

MCP²

Multidisciplinary
Collaborative Primary
Maternity Care Project

Projet de soins
primaires obstétricaux
concertés



FINAL REPORT

Baseline Consumer Focus Group Report:

Canadian Mothers Speak Out

Multidisciplinary Collaborative Primary

Maternity Care Project

December 8, 2004

*The Multidisciplinary Collaborative Primary Maternity Care Project
is a joint initiative of
Association of Women's Health, Obstetric and Neonatal Nurses (Canada);
Canadian Association of Midwives;
College of Family physicians of Canada,
The Society of Obstetricians and Gynaecologists of Canada;
and The Society of Rural Physicians of Canada.*

The information and data contained in this report are provided by Solugik Public Affairs in consultation with the MCPMCP Project Team. The analysis and conclusions presented do not necessarily reflect the views of the members of the MCPMCP or their partner associations.

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1. EXECUTIVE SUMMARY

The Multidisciplinary Collaborative Primary Maternity Care Project (MCPMCP) is a joint initiative of the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Association of Women's Health, Obstetric and Neonatal Nurses, Canada (AWHONN, Canada), the Canadian Association of Midwives (CAM), the College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC). The Canadian Nurses Association (CNA) has also joined the Executive Committee to support the issues and interests of nurses and nurse practitioners.

The overarching goal of MCPMCP is to reduce key barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity care services for all Canadian women.

This report documents the results of the baseline survey on the current level of knowledge and acceptance of multidisciplinary collaborative care of patients. This baseline survey is a key element of the tactical plan to meet the objective to *"promote with the public and maternity care providers the need for and benefits of collaborative maternity care"* as identified in the Table of Activities for this project.

Targeted participants included mothers who had given birth within the last year and/or who were pregnant at the time of the focus group. Particular attention was paid to ensuring that the mothers participating in the consumer focus groups represented a broad cross section of mothers across Canada including the criteria:

- Regional breakdown including urban/rural/remote communities;
- Socio-demographics (age, household income, etc.);
- Number of pregnancies;
- Type of care received.

It should be noted while efforts were made to ensure a broad representation of mothers, the focus group responses shed light on the attitudes and impressions of mothers in specific communities within Canada and do not necessarily represent a consensus opinion for the province or territory in which they reside.

Mothers were recruited through a variety of local sources including community health units, midwifery groups, family physicians, maternity support/information groups, and family resource centres.

Throughout the consumer focus groups, we discovered mothers who were enthusiastic about the process, were eager to participate and share their experiences and opinions, and were interested to learn more about other collaborative care concepts. It was clear from their responses and attitudes that mothers are concerned about their maternity care experiences and are willing to consider different approaches.

The most obvious conclusion from this consumer focus group survey is that regional variations play a significant role in a mother's maternity care experience, from availability of health care professionals, to their recent experience, to their responses to a communication tool.

Additionally, within each region, the urban/rural division also seems to play a major role in determining their experience and the accessibility of health care professionals. Rural mothers typically reported a less satisfying experience and less access to health care professionals.

Through these focus groups, mothers had the opportunity to speak out and elaborate on their needs and their wishes in regards to their pregnancy and the first months with their baby.

Following is the summary for each explored topic.

1) Description of Recent (and/or Actual) Maternity Care Experiences

“You don’t know much as a new mother. You don’t even know what questions to ask....”
Mother from Quebec

“Our family doctor was great. He took the time to explain to us what our options were and respected our decisions.”
Mother in Western/Northern Region

Generally speaking, mothers across all regions are satisfied by the maternity care that they received or are currently receiving. Specific issues with their level of care were identified, and many tend to reflect the urban/rural divide within the regions. Mothers in urban areas generally had a more positive experience than those in rural areas.

Across all focus group sessions, mothers were generally in contact with a minimum of three out of the five health professionals listed (nurse, nurse practitioner, midwife, family physician, OB/GYN). Family physicians were generally identified as the health professional mothers were most likely to be in contact with across Canada. Nurse practitioners and midwives were the only health professionals not cited in all regions. It should be noted that in some regions these health professionals are not available in all communities. The Atlantic region reported the least variety of health care professionals while Quebec has the most extensive list of health care professionals providing maternity care to mothers.

The main expressed dissatisfactions consisted of lack of information provided, limiting the sense of control and understanding of some mothers, the lack of psychological and emotional support, and the lack of choice of health care providers in certain areas.

2) Experiences with Maternity Care Providers

“I trust that my doctor will tell me everything I need to know.”
Mother from Quebec

“My nurse offered me reassurance and answered all of my silly questions.”
Mother from British Columbia

Across all regions, family physicians, nurses and OB/GYN are important health care professionals to mothers. Mothers specifically noted that having an OB/GYN available is important for complicated pregnancies.

Mothers identified family physicians and midwives as the most important health professionals for future pregnancies. In regions where midwives are available, they tended to be identified as most important with family physicians rating most important in areas without midwives.

Mothers in four of five regions are not familiar with the role of the nurse practitioners, and Atlantic mothers are not familiar with the role of midwives. Once again, the urban/rural split comes into play with rural mothers not being familiar with midwives in both Ontario and Quebec, primarily due to the fact that they were not available in their particular areas.

Across all regions, mothers generally noted that they wanted to be in contact with all available health professionals (note that in some regions and communities, all five health professionals are not available) during their maternity care, and most identified the provider that they were in contact with during their last pregnancy. Within each group, the responses were consistent with the answers provided to question 1.

From an established list of characteristics of maternity care, the most common first choice amongst mothers as the most important was choice of professional providers; however, it was not the overall majority response. The responses varied across all regions and even within regions leading one to conclude that this characteristic is most likely dependent upon the local health care circumstances and the individual's preferences.

3) Perception of Collaborative Care Concept

*"If it means that my baby and I have access to more care, I think it's a great idea.
Mothers in our community really need more options."*
Mother from Ontario

"The only way this can work is if all the people involved truly work as a team."
Mother from Atlantic Region

Mothers in all five regions were not familiar with the concept of collaborative practice, although some noted that they were treated by a number of health care professionals in community clinics, which was perceived as a form of collaboration.

