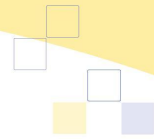


MCP²

Multidisciplinary
Collaborative Primary
Maternity Care Project

Projet de soins
primaires obstétricaux
concertés



The Multidisciplinary Collaborative

Primary Maternity Care Model

About the Modules

Final Version – May 2006

The analysis and conclusions presented in this report do not necessarily reflect the views of the members of the MCP² or their partner associations. Funding for the research was provided by Health Canada as part of the Primary Health Care Transition Fund. The views expressed herein do not necessarily represent the official policies of Health Canada.

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The Multidisciplinary Collaborative Primary Maternity Care Model

About The Knowledge Transfer Modules

The purpose of the knowledge transfer modules which are the companion documents to the “Guidelines to Model Development” is to provide the potential MCPMC models participants with a range of decision support tools to assist their development and evolution over time. With tools such as these there are always challenges in deciding how much information to include, and in what format, what to leave out and so on. Each module topic, for example, could refer to dozen’s of websites that provide further insight into the subject matter. On top of this, there is always a considerable range of expertise and experience of those that may potentially use the decision support tools. Another issue that emerge through their development is how many different subject matters to address.

Despite these challenges the MCP² project has identified 7 knowledge transfer modules that it believes will support the development of a multidisciplinary collaborative primary maternity care model (MCPMC Model) (see below). The seven content areas were the result of ongoing discussions among the project’s national committee members, the MCP² project staff and the consultants used to develop the modules. The knowledge transfer modules have been developed based on the following assumptions:

- ☞ The modules are to be used as resources by individuals and organizations hoping to develop a MCPMC model.
- ☞ As support tools, the knowledge transfer modules should not be seen as prescriptive requirements for a model to be established.
- ☞ The modules provide a knowledge foundation for developing the model, and point to further detailed information sources should these be required (i.e., websites, further reading). The material contained in the modules is deliberately not intended to be comprehensive.
- ☞ The modules are based on a logical integration of content areas designed to support the progression towards developing and sustaining the model.
- ☞ Ultimately the nature and extent of use of the knowledge transfer modules will be a function of the decisions of those who chose to engage in development of a MCPMC model.

The Knowledge Transfer Modules

The modules reflect the essential ‘7 *habits of effective MCPMC models*’. The seven modules are:

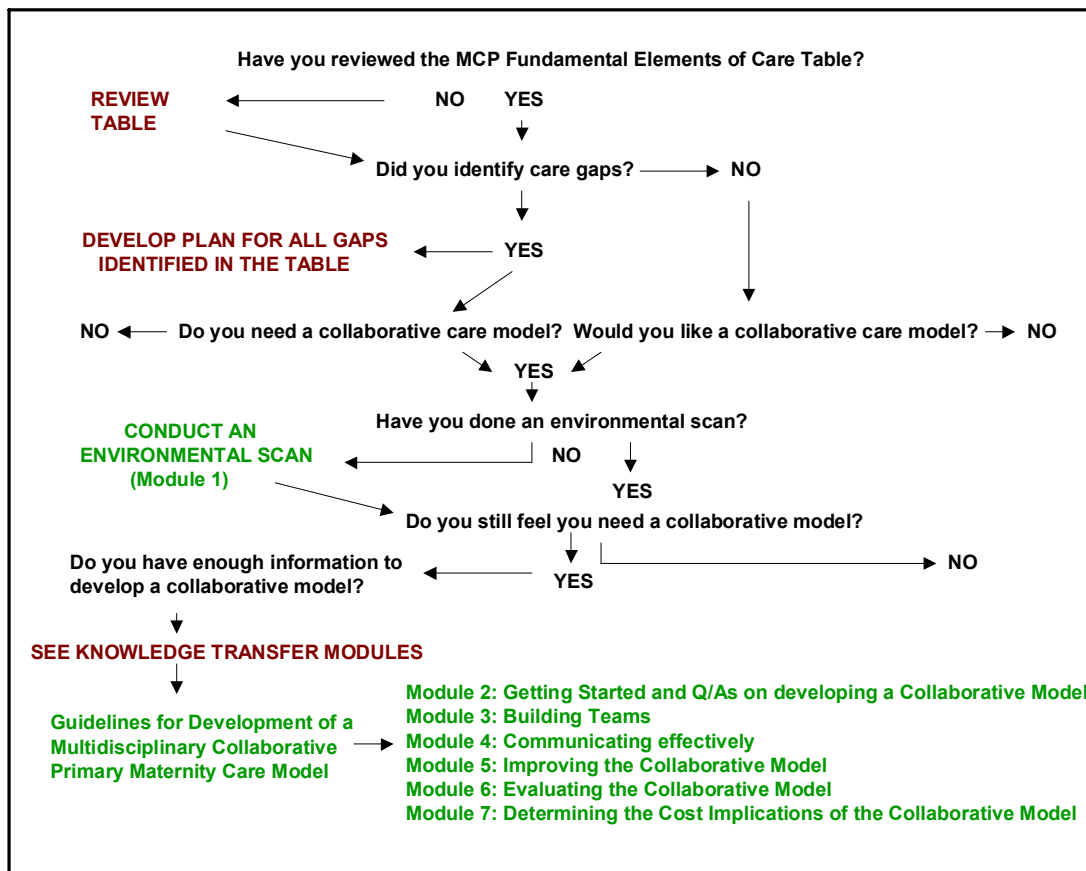
1. Conducting an Environmental Scan
2. Getting Started
3. Building Teams
4. Communicating Effectively
5. Improving the collaborative model
6. Evaluating the collaborative model
7. Determining the cost implications of the collaborative model

