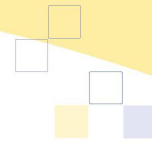


MCP²

Multidisciplinary
Collaborative Primary
Maternity Care Project

Projet de soins
primaires obstétricaux
concertés



FINAL REPORT

Consumer Focus Group Report

Multidisciplinary Collaborative Primary Maternity Care Project (MCP²)

December 12th, 2005

*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;
Canadian Nurses Association
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 Equinox Public Affairs in consultation with the MCP² Project Team. The analysis and conclusions presented do not necessarily reflect the views of the members of the MCP² or their partner associations.

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1. EXECUTIVE SUMMARY

The Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) is a joint initiative of the Association of Women's Health, Obstetric and Neonatal Nurses, Canada (AWHONN, Canada), the Canadian Association of Midwives (CAM), The Canadian Nurses Association, the College of Family Physicians of Canada (CFPC), the Society of Obstetricians and Gynaecologists of Canada (SOGC), and the Society of Rural Physicians of Canada (SRPC).

The overarching goal of MCP² 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 second round of consumer research, conducted in October and November 2005, on the most appropriate advertisement to be used to increase consumer awareness of the concept and benefits of multidisciplinary collaborative maternity care. This series of focus groups 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 MCP².

Following the first round of focus groups in fall 2004, this second round of focus groups had the following objectives:

- To summarize consumers' perspectives on their recent maternity care experiences and what they view as the most important aspect of maternity care for them
- To summarize the expectations, advantages and disadvantages and potential role that consumers see for multidisciplinary collaborative maternity care teams and their role on that team
- To validate the optimum look and content for an advertisement to be used to increase consumer awareness of the concept of multidisciplinary collaborative maternity care and its potential benefits

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 provider that from whom care was received.

It should be noted while effort was made to ensure a broad representation of mothers, the focus group responses only 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, family resource centres, community nurses and prenatal classes and other maternity related classes (yoga, breast feeding).

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 that mothers are very involved and concerned about their maternity care experiences, are willing to consider different approaches and have very strong opinions about their expectations for their maternity care and the mothers' role on the team.

Following is the summary for each explored topic.

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

"I had a wonderful doctor that was very attentive to my needs...I never felt rushed...every appointment was detailed."
Mother from Ontario

"I liked that during labour and the delivery I was assigned a nurse and she worked with me all the way through. She was focusing exclusively on me from beginning to end."
Mother from the Atlantic Region

"I like that from one pregnancy to the next, I can work with the same people (nurse and doctor) in my community. We've developed a special relationship."
Mother from Québec

"Through the clinic, there was always someone who could see me and anticipate problems. Although I rarely saw the same person, each and every one of them were well informed about my pregnancy. It was reassuring to see that they knew what happened previously and I didn't have to repeat all of my history."
Mother from British Columbia

"I would have liked that my files be more complete – when I saw different doctors, they weren't aware of my high blood pressure."
Mother from the Western/Northern Region

Generally speaking, mothers across all regions are satisfied with 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 reported a more positive experience than those in rural areas.

Notwithstanding their satisfaction, mothers identified a number of possible improvements to their maternity care experience and it was clear from a number of focus groups that a greater number of health care professionals are playing a role in the maternity care experience. In all cases, these additional health care professionals including midwives, family physicians and OBY/GYN were all viewed as a positive addition to the experience.

Additionally, within each region, the urban/rural division also seems to play a role in defining their experience particularly for mothers who required specialized care not available in their community and had to travel to a larger centre. Mothers reported both emotional and financial stress as a result of the travel requirements and periods of time away from home without their family support.

These findings are consistent with the 2004 baseline research findings.

2) Perceptions of Multidisciplinary Collaborative Care Concept

“Everyone who cares for me is aware of my wishes and respects them.”
Mother from British Columbia

*“It could be very reassuring for the mother – different people, different perspectives and different personalities –
Maybe more time for questions.”*
Mother from Ontario

*“Pregnant women’s options of care and involvement in decision making would remain the same or increase – should not
decrease!”*
Mother from Western/Northern Region

*“It could be more time efficient for me and for the doctors. If a nurse can do some of the work, maybe I won’t have to wait as
long for my appointments.”*
Mother from the Atlantic Region

*“I see the potential for limiting my choices – I don’t want them to give me whoever is supposed to see me according to their “big”
plan. I want to have a say.”*
Mother from Québec

The vast majority of mothers in all five regions were not familiar with the concept of multidisciplinary 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.