All mothers agreed that collaborative care practices would be beneficial for a variety of reasons, and some did note some perceived disadvantages to such a concept.

4) Feedback on the Communication Tool

"This would have been incredibly useful during my first pregnancy!"
Mother from Western/Northern Region

Across all regions, mothers responded positively to this tool, provided constructive feedback and identified additional information that could be included.

2. INTRODUCTION

The Multidisciplinary Collaborative Primary Maternity Care Project (MCPMCP) is a joint initiative of the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Association of Women's Health, Obstetric and Neonatal Nurses, Canada (AWHONN, Canada), the Canadian Association of Midwives (CAM), the College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC). The Canadian Nurses Association (CNA) has also joined the Executive Committee to support the issues and interests of nurses and nurse practitioners.

The overarching goal of MCPMCP is to reduce key barriers and facilitate the implementation of national multidisciplinary collaborative primary maternity care strategies as a means of increasing the availability and quality of maternity care services for all Canadian women.

This report documents the results of the baseline survey on the current level of knowledge and acceptance of multidisciplinary collaborative care of mothers. This baseline survey is a key element of the tactical plan to meet the objective to *“promote with the public and maternity care providers the need for and benefits of collaborative maternity care”* as identified in the Table of Activities for MCPMCP.

The MCPMCP Project felt it was necessary not only to consult professionals who work in maternity care or related fields but also to consult the consumer – mothers. This important focus will assist the MCPMCP's partners in achieving the overall goal of the project by keeping the consumer's focus throughout the various steps of the initiative.

Through the focus groups, mothers had the opportunity to share their thoughts and discuss their needs with regard to their pregnancy and the first few months with their baby. Quotes from mothers who participated in the focus groups can be found in Appendix D.

The objective of the Consumer Focus Group Report is to establish a baseline on four elements:

- To better understand current maternity care experiences of consumers (mothers);
- To better understand consumers' experiences with maternity care providers;
- To obtain the consumers' perception of collaborative care;
 - To obtain feedback on a draft communication tool to be used to disseminate information about collaborative maternity care.

A second round of focus groups will take place in 12 months with the following objectives:

- To compare knowledge and perception following a series of activities of the project;
- To validate and complete the information obtained in the baseline survey;
- To validate tools used to disseminate information about collaborative maternity care practices.

As part of the consumer focus group work, a series of eleven focus groups was undertaken in the five regions of Canada, with the objective to better understand mothers' satisfaction with the current services offered to them and their perceptions regarding collaborative care. A more detailed explanation of the methodology used can be found in the next section.

Solugik Public Affairs was mandated by the Executive Committee of the project to organize the focus groups and complete the report.

In preparing this report, we have organized the responses from the consumer focus groups into four sections in Section 5.0:

- Description of Recent Maternity Care Experiences
- Experiences with Maternity Care Providers
- Perception of Collaborative Care Concept
- Feedback on Draft Communication Tool

Within each section, the report includes a listing of the specific questions that were asked, an overview of the comments from each session and the specific responses from the focus group participants using a table format for ease of presentation and review.

3. METHODOLOGY

In conducting these consumer focus groups, Solugik Public Affairs employed the following methodology:

- a) A Focus Group Interview Outline was prepared, feedback was provided by the MCPMCP Executive Committee, and final approval was provided by the project managers. A copy of the Focus Group Interview Outline can be found in Appendix C.
- b) The MCPMCP Project defined five regions to be surveyed:
 - British Columbia
 - Western/Northern¹
 - Ontario
 - Quebec
 - Atlantic²
- c) In order to ensure an appropriate distribution between urban/rural/remote communities, the following locations were chosen for the focus groups:

Region	Urban Setting	Rural Setting	Remote Area
British Columbia	Vancouver	Nelson	
Western/Northern	Edmonton, AB	Red Deer, AB	Whitehorse, YK
Ontario	Kingston	Pembroke	
Quebec	Montreal	Beloeil	
Atlantic	Sydney, NS	Inverness, NS	

Communities were identified by the project managers based on the input of the partners and their knowledge of activities in different communities.

- d) Targeted participants included mothers:
 - Who had given birth within the last year and/or
 - Who were pregnant at the time of the focus group

A total of 126 mothers participated in the focus groups.

- e) Invitations to mothers were made through a variety of local contacts including:
 - Community Health Units
 - Midwifery groups
 - Family physicians
 - Maternity support/information groups
 - Family Resource Centres
 - Community nurses

1 Includes: Alberta, Manitoba, Northwest Territories, Saskatchewan, Yukon, Nunavut

2 Includes: New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island

Special emphasis was made to invite mothers from various socio-demographic backgrounds and household income, mothers who used a range of health care professionals and mothers having their first or additional children.

Local contacts facilitated the recruitment of participants. Whenever possible, at least two (or more) contacts from different health care fields recruited participants in accordance with the profile developed by Solugik Public Affairs and approved by the project management team.

- f) All mothers participating in the consumer focus groups were asked to complete a questionnaire to provide demographic information as well as responses to a number of questions about their maternity care experiences.
- g) Mothers received a \$60 honorarium to participate.
- h) In order to ensure a consistency in all of the consumer focus group sessions, each facilitator received a specific briefing with respect to the objectives of the project, the objectives of the focus group and the tools to be used during the focus group. Detailed notes were taken during each session and the groups were audio-recorded.
- i) The consumer focus groups were conducted in October and November 2004.

4. QUESTIONNAIRE RESPONSES

As noted earlier, all mothers participating in the consumer focus groups were asked to complete a written questionnaire (see Appendix B) at the beginning of each focus group, which contains demographic information about the mothers and their responses to a range of questions related to their maternity experience.

The basic demographic information (age, household income, citizenship, number of pregnancies) is included in a table illustrating the responses by region and the urban/rural responses within the region.

The responses to the remaining four questions in the questionnaire have been documented by focus group session with a short description of the session, how participants were recruited and a short summary of the responses to each question.

