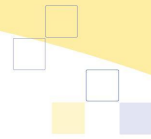


MCP²

Multidisciplinary
Collaborative Primary
Maternity Care Project

Projet de soins
primaires obstétricaux
concertés



Guidelines for Development of a Multidisciplinary Collaborative Primary Maternity Care Model

Executive Summary

**The Multidisciplinary Collaborative
Primary Maternity Care Project**

Ottawa

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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.

The Multidisciplinary Collaborative Primary Maternity Care Model

Introduction

Primary maternity care is the foundation for the subsequent health of mothers, babies and their families. Primary maternity care focuses on a healthy pregnancy, a positive birth experience and a healthy mother and child. The purpose of the collaborative model is to recognize and respond to the challenges facing primary maternity care in Canada. A collaborative model has the potential to increase the availability and quality of maternity services for all Canadian women.

This model document is the result of a consultative, iterative review process. Several versions of this document were reviewed on numerous occasions throughout 2005 by key stakeholder associations, providers, researchers and consumers. These reviews, feedback, ideas and editorial suggestions were formalized and transparent through an E-delphi process and also through ongoing communication between the consultants and the diverse stakeholder groups. In particular, the National Primary Maternity Care Committee of the MCP² project and the MCP² project staff were constructive and supportive in their ongoing reviews of this Model document. It is hoped that this engaged collaborative approach to develop the model provides a foundation for its subsequent practical implementation.

The definition of the multidisciplinary collaborative primary maternity care model is as follows:

“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.”¹

It is important to emphasize that pregnancy is a natural physiological event, but there can also be potential risks that need effective care and management. It is clear that no one profession can effectively address all the health care issues in isolation of the skills, expertise and experiences of other professionals. The evolution of a collaborative model is grounded in the local needs and realities of communities. Providers need to work together to develop collaborative relationships and look ahead at longer-term societal benefits in their community. Ideally, the collaborative model evolves into a regional system of integrated primary maternity care.

Collaboration is about working together for a common purpose. Collaboration is a joint communication and decision-making process with the goal of satisfying the health care needs of a target population. The belief is that quality patient care is achieved by the collaborative contribution of all care providers. A true collaborative practice has no hierarchy. The contribution of each participant is based on knowledge or expertise brought to the practice rather than the traditional employer/employee relationship.

¹ Based on Health Canada's definition of collaboration

Principles of the Multidisciplinary Collaborative Primary Maternity Care Model

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.

Woman-Centered: Responsiveness, and informed choice and decision making for women. The model must respect the needs, goals and values of women and their families.

Quality maternity care: Quality maternity care is achieved by the contribution of all care providers. Quality care is based on equity of access to, and integration of, services, timeliness, continuity of care, patient safety, and valuing different providers' expertise.

Best evidence and practice guidelines: Commitment to care based on best evidence and practice guidelines.

Professional competence.

Commitment to the Collaborative Model: Willingness to devote time and energy to the collaborative model. Willingness to openly discuss differences.

Mutual Trust and Respect: For each other's perspective and way of thinking.

Shared values, goals and visions with a philosophy of childbearing as a normal physiological process

Honest, open, and continuous communication.

Responsibility and accountability: Recognizing each professions' standards of practice.

Scope of practice: Understanding of, and respect for, different professions' scope of practice.

Common protocols: Common protocols for clinical and administrative purposes.

Mutually Supportive Environment: Unified front and mutual support by team members.

Acceptance to discuss financial issues: Open and frank discussion of financial issues.

Locally-based: Women receiving primary maternity care as close to where they live as possible.

Effective, integrated regional provision of services: To ensure women are cared for and give birth in the most appropriate environment, whether they have normal pregnancies or experience high risk situations.

Knowledge of available services: Women and their families should be informed of the range of services and supports available to them, especially in rural and remote areas where some aspects of care may not be available. Women should be provided with appropriate written information about the different options of maternity care available to them (in terms of cost, continuity, transition between hospital and their home, and other information required as identified by women).

Multidisciplinary Collaborative Primary Maternity Care Model Team Composition

The Multidisciplinary Collaborative Primary Maternity Care Model ('the Model') is centered on a group of individuals with diverse training and backgrounds who work together as an identified team. The model develops the concept of collaborative team practice and is flexible to address the needs and concerns of the respective stakeholders providing and receiving maternity care. The flexibility allows for variations that best suit the different contextual needs of maternity care providers (for elaborations of different contexts please see Appendix 4).

Team members:

- Determine the mission and common goals
- Have a high level of interdependency
- Learn to accept and use disciplinary differences and overlapping roles
- Create formal and informal structures that encourage collaborative problem solving
- Share leadership
- Are community focused, and
- Provide woman-centered care.

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.

The Core Team

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. Women may see some or all of these professionals in the model, depending on the context and their specific maternity care needs. In some places, especially in rural locations, general practitioners with expertise in surgical and/or anaesthesia may also be core members.

While most primary care professionals provide maternity care for women with low-risk pregnancies, obstetricians take the lead when attending to high-risk pregnancies. In some communities obstetricians may play a much greater role in the provision of primary maternity care due to individual professional preferences, historical context, and/or pressures associated with the limited supply of other health professionals.