Identification of Gaps (see attached Identification of Gaps in Maternity Services table)

Before deciding if you need a MCPMC model in your community it is necessary to determine the current status of maternity care provision. The Identification of Gaps in Maternity Services table lists the care tasks that are required for a course of maternity care. The course of care may extend beyond the primary care level and arrangements must be made to ensure a smooth transition of care from primary levels to other levels and back again. Care providers who are not involved in intrapartum care must also ensure smooth transition from prenatal to intrapartum care to post partum care for the mother, baby and family.

This table can be used to identify gaps in care available within the current system of maternity care provision. Communities that do not provide intrapartum care can use the table to identify who provides antepartum and postpartum/newborn care and the consultation/communication processes with the organizations providing intrapartum care to their population.

The logic behind the knowledge transfer modules (shown in the diagram below) is that key stakeholders such as the professionals in the model and government decision-makers have a consistent frame of reference for the model’s implementation in the respective communities.



Integration of the Content Area

When a decision is made that a collaborative model is desirable it is essential to determine the extent to which the model will contribute to primary maternity care in a given geographic area. This is best done with an environmental scan – a systematic approach to understanding how best a model will contribute to the existing supply of, and needs for, primary maternity care (Module 1). It is also important to recognize that the implementation of a new multidisciplinary collaborative maternity care team will have an impact on the existing system of care providers. The new team should ensure that they do not unduly disrupting those parts of the system that are functioning well.

As potential models initiate and move along the development path there are a number of foundational issues to address, and a number of questions that will emerge on the evolutionary process. Recognizing this, a ‘Getting Started’ Module has been developed which includes anticipated questions and answers to support the model development

(Module 2). The 'Q/A's' in Module 2 were developed with the input of the national steering committee, and the MCP² staff.

Team building is an essential part of a collaborative model. Recognizing this we have provided a module specifically on this subject (Module 3). Another integral part of a team is the ability to communicate effectively, which is the focus of Module 4.

While the first four modules focus on *developing* the MCPMC model, our 'module lens' is adjusted in the three remaining modules with a focus on *Reflection*. Module 5 provides numerous tools and templates that can be used to assist in the ongoing improvement of the model. Module 6 identifies the critical factors involved when developing and evaluating the expected outcomes of the model. It's important to also recognise that evaluation concepts and processes can play an integral role in the model's development as well. This is because the identification and agreement on expected outcomes can have an important bearing on the range of activities the collaborative model may choose to engage in. More on this in Module 6.

Finally, key stakeholders – the team members, health care organizations and governments, for example, will need to know what the cost implications are of the model. Thus Module 7 provides information that can support the understanding and development of an economic evaluation of the model. As many of the details underlying such evaluations can be very specific and context dependent, what we provide in this module is a knowledge foundation for knowing what should be considered, and why and how.