4.1 Demographic Information

As the chart below illustrates, in addition to ensuring a regional balance of participants for the consumer focus groups, within each region, a good cross section of participants was recruited from across the different categories including age³, annual income, urban/rural/remote and number of pregnancies. The one exception is within the citizenship status category where the vast majority of participants identified themselves as Canadian citizens.

	British Columbia		Western/Northern			Ontario		Quebec		Atlantic		Total
	Urban	Rural	Urban	Rural	Remote	Urban	Rural	Urban	Rural	Urban	Rural	
No. of Participants	10	12	13	9	14	12	21	8	11	11	5	126
Age												
0 - 18	2	1	-	-	1	-	1	-	-	1	2	8
19 - 24	3	5	-	-	-	1	11	-	-	7	3	30
25 - 34	3	4	8	5	9	8	9	5	9	3	-	63
35 - 45	2	1	5	4	4	2	1	3	2	-	-	24
45 +	-	-	-	-	-	-	-	-	-	-	-	-
No Answer	-	1	-	-	-	1	-	-	-	-	-	2
Annual Income												
\$0 - \$34,999	9	7	-	1	1	3	16	2	1	11	5	56
\$35,000 - \$54,999	-	3	4	3	3	2	5	2	2	-	-	24
\$55,000 - \$74,999	-	-	6	2	5	4	-	2	4	-	-	23
\$75,000 +	-	-	3	3	5	2	-	2	4	-	-	19
Not Answered	1	2	-	-	-	1	1	-	-	-	-	5
Status												
Canadian	10	11	12	8	14	11	21	8	11	11	5	122
Landed Immigrant	-	-	1	1	-	-	-	-	-	-	-	2
Student/Work Visa	-	-	-	-	-	-	-	-	-	-	-	-
Refugee	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Not Answered	-	1	-	-	-	1	-	-	-	-	-	2

³ The age of participant reflects the trend of Canadian moms getting older, as reported in “Giving Birth in Canada – Providers of Maternity and Infant Care”, Canadian Institute for Health Information, 2004, p.5.

	British Columbia		Western/Northern			Ontario		Quebec		Atlantic		Totals
	Urban	Rural	Urban	Rural	Remote	Urban	Rural	Urban	Rural	Urban	Rural	
No. of Pregnancies												
1	4	5	3	4	6	5	5	3	3	2	1	41
2	2	3	6	3	8	3	7	4	4	7	2	49
3	1	2	2	1	-	1	3	1	2	2	1	16
4	1	-	1	-	-	2	3	-	-	-	-	7
5 or more	2	1	1	1	-	0	4	-	2	-	-	11
Not Answered	-	1	-	-	-	1	-	-	-	-	-	2
Received Information About Health Care Providers												
Yes	5	5	9	6	3	9	15	3	3	1	3	62
No	2	5	4	3	8	3	7	5	4	7	1	49
Don't Remember	1	1	-	-	-	-	-	-	4	3	1	10
Not Answered	2	1	-	-	3	-	-	-	-	-	-	6

4.2 Local Focus Group Description

4.2.1 Region: British Columbia

Nelson (Rural)

Participants for the Nelson focus group session were recruited through community midwives and the District Women's Centre.

Mothers in this focus group identified all five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by nurses in all three stages, followed by midwives and family physicians. Only one mother reported care from a nurse practitioner.

Note: All mothers were not necessarily treated by all five professionals.

Half of the mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with midwives rating the highest followed by family physicians. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Midwives were identified as the most important health care professional for future pregnancies.

Mothers identified the choice of professional provider as the most important characteristic of maternity care followed by accessing immediate care, consistency and access to services in close proximity to home.

Vancouver (Urban)

Participants for the Vancouver focus group were recruited by the Sheway Centre. All participants had visited the Sheway Centre for maternity care and some had substance abuse problems. The Sheway Centre is located in a lower income neighbourhood.

Mothers in this focus group identified all five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by nurses in all three stages.

Note: All mothers were not necessarily treated by all five professionals.

Half of the mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with nurses rating the highest, followed by family physicians and OB/GYN (tied) and midwives/nurse practitioners (tied). Mothers consistently identified the health care

professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Family physicians and nurses tied as the most important health care professional for future pregnancies with nurse practitioners/midwives/ OB/GYN following.

Mothers identified all related professionals having access to medical history as the most important, followed closely by accessing immediate care, consistency and choice of professional provider.

4.2.2 Region: Western/Northern

Red Deer (Rural)

Participants for the Red Deer focus group session were recruited through the David Thompson Health Region.

Mothers in this focus group identified four of the five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by midwives in all three stages. Nurse practitioners were not identified.

Note: All mothers were not necessarily treated by all four professionals.

Most mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with four of the five health care professionals (nurse practitioners were not identified) with midwives overwhelmingly rated the highest. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Midwives were identified as the most important health care professional for future pregnancies.

Mothers identified the choice of professional provider and consistency as the most important characteristics of maternity care followed by accessing immediate care and home visits.

Edmonton (Urban)

Participants for the Edmonton focus group session were recruited mostly through the Association for Safe Alternatives in Childbirth. Participants in this session were well-informed women who joined an association to encourage alternatives to the technological approach.

Mothers in this focus group identified four of the five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by midwives in all three stages. Nurse practitioners were not identified.

Note: All mothers were not necessarily treated by all four professionals.

Most of the mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with four of the five health care professionals (nurse practitioners were not identified) with midwives overwhelmingly rated the highest. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Midwives were identified as the most important health care professional for future pregnancies.

Mothers identified the choice of professional provider as the most important characteristic of maternity care, followed by consistency, receiving immediate care and all related professionals having access to medical history.

Whitehorse (Remote)

Participants for the Whitehorse focus group session were recruited through two nurses contacts within three remote communities, where mothers from Watson Lake and Dawson City participated by teleconference.

Mothers in this focus group identified all five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by family physicians and nurses in all three stages.

Note: All mothers were not necessarily treated by all five professionals.