Other Health Professionals and Care Providers

Other health professionals play a vital role in the provision of primary maternity care, depending on the specific needs of the woman and her baby. These may include physical therapists, public health nurses, dieticians, anaesthesiologists, paediatricians, and/or neonatologists. Care providers such as lactation consultants, social workers and doulas are also used on an as required basis. In some places they may be very integral to the collaborative model, while in others they may not be prevalent at all. Again, context and the individual preferences of providers play a key role in determining the nature and extent of their engagement in the collaborative model.²

² Social workers, for example, could be seconded for a half day a week – and may see all high-risk women and get relevant agencies involved at an early stage. Successful outcomes are possible because there is enough lead-time available to ensure that a child's safety can be arranged at the earliest stage possible following birth.

Collaboration beyond the Model

Collaboration also occurs with providers outside ‘the model’. Ideally the collaborative model is regarded positively by other health providers, who see the potential for providing more effective, integrated care at a systems level. Continuity of care is most visibly recognized by the expecting mother through the interaction and ongoing relationships of the core team members with professionals outside the model. Attention to effective communication and knowledge exchange is paramount at these interfaces.

While many providers feel they *do* collaborate even though they do not have any formal ongoing structured means for doing so, multidisciplinary *collaborative* practice takes on additional meaning with an increase in shared experiences.

The collaborative primary maternity care models reflects the foundation of primary maternity care as well as acknowledging the integral role of secondary and tertiary levels of maternity care (for definitions of primary, secondary and tertiary care please see Appendix 2).

Central themes include continuity, responsiveness to needs and the ongoing improvement of care and health outcomes through evaluation.

The needs of women, their babies and families must be addressed by respective collaborative models regardless of their different contexts. The collaborative team directly provides *or* enables access to all core competencies and other services as required by the expecting mothers.

Ongoing evaluation and improvement is based on the overall goals and objectives of the model as espoused in the mission and principles of the collaborative team approach. The expected outcomes of the collaborative model incorporates the dimensions of improved care, healthy outcomes and responsiveness to community needs.

Continuity of Care

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 “*improved communication, trust, and a sustained sense of responsibility*” (Haggerty et al, 2003). Continuity of care in the collaborative primary maternity care model is a focal point of the core team.

There are three types of continuity:³

- *Informational continuity* – The use of information on past events and personal circumstances to make current care appropriate for each individual.
- *Managerial continuity* – A consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs.
- *Relational continuity* – An ongoing therapeutic relationship between a patient and one or more providers.

³ Based on a systematic review of the research literature by Haggerty et al (2003)

Continuity is pivotal for enhancing the pregnancy experience, and typically refers to the organizational and process context of the providers. The woman herself plays a key role in shaping the care that is provided. *Informational continuity* ensures that team members effectively access and communicate to one another the most current up-to-date information on their respective clients.

The model's common underlying philosophy ensures that there is *Managerial continuity*.

Although different providers may be involved in the care at different times and in different ways, the consistent approach to managing the care regardless of the provider strengthens the model.

Relational continuity in the collaborative model refers to the ongoing care being provided. It is enhanced by the integrating capacity of Informational and Managerial continuity.

Evaluation

The collaborative model integrates evaluative methodology and the main tenets of quality care as first articulated by Donabedian; *structure*, *process* and *outcomes*. Structural elements or variables relate to attributes of the practice environment, populations served and the health care system. Process elements include the activities, behaviour and actions of those working in and with the model. Outcomes result from the interaction between the structural and process variables. The spirit of enquiry stemming from ongoing evaluation and a focus on outcomes provides considerable impetus for development of a learning organization.

Core Components of the Model

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.

Identified need

1. Woman centered
2. Community Consultation
3. Access and availability
4. Choice of birthplace

Structure

5. Standards of Practice
6. Scope of Practice
7. Shared philosophy and common understanding
8. Organizational structure
9. Support structures
10. Size of the model
11. Location
12. Work-life balance
13. Remuneration
14. Accountability, Liability and Malpractice
15. Community linkage
16. Learning organization

Process

17. Collaborative culture
18. Effective communication
19. Common record
20. Flexibility
21. Decision supports

Outcomes

22. Evaluation

Appendix 1 – Background

For a number of years, the SOGC worked collaboratively with key stakeholders involved in primary maternity care, including AWHONN, CAM, CNA, CFPC, and SRPC. In 2003, under the leadership of SOGC, these organizations formed a partnership to submit a funding proposal to the Primary Health Care Transition Funds Program of Health Canada for the implementation of a national initiative to “reduce key barriers and facilitate the implementation of national multidisciplinary collaborative care strategies as a means of increasing the availability and quality of maternity services for all Canadian women”.

The proposal was accepted by the Primary Health Care Transition Funds Program and funding was approved in May 2004. These partners formed the Executive Committee for the project.

More specifically, the objectives of the project were:

- To develop guidelines to facilitate the establishment and implementation of multidisciplinary and collaborative models of primary maternity care team for various health care settings that are patient centered (women and babies).
- To develop national standards regarding terminology and scope of practice for all primary maternity care providers, including nurses, midwives, family practitioners and obstetricians.
- To facilitate the harmonization of legislation and policies of governments, professional regulatory colleges, professional associations, funding agencies, insurers and educational institutions throughout Canada as it relates to the provision of multidisciplinary primary maternity care.
- To facilitate information sharing on collaborative primary maternity care experiences.
- To facilitate collaboration among professionals involved in primary maternity care.
- To facilitate change in practice patterns for primary maternity care providers.
- To promote to the public and maternity care providers the need for and benefits of multidisciplinary collaborative maternity care.