These seven modules support the development and ongoing evolution of a MCPMC Model. It is hoped that they provide a useful reference point for model developers as well as being a 'jumping off' point for interested parties to find further detailed information on the critical subject matters of interest.

Above all else, the intent is to create a knowledge sharing environment replete with tools and insights that can contribute to better ways of providing primary maternity care.

The Multidisciplinary Collaborative Primary Maternity Care Model (MCPMC Model)

QUESTIONS/ANSWERS

Question	Answer
<p>What is a multidisciplinary collaborative primary maternity care (MCPMC) model?</p>	<p>The model is designed to promote the active participation of each discipline in providing quality care. It is woman-centered, respects the goals and values of women and their families, provides mechanisms for continuous communication among caregivers, optimizes caregiver participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>
<p>Who should be in the MCPMC model?</p>	<p>The Multidisciplinary Collaborative Primary Maternity Care Model is centered on a group of individuals with diverse training and backgrounds who work together as an identified team.</p> <p>The model is based around a core team of health professionals that are the direct and continuous contact point for women. These are most often family physicians, nurses, nurse practitioners, midwives, and obstetricians.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>
<p>Are there a minimum number of professionals who need to be involved in a MCPMC model?</p>	<p>Two or more professionals may belong to the core model team. The team uses additional individuals, teams or groups, and/or methods of practice, depending on the particular need or problem.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>

Question	Answer
<p>Are there principles that members of a MCPMC model need to agree with?</p>	<p>It is important that there is agreement on fundamental principles from which to develop a collaborative model. The National Primary Maternity Care Committee of the MCP² project engaged in considerable discussions and interaction to develop and agree upon the following 16 guiding principles for model development.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>
<p>What are the core components of a MCPMC model that need to be addressed prior to setting up a team?</p>	<p>There are 22 core components of the Multidisciplinary Collaborative Primary Maternity Care Model. Core components represent those aspects of collaborative primary maternity care that are considered to be important for determining the way the model will work. A collective understanding of these by partners in the collaborative model will be desirable. These components have emerged from extensive consultation for this initiative and from the research literature.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>
<p>How does the MCPMC model address the question of continuity of care?</p>	<p>Continuity in primary care is typically the relationship between a single practitioner and a patient that extends beyond specific episodes of illness or disease. Continuity implies a sense of affiliation between patients and their practitioners (loyalty and clinical responsibility). Continuity fosters <i>“improved communication, trust, and a sustained sense of responsibility”</i> (Haggerty et al, 2003). Continuity of care in the collaborative primary maternity care model is a focal point of the core team.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>
<p>How is remuneration addressed in the MCPMC model?</p>	<p>Remuneration is a significant issue that needs agreement and resolution by the collaborative model team members, the overarching governing organization of the model, and the government that funds the delivery of care. The important points are that equity should be achieved and time spent ‘collaborating’ is not assumed to be unpaid time.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>

Question	Answer
<p>Is there evidence that the MCPMC model is effective?</p>	<p>There is a fundamental belief that a collaborative primary maternity care model will lead to:</p> <ul style="list-style-type: none"> ➤ Better health outcomes, ➤ Healthier babies and mothers, ➤ Greater efficiencies in the system, and ➤ Improved working environments for primary maternity care professionals. <p>For further information see modules 5 and 6 posted on www.mcp2.ca.</p>
<p>How do you determine what your community needs related to maternity care?</p>	<p>An understanding of the maternity care environment is gained from a scan of internal and external factors and trends that may influence the organization or individuals developing the new collaborative model. A typical scan culminates in a report that captures a view of the environment around the individuals or organization developing the MCPMC model.</p> <p>For further information see About the Modules document and module 1 and 2 posted on www.mcp2.ca.</p>
<p>What are the fundamental elements of care?</p>	<p>The Fundamental Elements of Multidisciplinary Collaborative Primary Maternity Care table lists the care tasks that are required for a course of maternity care. The course of care may extend beyond the primary care level and arrangements must be made to ensure a smooth transition of care from primary levels to other levels and back again.</p> <p>For further information see About the Modules document and module 1 and 2 posted on www.mcp2.ca.</p>
<p>How do you determine the gaps in your community?</p>	<p>The fundamental elements of care table can be used to identify gaps in care available within the current system of maternity care provision.</p> <p>For further information see About the Modules document and module 1 and 2 posted on www.mcp2.ca.</p>