Few mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with family physicians rated the highest, followed by nurses. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with. Family physicians and nurses were identified as the most important health care professional for future pregnancies.

Mothers identified receiving immediate care as the most important characteristic of maternity care, followed by home visits, consistency and all related professionals having access to medical records (tied).

4.2.3 Region: Ontario

Pembroke (rural)

Participants for the Pembroke focus group session were recruited through a prenatal and nutrition group. The participants included women with lower incomes, a number of younger mothers (age 19-24), and most on social assistance.

Mothers in this focus group identified all five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by family physicians in all three stages. Nurses and OB/GYN were also identified significantly in all three stages. Only a small number of mothers had access to the services of a midwife or a nurse practitioner. A small number of mothers in this focus group also reported being in contact with a dietician and a doula.

Note: All mothers were not necessarily treated by all five professionals.

Most mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with family physicians rated the highest, followed by OB/GYN. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Family physicians and OB/GYN were identified as the most important health care professional for future pregnancies.

Mothers identified accessing immediate care and access to services in close proximity to home (tied) as the most important characteristic of maternity care followed by choice of professional provider, consistency and all related professionals having access to medical records (tied).

Kingston (urban)

Participants for the Kingston focus group session were recruited through a childbirth education centre, community midwives and the public health unit.

Mothers in this focus group identified all five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by family physicians and OB/GYN in all three stages.

Note: All mothers were not necessarily treated by all five professionals.

Most mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with family physicians and OB/GYN rated the highest. Mothers consistently identified the health care professional that had been involved with them for their most recent

pregnancy as being the health care professional that they most wanted to have contact with. Of note is that midwives were also rated highly for future pregnancies.

Family physicians and OB/GYN were identified as the most important health care professional for future pregnancies with important references to midwives.

Mothers identified consistency as the most important characteristic, followed by accessing immediate care, access to services in close proximity to home, and choice of professional provider.

4.2.4 Region: Quebec

Beloil (rural)

Participants for the Beloil focus group session were recruited through *Centre le Berceau*, a Perinatal Centre.

Mothers in this focus group identified four of five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by midwives and nurses in all three stages. Nurse practitioners were not identified.

Note: All mothers were not necessarily treated by all four professionals.

Few mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with midwives and family physicians rated the highest. Mothers somewhat consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with, with the exception of a switch from nurses to family physicians.

Midwives and family physicians were identified as the most important health care professional for future pregnancies.

Mothers identified choice of professional provider and consistency (tied) as the most important characteristic of maternity care, followed by access to services in close proximity and accessing immediate care (tied) and all related professionals having access to medical history.

Montreal (urban)

Participants for the Montreal focus group session were recruited through *Centre Alternative naissance*.

Mothers in this focus group identified all five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by midwives in all three stages.

Note: All mothers were not necessarily treated by all five professionals.

Few mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with three of the five health care professionals with midwives rated the highest. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Midwives were identified as the most important health care professional for future pregnancies.

Mothers identified consistency and receiving immediate care (tied) as the most important characteristic of maternity care, followed by choice of professional provider, access to service in close proximity to home and all related professionals having access to medical records.

4.2.5 Region: Atlantic

Inverness (rural)

Participants for the Inverness focus group session were recruited through Inverness Family Health Centre and Family Place Resource Centre Outreach Office.

Mothers in this focus group identified four of five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by family physicians in all three stages. Nurse practitioners were not identified.

Note: All mothers were not necessarily treated by all four professionals.

Half of the mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

For future pregnancies, mothers identified that they would like to be in contact with all five health care professionals with family physicians rated the highest. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Family physicians were identified as the most important health care professional for future pregnancies.

Mothers identified access to immediate care as the most important characteristic of maternity care, followed by access to services in close proximity, all related professionals having access to medical history and consistency.

Sydney (urban)

Participants for the Sydney focus group session were recruited through Cape Breton Family Place Resource Centre.

Mothers in this focus group identified four of five health care professionals in the three stages of their pregnancies with a high percentage of the mothers being treated by family physicians in all three stages. Midwives were not identified.

Note: All mothers were not necessarily treated by all four professionals.

For future pregnancies, mothers identified that they would like to be in contact with four of five health care professionals with family physicians rated the highest. Midwives were not identified. Mothers consistently identified the health care professional that had been involved with them for their most recent pregnancy as being the health care professional that they most wanted to have contact with.

Very few mothers stated that during their initial visit as a mother to their health care provider, they had received information on the potential roles of different health care providers during their latest pregnancy.

Family physicians were identified as the most important health care professional for future pregnancies.

Mothers identified access to services in close proximity as the most important characteristic of maternity care, followed by receiving immediate care, consistency and choice of professional provider/all related professionals having access to medical history (tied).

5. CONSUMER FOCUS GROUP RESULTS

In reporting the results of the consumer focus groups, we have broken the results down into four sections:

- Description of Recent Maternity Care Experiences
- Experience with Maternity Care Providers
- Perception of Collaborative Care Concept
- Feedback on Draft Communication Tool

Within each of these sections, we have included an overview of the responses, the specific questions that were asked and the responses from the participants in a chart format for ease of review and comparison.

5.1 Recent Maternity Care Experiences

“You don’t know much as a new mother. You don’t even know what questions to ask....”
Mother from Quebec

“Our family doctor was great. He took the time to explain to us what our options were and respected our decisions.”
Mother from Western/Northern Region

The following questions were discussed with the focus group participants:

1. In the questionnaire you filled out earlier, you indicated what type of professional you saw during your pregnancy. Please tell us which professionals provided you with maternity care, and your level of satisfaction with the care you received.

For the purpose of the analysis, the second part of the question has been split out.

2. Please tell us what you feel were your greatest needs as an expectant mother.
3. Please tell us what you feel were your greatest needs during the first months with your baby.
4. Do you feel the care you received met your needs and why?
5. If you could change anything about the care you received (or are currently receiving), what would it be and why?