Most mothers agreed that collaborative care practices would be beneficial for a variety of reasons, and some also noted perceived disadvantages to such a concept. These findings are consistent with the findings from 2004 focus groups.

The vast majority of mothers identified themselves as being part of a primary maternity care team with a significant number indicating forcefully that they are leading or directing the team, taking input and suggestions from the team, making the decisions as they know their body best, and expecting their decisions to be respected. This was particularly true of ‘experienced’ mothers who had two or three children. These mothers had a higher confidence level in themselves as a result of the experience than first time mothers.

3) Opinions on Advertisement Options

“It’s all about mutual trust and teamwork.”
Mother from the Atlantic Region

“Health care providers look to be working together.”
Mother from British Columbia

Across all regions, mothers provided excellent feedback and suggestions for the advertisements with significant consistency in their recommendations. The advertisement will be finalized, using the feedback from the focus groups and will be in the March 2006 issue of Chatelaine Magazine.

2. INTRODUCTION

The Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) is a joint initiative of the Association of Women's Health, Obstetric and Neonatal Nurses, Canada (AWHONN, Canada), the Canadian Association of Midwives (CAM), The Canadian Nurses Association, the College of Family Physicians of Canada (CFPC), the Society of Obstetricians and Gynaecologists of Canada (SOGC), and the Society of Rural Physicians of Canada (SRPC).

The overarching goal of MCP² 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 second round of consumer research, conducted in October and November 2005, on the most appropriate advertisement to be used to increase consumer awareness of the concept and benefits of multidisciplinary collaborative maternity care. This series of focus groups 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 MCP².

The MCP² 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 MCP²'s partners in achieving the overall goal of the project by keeping the consumers' 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.

Following the first round of focus groups in fall 2004, this second round of focus groups had the following objectives:

- To summarize consumers' perspectives on their recent maternity care experiences and what they view as the most important aspect of maternity care for them
- To summarize the expectations, advantages and disadvantages and potential role that consumers see for multidisciplinary collaborative maternity care teams and their role on that team
- To validate the optimum look and content for an advertisement to be used to increase consumer awareness of the concept of multidisciplinary collaborative maternity care and its potential benefits

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

Equinox Public Affairs was mandated by the MCP² Executive Committee to organize the focus groups and complete this report.

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

- Description of Recent Maternity Care Experiences
- Perceptions of Multidisciplinary Collaborative Care Concept

- Opinions on Advertisement Options

Within sections 5.1 and 5.2, 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. Section 5.3 dealing with the feedback on the advertisements contains the conclusions and recommendations, and a sampling of comments from mothers.

3. METHODOLOGY

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

- a) A Focus Group Interview Outline was prepared, feedback was provided by the MCP² and final approval was provided by the project managers. A copy of the Focus Group Interview Outline is included in Appendix A.
- b) The MCP² Project defined five regions to be surveyed:
 - British Columbia
 - Prairies provinces and Northern Canada
 - Ontario
 - Québec
 - Atlantic
- 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
Ontario	Ottawa	Marathon	
Québec	Québec City	Buckingham	
British Columbia	Victoria	Penticton	
Atlantic	Halifax	Goose Bay	
Prairie Provinces & Northern Canada	Winnipeg	Locality in Saskatchewan*	Yellowknife

* Due to organizational difficulties, the planned focus group session in Saskatchewan was not completed.

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

Targeted participants included mothers who have given birth within the last year and/or who were pregnant at the time of the focus group.

Particular attention was paid to ensure that the mothers participating in the consumer focus groups represent a broad cross section of mothers across Canada including the following criteria:

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

A total of 92 mothers participated in the focus groups.

d) 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
- Prenatal classes and other maternity related classes (yoga, breast feeding)

For the most part, 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 Equinox Public Affairs and approved by the project management team.