Question	Answer
How do you manage conflict within the group?	<p>Functioning effectively in teams requires many skills. However, none is more important than the ability to handle conflict clashes over differences in ideas, opinions, goals, or procedures. Effective teams know how to manage conflict so that it makes a positive contribution.</p> <p>For further information see module 4 posted on www.mcp2.ca.</p>
How does the MCPMC model address communication?	<p>Effective and ongoing communication is a fundamental necessity. Without it the model will unlikely realizes its full potential, there could be inefficiencies in care, and the emergence of complications for providers and those who are receiving care.</p> <p>For further information see modules 3 and 4 posted on www.mcp2.ca.</p>
How do you improve the care being provided in a MCPMC model?	<p>Improving collaborative model module</p> <p>For further information see modules 5, 6 and 7 posted on www.mcp2.ca.</p>
<p>How do you evaluate an MCPMC model?</p> <p>How do I know this model will result in better access and better quality care for my patients/clients?</p>	<p>Systematically developing and implementing an evaluation framework should provide meaningful evidence to show if the outcomes are being achieved. Developing and then evaluating outcomes is a systematic approach that uses objective measures to analyze how well something has worked. There is a clear linkage between activities that the MCPMC model engages in and the short, medium and long-term outcomes. An evaluation provides the <i>evidence</i> of the success (or failure) of a collaborative model for external audiences. It also provides a degree of accountability for the model.</p> <p>For further information see modules 5, 6 and 7 posted on www.mcp2.ca.</p>
How do I know if my new model is working? Could it be working better?	<p>When evaluating the MCPMC model's implementation, the idea is to ask questions about what is working and what can be improved, and whether the 'reach' of the initiative – the number and types of women being provided primary maternity care - is what was hoped for.</p> <p>For further information see modules 5, 6 and 7 posted on www.mcp2.ca.</p>

Question	Answer
How do I estimate costs and financial implications of the model?	<p>The purpose of the cost implications module is to outline some of the key variables for evaluating the cost implications of a new model of collaborative primary maternity care. It is designed in a workbook format.</p> <p>For further information see module 7 posted on www.mcp2.ca.</p>
How are the liability issues addressed in this type of model?	<p>Ascertain the nature of your legal relationships with others in the collaborative team at the beginning of your collaboration. Establish a system of annual review of current professional credentials of team members, along with proof of current legal defense protection/insurance. You should know the source of your legal defense funding. All members of the collaborative health care team and the institution or facility must have appropriate and adequate professional liability protection to protect themselves and the clients they treat.</p> <p>For further information see: Guidelines for Model Development document posted on www.mcp2.ca.</p>
Who can help if I want to set up a multidisciplinary collaborative model?	<p>For assistance, please contact members of the Executive or National Committees of the MCP² project. A list of members is available on the project website at www.mcp2.ca.</p>
Are there examples of collaborative models that would be helpful?	<p>The literature review on models the appendix provides the foundation for a compendium of collaborative maternity care models without exhaustive details of all the potential options at this point.</p> <p>The project also gave a brief overview of two current models in the journal insert article that is available on the website.</p> <p>For further information see the Literature Review: Guidelines for Model Development document posted on www.mcp2.ca.</p>

Question	Answer
What do I do first?	<p>Before deciding if you need a MCPMC model in your community it is necessary to determine the current status of maternity care provision. The Identification of Gaps in Maternity Care Services table lists the fundamental elements of care that are required for a course of maternity care.</p> <p>This table can be used to identify gaps in care available within the current system of maternity care provision.</p> <p>There is a diagram in each knowledge transfer module that outlines the subsequent steps that could be taken in planning for a MCPMC model.</p> <p>For further information see About the Modules document and module 1 and 2 posted on www.mcp2.ca.</p>