5.1.1 Overview of Focus Group Responses

- On the question of health care professionals that provided maternity care, all mothers reported being cared for by physicians and OB/GYN. Four of the five regions

reported being cared for by nurses and midwives. Mothers in Quebec were cared for by the greatest variety of health care professionals with the Atlantic region reporting the fewest.

- Generally, mothers indicated that they were satisfied with the care that they received. In particular, those mothers with experience with a midwife reported a very high level of satisfaction as well as those attended to by an OB/GYN. Once again, differences were reported by setting with mothers in rural settings tending to express more challenges than those in urban settings.
- The greatest needs identified by expectant mothers were fairly consistent across Canada with the most common responses (in order of importance) including more information, support, rest/more sleep, and more time with physician to ask questions. Other responses included help with personal care and domestic chores, more personal attention from health care professionals, and nutrition information.
- The greatest needs identified by mothers during the first months with their baby were also quite consistent including (in order of importance) support (all forms), breastfeeding assistance, information, sleep/rest, and nutrition information. Other responses included follow-up by health care professionals, assistance with domestic chores, and support groups to teach parenting skills.
- Once again, mothers generally felt that the care they received met their needs but expressed some frustrations with their experience. For example, in Ontario, the urban mothers had a more positive experience than the rural mothers. This was not strongly identified in the other regions.
- As might be expected, recommended changes about their care reflected the needs they identified.

5.1.2 Summary of Responses

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
<p>Please tell us which professionals provided you with maternity care.</p> <p><i>Note: The responses were from an “open” question and therefore present the terminology used by participants, not necessarily the terminology used by providers.</i></p>	Midwives Physicians OB/GYN Registered Nurses	Midwives Physicians General Practitioners OB/GYN Nurse Practitioners Nurses	Midwives Physicians General Practitioners OB/GYN Public Nurses Doula	Midwives Physicians OB/GYN Nutritionists Homeopaths Endocrinologist Coaches	Physicians OB/GYN Nurses
<p>Please tell us your level of satisfaction with the care you received.</p>	Satisfied	Generally satisfied High satisfaction with midwives	Not satisfied with physician or hospital nurses (rural) Very satisfied with midwives and OB/GYN	Generally satisfied Mothers expressed a high satisfaction rate with midwives	Generally satisfied

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
<p>Please tell us what you feel were your greatest needs as an expectant mother.</p>	<ul style="list-style-type: none"> - To be listened to by health care provider - Answer questions - More sleep - Help with older children - Ability to afford and provide good food - Peer support - Affordable housing 	<ul style="list-style-type: none"> - Confidence in normality of birth - Reassurance - Personal care - Coaching - Support - Privacy - Personal attention from professionals - Understand the roles of each provider - Information and knowledge to make better choices - Feeling part of team with doctor - Respect of my opinions - Physician open to alternatives - Attitude and atmosphere - Feeling in control 	<ul style="list-style-type: none"> - Rest - Parent relief - Support and reassurance - More information about pregnancy - More information about mother's rights - Prenatal classes - Better information on patients - Available, competent doctors and nurses - Emotional support - Someone who listens - Health care professionals need to know name of their patients 	<ul style="list-style-type: none"> - Emotional support - Education to understand what was happening to their bodies - Consistency of care with their health care professionals (bond of trust) - Information to prepare mothers for giving birth - Understanding the delivery options - Important decisions made without mother's participation 	<ul style="list-style-type: none"> - Access to physician - Access to information - Opportunity to ask questions of physician - Support from the community - Sleep - Prenatal classes

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
<p>Please tell us what you feel were your greatest needs during the first months with your baby.</p>	<ul style="list-style-type: none"> - Sleep - Other children for babies to play with - Medical support for children - Support groups - Help with domestic duties - Patience - Support groups to teach how to be good parents - Easily accessible information - Breastfeeding support - Support groups for fathers - Fitness classes - Transportation - Nutritious meals 	<ul style="list-style-type: none"> - Sleep/rest - Support with breast feeding - House visits of experienced person - Emotional support to help post-partum depression - Post-partum care if needed - Being left alone if desired - Support from partner - Help with domestic duties - Nutritional support 	<ul style="list-style-type: none"> - Information - Support - Consistency of post-delivery care - Breastfeeding support - Support to avoid the feelings of isolation - Attention paid to mother, not just baby 	<ul style="list-style-type: none"> - Breastfeeding support - Follow-up in the first week at home - Moral support - Monetary concerns (insufficient or non-existent maternity benefits for self-employed workers) 	<ul style="list-style-type: none"> - Assistance with breaks - Support with childcare - Support, advice and information from maternity care professionals - Follow-ups by health care professionals
<p>Do you feel the care you received met your needs and why?</p>	<p>Yes</p>	<p>Yes, particularly those who worked with midwives</p> <p>Some noted issues with hospitals (lacking help for breastfeeding, continuity of care and changing of nurses every 8 hours)</p>	<p>Lots of support from family physician</p> <p>Some felt constantly judged by doctor with pressure from Children's Aid Services</p>	<p>Yes in the urban areas.</p> <p>No in the rural areas</p>	<p>Yes, but frustration with being rushed in appointments and dissatisfaction with nursing care at hospital</p>

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
<p>If you could change anything about the care you received (or are currently receiving), what would it be and why?</p>	<ul style="list-style-type: none"> - More information about delivery options - Medical staff to be more supportive - Midwives should limit the number of patients they treat to provide consistent care (fear of midwife being too tired or unavailable to attend birth) - Too much focus on weight gain - Improved nutrition information - Birthing centres should employ doctors and midwives together - Hospital nurses to be less judgmental towards new mothers 	<ul style="list-style-type: none"> - Fully funded midwifery services (Alberta) - Longer care - Networking between professionals - Amount of paperwork at admission - All services working together - Health link line - Physicians should read info they receive - Treat pregnancy as whole body and life experience - Alternative medicine and supplements to be fully funded - Midwife and doctor to work as a team - Untie hands of midwives in hospital setting 	<ul style="list-style-type: none"> - Would like to try to midwife option - More time spent with high risk mothers by OB/GYN - More informative maternity care - A hospital that can take care of all maternity matters and not need to be transferred - Staying with same family physician throughout for consistency - A system that makes women feel important when pregnant - More labour options - Nutrition program - Physicians should be evaluated on constant basis 	<ul style="list-style-type: none"> - End to rushed appointments, insufficient information, lack of open-mindedness and lack of listening from health care professionals - Midwives need ability to sign protective reassignment forms - Hospital protocol practices 	<ul style="list-style-type: none"> - More time for consultations with physician - More nursing staff in maternity ward - More information

5.2 Maternity Care Providers

“I trust that my doctor will tell me everything I need to know.”
Mother from Quebec

“My nurse offered me reassurance and answered all of my silly questions.”
Mother from British Columbia

Focus group participants were asked the following question.