- e) 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.
- f) Mothers received a \$60 honorarium to participate.
- g) 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.
- h) The consumer focus groups were conducted in October and November 2005.

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 two 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 age¹, annual income, urban/rural/remote and number of pregnancies.

	British Columbia		Western/Northern		Ontario		Quebec		Atlantic		Total
	Urban	Rural	Urban	Remote	Urban	Rural	Urban	Rural	Urban	Rural	
No. of Participants	10	9	11	14	7	7	8	6	10	10	92
Age											
0 - 18	-	-	-	1	-	-	-	-	2	-	3
19 - 24	1	2	1	5	1	4	1	2	6	-	23
25 - 34	7	6	7	6	5	3	7	3	2	8	54
35 - 44	2	1	3	2	1	-	-	1	-	2	12
45 +	-	-	-	-	-	-	-	-	-	-	-
No Answer	-	-	-	-	-	-	-	-	-	-	-
Annual Income											
\$0 - \$34,999	1	2	6	8	-	-	2	1	3	-	23
\$35,000 - \$54,999	2	2	2	4	-	2	3	2	2	2	21
\$55,000 - \$74,999	4	2	1	-	1	-	3	1	1	4	17
\$75,000 +	1	2	2	1	5	3	-	1	1	2	18
Not Answered	2	1	-	1	1	2	-	1	3	2	13
Number of pregnancies											
1	7	3	4	3	4	3	3	1	7	1	36
2	1	4	1	3	2	1	1	1	2	5	21
3	1	2	1	3	1	2	2	1	1	1	15
4	-	-	2	4	-	1	1	1	-	2	11
5 or more	1	-	3	1	-	-	1	2	-	1	9
Not Answered	-	-	-	-	-	-	-	-	-	-	-

¹ 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.

4.2 Local Focus Group Description

Region: British Columbia

Penticton (Rural)

Participants for the Penticton focus group session were recruited through the Penticton Regional Hospital.

The majority of the mothers were in contact with two types of health care professionals for their maternity care. Specifically they identified mostly family physicians and nurses or family physicians and OB/GYNs.

Most mothers responded that receiving immediate care was very important. They also indicated as important or very important that all related professionals have access to medical history (records) and the access to services in close proximity to home.

Victoria (Urban)

Participants for the Victoria focus group were recruited primarily by the Mothering Touch Centre, which offers a yoga program for pregnant women. The Blissful Birthing, a midwife centre, also helped by sending out information about the focus group through its network.

Most participants were in contact with three or more types of health care professionals. The most cited professionals were midwives, family physicians and nurses.

Every participant noted that the choice of professional provider (i.e., doctor or midwife) was very important. Consistency of care (seeing the same person every time) and receiving immediate care were also given much importance.

Region: Atlantic

Happy Valley - Goose Bay (Rural)

Participants for the Happy Valley - Goose Bay focus group were recruited through the Lake Melville Hospital.

Participants were, on average, in contact with four of the listed types of health care professionals. The only group of professionals that wasn't cited was nurse practitioners.

Most mothers listed consistency as a very important characteristic of care. The two following characteristics were also noted as important: receiving immediate care and that all related professionals have access to medical history.

Halifax (Urban)

Participants for the Halifax focus group were recruited by the IWK Health Centre - Prenatal Centre. Contacts were also made with La Lèche League Canada in Halifax and the Nova Scotia Hospital.

On average, mothers were in contact with two of the listed types of health care professionals. Specifically, they identified family physicians and nurses or family physicians and OB/GYNs.

Consistency was identified as a very important characteristic of care by participants. Choice of a professional provider and receiving immediate care were also noted as important by most participants.

Region: Ontario

Marathon (Rural)

Participants for the Marathon focus group were recruited by a contact at the Northern Ontario School of Medicine. An advertisement was also placed in the local newspaper to assist in recruiting mothers.

On average, mothers were in contact with two types of health care professionals. Family physicians and nurses were most commonly cited.

Consistency was noted by most mothers, as a very important characteristic of care. The choice of professional provider was noted as important by most mothers.

Ottawa (Urban)

Participants for the Ottawa focus group were recruited primarily by the Ottawa Childbirth Association which sent the information throughout its network. Some participants received the information through their midwife centre and participants were also recruited through local contacts.