IDENTIFICATION OF GAPS IN MATERNITY CARE SERVICES

Maternity Care Required	When Care Delivered		Fundamental Elements of Multidisciplinary Collaborative Primary Maternity Care	Potential Members of a Multidisciplinary Collaborative Care Team					
				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹
Ongoing Care	Throughout Childbearing Continuum								
		1	Develop clinical protocols, including transparent decision-making protocols						
		2	Determine mechanisms for discussion, consultation, referral and transfer of care processes including establishing linkages with referral centres, as appropriate						
		3	Establish and maintain comprehensive, relevant and confidential care records						
		4	Obtain a comprehensive health history, including both medical and psychosocial information						
		5	Perform complete physical examination						
		6	Determine any factors in past history or current pregnancy that may require discussion, education, and/or counseling; referral for care or additional support, as appropriate. i.e. health habits, nutrition, relationship issues, substance use . . .						
		7	Provide well-woman care including education and counseling on the prevention and treatment of sexually-transmitted infections						
		8	Assess the woman's reproductive and sexual health, provide education and counseling on issues of human sexuality, fertility and unplanned pregnancies, and make referrals where appropriate						
		9	Assist the woman in planning her family, providing education and counseling regarding methods of family planning, contraception and birth control; refer as appropriate						
		10	Prescribe or provide contraceptive or birth control devices; refer when appropriate						

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹
		11	Support and counsel women with unplanned or unwanted pregnancy. Support those women seeking termination of pregnancy, and make referrals as necessary.						
		12	Order diagnostic and screening tests						
		13	Perform diagnostic and screening tests						
		14	Interpret diagnostic and screening tests						
		15	Provide counseling, education and health promotion related to childbearing and family planning						
		16	Prescribe pharmaceuticals, homeopathics, herbals or other preparations						
		17	Administer pharmaceuticals, homeopathics, herbals or other preparations						
		18	Dispense pharmaceuticals, homeopathics, herbals or other preparations						
		19	Use appropriate complimentary therapies; refer as requested by the woman						
		20	Consult, refer and/or transfer care of woman to other health care providers, as needed						
		21	Facilitate informed decision-making by providing the woman with necessary information to make informed choices about care throughout the childbearing year, including alternatives, options, benefits, and risks						
		22	Critically review, appraise and apply new information, including research findings, relevant to maternal health care practice						
		23	Assist the woman and her family with grieving process when necessary						

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹	
Prenatal Care	Ongoing Visits During Pregnancy									
		24	Perform ongoing assessments of the woman and her developing fetus in order to detect and correct variations from normal, where possible; identify abnormalities, and initiate treatment and/or consult or refer or transfer care, as appropriate							
		25	Identify fetal malpresentation, develop a plan of care with the woman; initiate external cephalic version as appropriate, or consult and refer, when necessary							
		26	Assess the wellbeing of the pregnant woman in the context of her family and community and provide her with counseling, information, education and support according to her needs, including referral to appropriate community resources							
		27	Develop, implement and evaluate, with the woman, an individualized plan for care							
		28	Provide counseling, education and health promotion related to labour and birth							
		29	Assist woman and her family in planning for an appropriate place of birth							
		30	Develop, implement and continuously evaluate a birth plan consistent with the woman's needs and choices							
Intrapartum Care	Labour and Birth and Immediate Postpartum Care		NOTE: Each birth must be attended by two care providers							
		31	Review birth plan with woman, adjusting the plan as necessary based on current health status of woman and her baby; ensure that the plan is communicated to potential care providers							

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹
		32	Assess maternal and fetal well-being						
		33	Assess onset and progress of labour and take actions as appropriate						
		34	Recognize variations of normal and abnormal labour patterns; identify probable causes and initiate potential interventions, when indicated						
		35	Provide counseling, education and support to promote health and wellbeing						
		36	Promote and facilitate normal labour and birth						
		37	Assess need for pain relief during the labour, birth and immediate postpartum and intervene using non-pharmacological and pharmacological measures, as required or requested						
		38	Provide labour support						
		39	Provide continuity of caregiver presence throughout labour						
		40	Assist and support spontaneous vaginal birth						
		41	Identify and manage common obstetrical complications						
		42	Perform emergency procedures						
		43	Assess fetal heart rate patterns using auscultation and electronic methods, interpret findings, and take actions as appropriate						
		44	Apply a fetal scalp electrode						
		45	Determine status of amniotic membranes						
		46	Perform amniotomy, when indicated						