Please tell us if you believe it is important to be in contact with these categories of professionals when receiving maternity care and why?

- a. Family physician
- b. Nurse
- c. Nurse practitioner
- d. Midwife
- e. Obstetrician/Gynaecologist (OB/GYN)

5.2.1 Overview of Focus Group Responses

In this area, the responses from across all regions point to some unanimous conclusions:

- Family physicians and nurses are important health care professionals to mothers, although their individual experiences are not always positive.
- Mothers in four of five regions were not familiar with the role of the nurse practitioner. In the Western/Northern region where mothers were familiar with nurse practitioners, they were felt to be important.
- Where available and familiar, midwives are an important part of the maternity experience, particularly noted in British Columbia and Western/Northern regions. There appears to be some inconsistency between the rural and urban settings as Ontario and Quebec mothers in urban settings were in support of midwives, while those in rural settings did not have access to midwives. Atlantic mothers say they do not have the benefit of access to midwives.
- Mothers in all regions indicated that OB/GYN were important health care providers when involved in a complicated pregnancy.

5.2.2 Focus Group Responses

Provider	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
Family Physician	<p>Yes</p> <ul style="list-style-type: none"> - Important for consistency and post-natal follow-up and care - Those using midwives thought it important to have physician available if needed 	<p>Yes</p> <ul style="list-style-type: none"> - To a lesser degree than other regions - Mothers seem to like having the stability of a family physician, however, also turn to other health care professionals 	<p>Yes</p> <ul style="list-style-type: none"> - Family physician knows medical history - Family physician knows you 	<p>Yes</p> <ul style="list-style-type: none"> - Bond of trust already exists due to history with family physician 	<p>Yes</p> <ul style="list-style-type: none"> - Important for family physician to have complete record - Makes mothers more comfortable to deal with their family physician
Nurse	<p>Yes</p> <ul style="list-style-type: none"> - Nurses play an important role in the hospital - Answer questions when physicians are busy - Post-partum home visits were important - Noted inconsistency of nursing support 	<p>Yes</p> <ul style="list-style-type: none"> - Nurses generally associated with hospital stay - Lots of concerns expressed regarding the care/support from nurses 	<p>Yes</p> <ul style="list-style-type: none"> - Nurses generally associated with hospital stay - Nurses have a role at home post-delivery 	<p>Yes</p> <ul style="list-style-type: none"> - Nurses generally associated with hospital stay 	<p>Yes</p> <ul style="list-style-type: none"> - Nurses most associated with hospital delivery role - Nurses have a role at home post-delivery
Nurse Practitioner	<p>Mothers were unclear about the role of a nurse practitioner</p>	<p>Yes</p> <ul style="list-style-type: none"> - Mothers were clearly aware of nurse practitioners in this region and were supportive 	<p>Mothers were unclear about the role of a nurse practitioner</p>	<p>Participants state that nurse practitioners do not exist in Quebec</p>	<p>Mothers were unclear about the role of a nurse practitioner</p>

Provider	British Columbia	Western/Northern	Ontario	Québec	Atlantic
Midwife	<p>Yes</p> <ul style="list-style-type: none"> - All mothers utilizing the services of a midwife were very happy 	<p>Yes</p> <ul style="list-style-type: none"> - Very positive comments about midwives 	<p>No</p> <ul style="list-style-type: none"> - Positive comments about midwives, however, clearly need more information about the role of midwives 	<p>Yes (when they have access to the services of midwives)</p> <ul style="list-style-type: none"> - In urban areas, mothers who had access to midwives were pleased with experience - Rural areas report that no midwifery services are available 	<p>Most mothers were not aware of the presence of midwives in the region</p>
OB/GYN	<p>Yes</p> <ul style="list-style-type: none"> - Needed if there are complications 	<p>Yes</p> <ul style="list-style-type: none"> - Needed if there are complications 	<p>Yes</p> <ul style="list-style-type: none"> - Needed if there are complications 	<p>Yes</p> <ul style="list-style-type: none"> - Needed if there are complications 	<p>Yes</p> <ul style="list-style-type: none"> - Needed if there are complications

5.3 Collaborative Care Concept

“If it means that my baby and I have access to more care, I think it’s a great idea. Mothers in our community really need more options.”
Mother from Ontario

“The only way this can work is if all the people involved truly work as a team.”
Mother from Atlantic Region

Following the presentation of a short description of the collaborative care concept, mothers were asked the questions found below:

A collaborative maternity care model enables a mother to receive care from different health care providers who work as a team.

The mother will commonly be in contact with such different types of care providers as physicians, midwives, nurses, nurse practitioners and OB/GYN.

1. Have you ever heard of this type of model?
2. Have you received care from professionals working within this type of model? If so, please describe your experience.
3. What do you think are (or would be) the advantages of this type of maternity care?
4. What do you think are (or would be) the disadvantages of this type of maternity care?

For the analysis of the responses, a table has been prepared which details the responses to each of the four questions above.

5.3.1 Overview of Focus Group Responses

- The majority of mothers from the five regions are not familiar with the concept of collaborative maternity care.
- Some mothers felt that they had received care in a somewhat collaborative way (family physicians – nurses working together, family physicians – coaches working together, etc.); however, none had experienced the concept of collaborative maternity care.