Most participants were in contact with two types of health care professionals. The three most cited professionals were family physicians, midwives and OB/GYNs.

The two most important characteristics of care identified by the participating mothers were the choice of professional provider and consistency.

Region: Québec

La Malbaie (Rural)

Participants for the La Malbaie focus group were recruited through advertisements in the local paper and local radio. Advertisements were also posted at the Centre communautaire de Charlevoix.

Most mothers were in contact with two types of health care professionals, mostly family physicians and nurses.

Mothers identified the access to services in close proximity to home as a very important characteristic of care. The two following characteristics were identified as important by most mothers: Receiving immediate care and that all related professionals have access to medical history.

Québec (Urban)

Participants for the Quebec focus group were recruited through the Collectif d'Accompagnement à l'Accouchement.

Most mothers were in contact with three or more of the listed types of health care professionals; nurses, family physicians and OB/GYNs most often mentioned.

The three following characteristics were judged important: choice of professional provider, consistency and receiving immediate care.

Region: Prairie Provinces and Northern Canada

Yellowknife (Remote)

The participants for the Yellowknife focus group were recruited through the Canada Prenatal Nutrition Program at the Centre for Northern Families.

Participating mothers were in contact with two or more types of health care professionals. Family physicians and nurses were mostly cited.

The two very important characteristics of care identified by mothers were: access to services in close proximity to home and all related professionals have access to medical history.

Winnipeg (Urban)

Participants for the Winnipeg focus group were recruited by the Prairie Women's Health Centre of Excellence.

Mothers were on average in contact with two types of health care professionals. Family physicians, midwives and OB/GYNs were the most cited.

Home visits were most cited as a very important characteristic of care by mothers. The choice of provider and consistency were also identified as important.

5. CONSUMER FOCUS GROUP RESULTS

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

- Description of Recent Maternity Care Experiences
- Perceptions of Collaborative Care Concept
- Opinions on Advertisement Options

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

"I had a wonderful doctor that was very attentive to my needs...I never felt rushed...every appointment was detailed."
Mother from Ontario

"I liked that during labour and the delivery I was assigned a nurse and she worked with me all the way through. She was focusing exclusively on me from beginning to end."
Mother from the Atlantic Region

"I like that from one pregnancy to the next, I can work with the same people (nurse and doctor) in my community. We've developed a special relationship."
Mother from Québec

"Through the clinic, there was always someone who could see me and anticipate problems. Although I rarely saw the same person, each and every one of them were well informed about my pregnancy. It was reassuring to see that they knew what happened previously and I didn't have to repeat all of my history."
Mother from British Columbia

"I would have liked that my files be more complete – when I saw different doctors, they weren't aware of my high blood pressure."
Mother from the Western/Northern Region

The following questions were discussed with the focus group participants:

1. Please start by telling us about the care you received during your last pregnancy and what you liked best about it?
2. If you can change anything about the care you received, what it would be and why?
3. What was most important for you in receiving care during your pregnancy?

5.1.1 Overview of Focus Group Responses

- Overall, mothers across all regions reported being satisfied with the care received during their last pregnancy. In many instances, mothers highlighted the positive role of health care professionals including family doctors, midwives, family physicians and OB/GYN in their maternity care experience.

- Mothers in remote areas such as La Malbaie, Marathon and Happy Bay – Goose Valley noted the additional emotional and financial stress of having to travel to larger communities when specialized care they require is not available in their communities.
- Suggested changes to care included:
 - More time with their health care professionals
 - More midwives available
 - Not having to travel for care
 - More information available to them
 - Consistency of the information available
- Mothers identified the following items that are important to receive during their pregnancy:
 - Information
 - Consistency of information and health care professionals
 - Better information on breast feeding
 - Midwives
 - To have their choices respected
 - Access to 24/7 care
 - Empowering themselves to make decisions through information sharing, guidance and respect of the mother's capabilities

