newborns adding to their health, happiness, and quality of life.

Just The Facts

The 2005 Census counted 698,280 women residing in the HNHB LHIN—53% of the total HNHB LHIN population!

Brantford: 67, 795	Burlington 89, 868
Haldimand and Norfolk: 56, 018	Hamilton: 263,204
Niagara: 221, 395	

Distribution of females aged 15-44 in Hamilton Niagara Haldimand Brant



Source: MOHLTC Population Health Planning Database

Contact Us

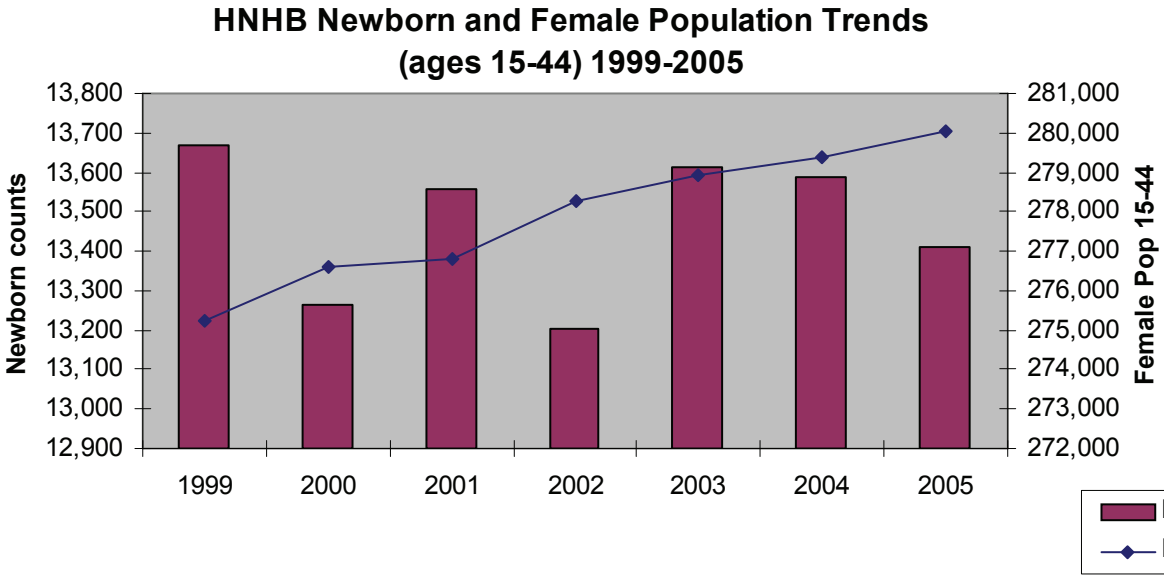
Telephone:
(905) 945-4930
1 (866) 363-5446

Address:
270 Main Street East
Units 1-6
Grimsby, ON L3M 1P8

Internet Access:
www.hnhblhin.on.ca

Quality Care in Community Hands

To receive maternity care project updates email:
leslie.cochran@lhins.on.ca
You will be added to the distribution list.



Source: MOHLTC Population Health Planning Database

The female population of child bearing age has increased in the Hamilton Niagara Haldimand Brant LHIN. The number of newborns in the HNHB LHIN appears less predictable, indicating the need for sustainable, quality and responsive maternity services.