- Mothers were generally supportive of the concept across all regions. Continuity of care and overall better quality care were most commonly cited as the advantages of such a concept. Other advantages cited by mothers (in no particular order) included:
 - Provides a broad range of expertise;
 - Services are provided faster;
 - Fosters respect for different health care providers;
 - Would result in less unanswered questions;
 - More personal care; and
 - Better sharing of information.

- Mothers were open to ideas that would enable them to access more information and better/more complete care.

- Mothers noted a few possible disadvantages with the most common being the possibility of having no primary caregiver. Other disadvantages (in no particular order) included:
 - The possibility of over billing by the team;
 - The potential for one team member to negatively influence the attitudes of other team members;
 - Possible lack of accountability as no one wanting to take responsibility;
 - Uncertainty over who would be delivering the baby; and
 - Concept not seen as conducive to developing relationship with family physician.

5.3.2 Focus Group Responses

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
Have you ever heard of this type of model?	<ul style="list-style-type: none"> - Mothers in Nelson were familiar - Mothers in Vancouver were not familiar 	<ul style="list-style-type: none"> - Small number of mothers had - Majority had not - Mothers from the Yukon felt like many of the services they were receiving seemed like collaboration amongst health care professionals 	<ul style="list-style-type: none"> - The majority of mothers had not heard of this concept - Some felt there was collaboration between midwives and OB/GYN as they consulted each other 	<ul style="list-style-type: none"> - None of the mothers were aware of this concept 	<ul style="list-style-type: none"> - None of the mothers were aware of this concept
Have you received care from professionals working within this type of model? If so, please describe your experience.	<ul style="list-style-type: none"> - Mothers in Nelson felt they were part of a collaborative team of physicians, midwives, nurses and OB/GYNs - The mothers felt the 'team' worked well together and provided seamless care 	<ul style="list-style-type: none"> - Majority have not received care in this way - Mothers who had liked the continuity of service - Mothers liked the fact that they did not rely on an individual but rather a team 	<ul style="list-style-type: none"> - No experience with the concept 	<ul style="list-style-type: none"> - No experience with concept - Mothers did relate to the doctor-nurse team and the coach's role in supporting the mother through birth 	<ul style="list-style-type: none"> - No experience with concept - Mothers felt the structure at a family clinic was most similar

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
<p>What do you think are (or would be) the advantages of this type of maternity care?</p>	<ul style="list-style-type: none"> - All team members have understanding of the care each provides - Care is more 'health' oriented versus medically-oriented - Mothers are familiar with all caregivers - Provides a broad range of expertise, less chance of things getting missed and more options for care - Only have to tell story to one person - Services are provided faster - Services available all at one location 	<ul style="list-style-type: none"> - Mothers who had no experience with this model did not express an opinion - Mothers who did like the continuity of care, less expensive for health care system, more respectful, offers better information 	<ul style="list-style-type: none"> - All health care practitioners (i.e. doulas) would be welcomed rather shunned - Would foster respect for expertise - Cut down on time wasted and having to repeat things - Would provide more peace of mind for mothers - More organized system, better care and services - More personal and effective care - Less unanswered questions - Better diagnosis 	<ul style="list-style-type: none"> - Opportunity for second opinions, particularly in situations when you need to act quickly (i.e. caesarean section) - Working together allows team to consult - Combining the specialists doubles the chances of responding to the mother's need more adequately - Combining physical and mental knowledge could reduce hospital costs (statistics indicate that having moral support drastically reduces caesarean sections & depression) 	<ul style="list-style-type: none"> - Better quality care - Sharing of information as a team - Better distribution of the workload in a team - More time with care givers
<p>What do you think are (or would be) the disadvantages of this type of maternity care?</p>	<ul style="list-style-type: none"> - One team member can influence the attitudes of the rest of the team towards a mother - Potential to "over medicalise" maternity care - Many caregivers and no primary caregiver to establish a relationship with 	<ul style="list-style-type: none"> - Would require a huge shift of mentality - Would be difficult to find a central location to suit everyone 	<ul style="list-style-type: none"> - Potentially less chance of a second opinion if diagnosis has already been made - Possibility of over billing - Limits the opportunity to have only one caregiver - Communication between team members could be an issue – some interpret things in different ways 	<ul style="list-style-type: none"> - Lack of accountability if too many professionals are involved – no one wants to be accountable 	<ul style="list-style-type: none"> - Model is not seen as conducive to establishing relationship with physicians - Uncertainty who would be delivering the baby was noted as a possible source of anxiety

5.4 Feedback on the Communication Tool

“This would have been incredibly useful during my first pregnancy!”
Mother from Western/Northern Region

The mothers participating in the focus groups were presented with a short introduction text and then were asked the following questions related to the communication tool.

We have developed this tool to explain the concept of collaborative maternity care to expectant mothers. This is a leaflet that we think will help better explain and promote collaborative maternity care. Your feedback will be useful in developing the tool, which will be used in a cross-Canada campaign.

1. Let’s first talk about the design – the look of the leaflet
 - i. Do you think it is appealing?
 - ii. What do you like about it? (colours, pictograms, etc.)
 - iii. What do you not like about it? (colours, pictograms, etc.)

2. Now, let’s talk about the content
 - i. Did you learn anything from reading the leaflet?
 - ii. Do you think it would be useful for expecting mothers?
 - iii. Is there any additional information you think should be on this leaflet?

5.4.1 Overview of Focus Group Responses

- Generally, the tool was well-received and found to be helpful to all mothers. In particular, those who had already been through a pregnancy thought the information would be most helpful to first-time mothers.

- The tool also exposed mothers in some groups to other care options such as midwives in the Atlantic and the role of nurse practitioners in the Western/Northern region.

- Overwhelmingly, all mothers wanted local contact information, websites and toll-free numbers to contact for additional information.

- What is clear from the feedback is that any type of pamphlet should be regional in nature at this time given the different experiences and availability of health care professionals in each region. This allows for local information, and addresses local sensitivities and availability of health care professionals at the local level.