5.1.2 Summary of Responses

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
Please start by telling us about the care you received during your last pregnancy and what you liked best about it?	<p>Urban</p> <p>Mothers reported positive experiences with midwives and general practitioners</p>	<p>Urban</p> <p>Mothers reported overall positive experiences with midwives including no waiting, personal care, holistic care (3), home visits, exploring options with midwives, reassuring care.</p>	<p>Urban</p> <p>Mothers reported very positive experiences with midwives including lots of information, personal care, relaxed atmosphere, fathers participating in appointments. Also reported positive experiences with OB/GYN.</p>	<p>Urban</p> <p>Mothers reported very positive experiences when their care included doula and midwives for the support and care, reported positive experiences with nurses and discussed the positive effects of yoga and hypnosis work.</p>	<p>Urban</p> <p>Mothers reported positive experiences with their physicians and OB/GYN including having a comfort level with them, able to discuss any issues with them, and consistently seeing the same health care professional.</p>
	<p>Rural</p> <p>Mothers were very pleased with the level of care they received from the primary maternity clinic including coming to the same place every time, consistency of care, and availability of professionals</p>	<p>Remote</p> <p>Mothers reported positive experiences including great staff, assistance with breastfeeding and staff working to support mothers.</p>	<p>Rural</p> <p>Mothers reported positive experiences with local physicians and added emotional and financial stress when having to travel to Thunder bay for specialized care not available in Marathon. Level of care in Thunder Bay reported as positive.</p>	<p>Rural</p> <p>Mothers reported that they liked to see the same health care professionals and had developed a rapport with them as a result. They also reported good care with caring physicians and being listened to during the follow-ups.</p>	<p>Rural</p> <p>Mothers reported positive experiences with physicians including having the same physician throughout the pregnancy, good relationship with physician and being accessible.</p>

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
If you can change anything about the care you received, what it would be and why?	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - No complaints (3) - Less rushed appointments - More midwives (2) and more communication between doctors and midwives - Less confusing advice (2) - More post-partum care - Consistent information from professionals - Better explanation of tests on baby - Physicians shouldn't refuse a mother if she saw a midwife (3) 	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Don't take baby away from mother at birth - More support for breastfeeding (3) - More midwives (3) - Shorter waiting times for physicians - More birth support at hospital - Allowing partner to stay in room - Options for caesarean sections 	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Like to have midwives closer and available to deliver in hospital of choice - More information about community resources 	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - More doulas - Health care professionals who take concerns and opinions seriously and respect choices - More support in hospitals - Better information during pregnancy - Better communication between hospitals and physicians - Physicians with more time 	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Spending more time with physicians and not working with interns or students (5) - More information from physicians - Less judgemental - Consistent information on breastfeeding - Consistent information from all health care professionals (3) - Health care professionals believing mother's concerns
	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Would like to have more testing - More consistency amongst information provided by different practitioners - Better communication and patient skills amongst the technicians who do ultrasounds (4) 	<p>Remote</p> <p>Mothers reported:</p> <ul style="list-style-type: none"> - Preference to have one physician rather than back and forth between physicians - Limit use of interns - Better documentation of patient information and communication between health care professionals - More physicians and nurses - Allow fathers to travel with mothers when they are transported to bigger centres - More information 	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - More care, more attention - Not having to travel for care - More surgeons available for c-sections - Less busy physicians 	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Local specialists - Better follow-ups after tests - More access to specialized care and quality equipment - More information from technicians 	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Scheduling of appointments - Availability of care 24/7 - Communication between nurses and midwives - Consistency of information on issues such as medications, breastfeeding, information - Support for mothers who need to travel - Better availability from physicians - Health care professionals should respect opinions and concerns of parents and be compassionate (3) - More support to deal with miscarriages