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹
		47	Assess amniotic fluid						
		48	Augment/induce labor						
		49	Order/perform obstetrical analgesia including regional blocks						
		50	Recognize a full bladder and catheterize as necessary						
		51	Protect the perineum, avoid unnecessary episiotomies and minimize lacerations						
		52	Perform and repair episiotomy, when indicated						
		53	Repair 1st and 2nd degree lacerations						
		54	Repair 3rd and 4th degree tears						
		55	Perform vacuum extraction						
		56	Perform forceps delivery						
		57	Perform manual rotation (OP to OA)						
		58	Perform Caesarean section surgery						
		59	First Surgical Assist at caesarean section surgery						
		60	Prevent, recognize and manage common obstetrical complications, including postpartum hemorrhage and maternal shock, including consulting and referring when indicated						
		61	Repair bladder injury						
		62	Perform cardio-pulmonary resuscitation						

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹
		63	Promote normal third stage and respond as required to variations from normal						
		64	Perform manual removal of placenta						
		65	Identify situations when the resources immediately available for both the immediate and ongoing care of the pregnant woman or her newborn are inadequate to manage existing or anticipated complications; initiate referral to the nearest and most appropriate facility possible; arrange appropriate transportation taking into consideration distance, geographic and weather conditions at the time; continue care of the woman and/or newborn until transfer of care is complete or situation resolves; comply with local documentation guidelines						
Postpartum Care	Ongoing Visits								
	Care of Woman	66	Assess the health and wellbeing, and adaptation strategies of the new mother and the new family with specific reference to common issues and concerns related to the postpartum period						
		67	Identify and manage common postpartum discomforts						
		68	Identify and manage postpartum complications, including postpartum depression, and take appropriate action, including consulting or referring when indicated						
		69	Provide counseling, education and health promotion related to the postpartum period						
		70	Conduct a six week postpartum visit, including vaginal and speculum examination, where appropriate						

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹
		71	Facilitate the closure of the care provider-woman relationship, when appropriate						
	Address Individual Needs of Mother, Baby and her Family	72	Respond to special needs as identified by the mother, her baby and her family						
		73	Assist with grieving process when necessary						
	Community Support for Maternal and Newborn Health	74	Provide counseling, education and health promotion related to care of the mother and her baby to family and community as needed						
		75	Refer to community resources as needed						
Newborn Care									
	Immediate Care	76	Collect cord blood samples						
		77	Provide immediate assessment and care to the newborn, including, APGAR, assessment of respiratory and cardiac status and temperature maintenance						
		78	Perform neonatal resuscitation, if required						
		79	Perform neonatal intubation, if required						
		80	Insert umbilical vein catheter						
		81	Perform initial newborn neurological and physical examination including gestational age assessment, and newborn screening, as required and in consultation with the parents						
		82	Consult, refer and/or transfer care of babies to other health care professionals, when indicated						

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				Family Physicians	Nurses	Nurse Practitioners	Midwives	OB/GYN	Other Providers ¹	
	Ongoing Care and Treatment of the Newborn	83	Provide ongoing newborn care and assessment of wellbeing and development							
		84	Provide education and counseling on the effects of prescriptive and non-prescriptive substances on the newborn, including those excreted through breast milk; refer for additional care and support as required							
		85	Promote newborn health through education and counseling to mother and her family							
		86	Facilitate the introduction of the new family member							
	Breastfeeding	87	Provide counseling and education to mothers regarding breast health							
		88	Provide counseling and education regarding breastfeeding practices							
		89	Assist mother to establish and maintain breastfeeding, or her alternate chosen method of infant feeding							
		90	Identify special or abnormal maternal or infant situations that may influence breastfeeding, and develop an appropriate care plan							
		91	Refer mother-baby pair to breastfeeding specialist as needed							

- 1. Other care providers could include many different care providers including anaesthetists, general surgeons, emergency medical technicians, paediatricians, respiratory therapists, second birth attendants among others depending on the availability within the community.**
- 2. This table is intended to be used to identify gaps in maternity service provision. Once identified, a plan to address these gaps is developed. This plan may include building lines of communication and consultation with service providers in other communities.**
- 3. Communities that do not provide intrapartum care can also use this table to identify gaps in antepartum and post partum / newborn care, lines of communication and information sharing. Communities also need to identify links with outlying communities.**