5.4.2 Focus Group Responses

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
Do you think it is appealing?	<ul style="list-style-type: none"> - The results were somewhat evenly split - Many thought it was a good tool - Some thought it was too conservative/old fashioned and reminded them of 1950s style - Some thought it should be more multicultural 	<ul style="list-style-type: none"> - Yes 	<ul style="list-style-type: none"> - Yes 	<ul style="list-style-type: none"> Yes – simple and pleasant to look at 	<ul style="list-style-type: none"> - Yes - All mothers liked the design and layout - The tool clarified the role of maternity care providers - Attitude of document speaks of mother's ability to chose the right healthcare
What do you like about it? (colours, pictograms, etc.)	<ul style="list-style-type: none"> - Colours were good - Easy to read 	<ul style="list-style-type: none"> - Good choice of colours and pictures - Nice layout - Lots of information but not overwhelming 	<ul style="list-style-type: none"> - Nice colours and drawings - Not too much colour - Cartoons make it interesting - Like the visual 'who does what' rather than simply words 	<ul style="list-style-type: none"> - Soft colours and pictures received a positive response - Booklet format was good - Type is good 	<ul style="list-style-type: none"> - No specific comments on colours, etc.

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
What do you not like about it? (colours, pictograms, etc.)	<ul style="list-style-type: none"> - Maybe should use real people instead of cartoons - Images are too conservative - Too much emphasis on hospital birth and 'preachy tone' - Focused too much on the medical model of birthing - Description of physician's role was too business-like 	<ul style="list-style-type: none"> - Pictures very clinical - Remove the stork - Prefer point form style - Mother looks obese - Doesn't speak to different cultures - Thought leaflet was 'very left wing' 	<ul style="list-style-type: none"> - Remove the stork as it is misleading, particularly if younger children read - Too much to read on the first page 	<ul style="list-style-type: none"> - Impression that medical side is preferred – no pictures of midwives or coaches - No men in the pamphlet - Colours are too 'Easter-like' – why do women = pastels? - Characters appeared miserable – should be smiling - Character's clothing reminded them of hospital wear (green) 	<ul style="list-style-type: none"> - No specific comments
Did you learn anything from reading the leaflet?	<ul style="list-style-type: none"> - Yes - The role of the nurse practitioner was new 	<ul style="list-style-type: none"> - Yes - Learned more about nurse practitioner role 	<ul style="list-style-type: none"> - Yes, although no specifics reported 	<ul style="list-style-type: none"> - Nothing specific – well informed group 	<ul style="list-style-type: none"> - Yes - The role of midwives and the possibility of assistance up to 6 weeks after birth
Do you think it would be useful for expecting mothers?	<ul style="list-style-type: none"> - Yes 	<ul style="list-style-type: none"> - Yes, but needs modifications - Family physicians need to be aware of pamphlet and its content 	<ul style="list-style-type: none"> - Yes 	<ul style="list-style-type: none"> - Unanimous yes - Pamphlet should be handed to all expectant mothers - Helps future mother make an informed decision with information about options 	<ul style="list-style-type: none"> - Yes – should be given to all expectant mothers

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
<p>Is there any additional information you think should be on this leaflet?</p>	<ul style="list-style-type: none"> - Information about prenatal classes - Provide information on the role of doulas - Emphasize family as well as mother and baby - Remove the phrase 'baby business' - Include an area for local contacts or 800 number 	<ul style="list-style-type: none"> - Lactation groups - Website and phone numbers for additional information - List of options and risks - The name of the producer of the pamphlet - Pamphlet needs to discuss how the health care professionals work together - Information about doulas - Information about public health resources - Speak to different cultures - Information on what is funded and what isn't - More specifics on what each health care professional does 	<ul style="list-style-type: none"> - Website for more information - Local contact information - Information for dads, including picture of a dad - Discuss combinations of health care professionals (i.e. nurse can't do it alone) 	<ul style="list-style-type: none"> - Include information about coaches and breastfeeding consultants – a Who Does What section - More information on what each health care professional does - Website and references for further information 	<ul style="list-style-type: none"> - Website address for further information - Local contact information

6. CONCLUSION: CANADIAN MOTHERS SPEAK OUT

The consumer focus groups provided valuable data and insight into the experiences of mothers with primary maternity care across Canada and complete an important component of the project identified within the Table of Activities. With the baseline now established, the MCPMCP team can move forward with the next steps by working with mothers across Canada to better understand their needs when it comes to primary maternity care in their respective regions. These next steps also provide an opportunity for the health care providers to better understand the needs of mothers and take their ideas into consideration when developing collaborative care models.

Throughout the consumer focus groups, we discovered mothers who were enthusiastic about the process, were eager to participate and share their experiences and opinions, and were interested to learn about other collaborative care concepts. It was clear from their responses and attitudes that mothers are concerned about their maternity care experiences and are willing to consider different approaches. Many mothers commented on how important it is to have the information they were presented, and how it would have been helpful to have the information before their first pregnancy.

The most obvious conclusion from the consumer focus groups is that regional variations play a significant role in a mother's maternity care experience, from availability of health care professionals, to their recent experience, to their responses to the social marketing tool.

Additionally, within each region, the urban/rural division also seems to play a major role in determining their experience and the accessibility of health care professionals. Rural mothers typically reported a less satisfying experience and less access to health care professionals.

From the consumer focus group responses, most mothers are not aware of the existence of any formal collaborative primary maternity care practices although there are some examples where health care professionals are working together as a team to meet the needs of their mothers.

The information collected on the communication tool is particularly helpful and will allow the project team to refine the tool based on the responses. A revised tool can be validated during the next round of focus group sessions.

Clearly, future actions to address these concerns need to be done on a region by region basis taking into account the urban/rural divide within the regions.

Finally, the consumer focus groups have provided the opportunity for mothers from across Canada to share their thoughts about:

- Their maternity and birthing experiences;
- Their views of a modern pregnancy;
- Their expectations as a mother;
- Their impressions of the quality of the care they are receiving;
- Their awareness of Canada's primary maternity health care professionals;
- What they like about their maternity care experiences.