Question	British Columbia	Western/Northern	Ontario	Quebec	Atlantic
What was most important for you in receiving care during your pregnancy?	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Access to information - Access to qualified professionals - Access to care 24/7 (4) - Consistency - Less confusing information about breastfeeding 	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Choices available to mothers with respect to their care and their choices followed - Education and understanding mother's rights - Information available upfront - Access to midwives - Privacy - Supportive environment for birth - Acknowledge that birth is not an illness 	<p>Urban</p> <p>Mothers identified that the choice of provider and choice of care was most important to them (5)</p>	<p>Urban</p> <p>Mothers identified that they wanted to be listened to and their choices respected (4) and to develop a relationship and trust with their health care professionals</p>	<p>Urban</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Respect and advice (2) - Consistently seeing same health care professional (2) - Understanding by health care professionals - Information - Access to 24/7 care (2)
	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Midwife available for delivery - Physician is a woman and has children - Comfort and trust with health care professional (4) - Experience (3) - Good relationship with health care professional (2) 	<p>Remote</p> <p>Mothers cited:</p> <ul style="list-style-type: none"> - Seeing the same doctor - Follow-up - Better record keeping in files - Better communication between clinics and hospitals 	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Support of mother - Access to care 24/7 (unanimous) - Support of physician - Being informed 	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Consistency by being followed by the same health care professionals (3) - Being followed by different health care professionals for different opinions 	<p>Rural</p> <p>Mothers noted:</p> <ul style="list-style-type: none"> - Availability - Listening - Providing information to make decisions - Consistency (5) - Compassion from health care professionals (5)

5.2 Collaborative Care Concept

Everyone who cares for me is aware of my wishes and respects them.”
Mother from British Columbia

*“It could be very reassuring for the mother – different people, different perspectives and different personalities –
Maybe more time for questions.”*
Mother from Ontario

*“Pregnant women’s options of care and involvement in decision making would remain the same or increase – should not
decrease!”*
Mother from Western/Northern Region

*“It could be more time efficient for me and for the doctors. If a nurse can do some of the work, maybe I won’t have to wait as
long for my appointments.”*
Mother from the Atlantic Region

*“I see the potential for limiting my choices – I don’t want them to give me whoever is supposed to see me according to their “big”
plan. I want to have a say.”*
Mother from Québec

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

1. Have you heard of the concept of multidisciplinary collaborative care? Have you received this type of care? If so, what were your impressions?
2. For everyone in the room, what expectations would you have of the team, knowing that you could receive this type of care?
3. Do you see any advantages?
4. What disadvantages would there be?
5. What would be most important for you, when receiving care from health care professionals operating within such a model?
6. How do you see your role in this type of model?
 - a. Do you see yourself as part of the team? Why? What is your role on the team? Are you the leader?
 - b. Or do see yourself being cared for by the team? Why?
 - c. How do you think the team should make sure your wishes and preferences are respected?

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

5.2.1 Overview of Focus Group Responses

- The vast majority of the mothers participating in the focus groups had not heard of the concept of multidisciplinary collaborative care. Of the three mothers who reported being familiar with the concept, all cited a positive experience.
- Mothers cited the following expectations of collaborative care:
 - Respect
 - Good communications and information
 - Having a say in the care received
 - Everyone working together as a team
 - Consistency
 - Choice
 - Compassion
 - Clear understanding of everyone's roles
 - All patient information is available to health care professionals
- Mothers cited the following advantages of collaborative care:
 - More options and choices for mothers
 - More support
 - Consistency of care
 - Access to information
 - Trust and respect amongst the various health care professionals
 - More efficient care
- Mothers cited the following disadvantages of collaborative care:
 - Potential for conflict amongst health care professionals
 - Overload of information for mothers
 - Loss of one-on-one relationship with health care professional
 - Who would be responsible for errors?
 - Smaller/remote communities may not be able to support a team
 - Personal information being shared amongst a number of professionals
 - What if health care professionals don't agree?
- Mothers identified the following important issues for them when receiving care from health care professionals operating in a collaborative model:
 - Ability to make choices and team supports/respects those choices
 - Mother as the focus of the team
 - Continuity
 - Consistency of communications
 - Trust
 - Compassion
- Overwhelmingly, mothers identified themselves as part of the team in a collaborative model. A number of mothers cited the fact that it is their body and they understand it the best and should be leading their care.

The majority of mothers also saw themselves as leading or directing this team during their pregnancy. They felt that the team was there to provide advice, suggestions and guidance with mothers making the final decisions and the team respecting those decisions. The only notable exception to this finding was in Québec. While most mothers in Québec acknowledged they were part of the team and involved in decision-making, they were not as adamant as mothers in other regions that they are leading or directing the process.

5.2.2 Focus Group Responses

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
<p>Have you heard of the concept of multidisciplinary collaborative care? Have you received this type of care? If so, what were your impressions?</p>	<p>Urban</p> <p>The majority of mothers had not heard of the concept (5) although three identified that they had worked with different professionals during their pregnancy (doula, OB/GYN, acupuncturist)</p>	<p>Urban</p> <p>One mother had heard of the concept and was concerned with the ability of different health care professionals to work together.</p>	<p>Urban</p> <p>The majority of mothers had experienced some type of collaborative care citing midwives working this way (3).</p>	<p>Urban</p> <p>Mothers were not aware of this concept.</p>	<p>Urban</p> <p>Mothers have not heard of the concept.</p>
	<p>Rural</p> <p>None of the mothers had heard of the concept.</p>	<p>Remote</p> <p>None of the participants were aware of the concept.</p>	<p>Rural</p> <p>One mother felt she had previously experienced collaborative care in Kitchener.</p>	<p>Rural</p> <p>Mothers were not aware of this concept in Québec.</p>	<p>Rural</p> <p>One mother has heard of it and one has experienced it. Very positive experience with the 'team'.</p>

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
<p>For everyone in the room, what expectations would you have of the team, knowing that you could receive this type of care?</p>	<p>Urban</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Respect for each other - Good communication - All team members up-to-date on mother's file - Consistency - Seeing the mother as an individual and personalizing care 	<p>Urban</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - All professionals working together to care for the mother (3) - Respect for each other's roles and personality types - Community health model - Share a common philosophy 	<p>Urban</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Have more questions answered - Higher expectations for the team - Choice - Appreciation of other professions - Better care (2) - Everyone aware of each other's roles including mother - Choice - More efficient hospital processes 	<p>Urban</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Access to more information and resources - Availability of professionals (2) 	<p>Urban</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Better communication - Respect for the mother - Involve the mother
	<p>Rural</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Practitioners share a common goal and vision which is consistent with the mother's - Having a say in the care received (2) - Respect of mother's wishes - Involve the mother 	<p>Remote</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Good communication and understanding of mother's options - Better record keeping - Continued follow-up after birth, particularly with c-section 	<p>Rural</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Communication with mothers - Reassurance - Information 	<p>Rural</p> <p>Mothers cited the following expectations:</p> <ul style="list-style-type: none"> - To know everyone on the team and to only see them - To only see the nurse unless necessary for another professional to be involved. 	<p>Rural</p> <p>Mothers had the following expectations:</p> <ul style="list-style-type: none"> - Less time consuming - The appropriate professional would be handling your issues (2) - Access to information on a timely basis - Anticipate problems (3) - Not focused on the cost - Compassion (6) - Clear understanding of everyone's role (3) - Understand what you can expect from the team

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
Do you see any advantages?	<p>Urban</p> <p>Mothers the following advantages:</p> <ul style="list-style-type: none"> - More options for mothers - More support - Experience of all the specialties - Save money - More homebirths - Holistic care - Inclusion of doula 	<p>Urban</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Support from all members of the team (3) - All options available to mothers (2) - Consistency of care - Shared education and belief systems 	<p>Urban</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - All team members aware of mother's situation - Mutual respect for professions - Cost effective - Electronic files would be efficient - Reassuring for mother - Increase profile of midwives - Access to more information and process (4) - Facilitates trust and respect amongst health care professionals 	<p>Urban</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Better care - Respect from each profession (2) - Midwives can attend home birth - Greater respect by each profession of their competencies (2) - Simply birthing approach - Less burden on the system (2) 	<p>Urban</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Better care - More efficient - Healthier mothers and babies - Better communication - More informed and confident mothers - Less stressful for all
	<p>Rural</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Access to more knowledge (2) - More accommodating care for mothers - More choices for mothers (2) - Less burnout for practitioners 	<p>Remote</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Less chance of making mistakes - Better history of patient 	<p>Rural</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Cared for by the entire team - Feeling safe - Better communication 	<p>Rural</p> <p>Mothers were challenged to find anything positive about the concept:</p> <ul style="list-style-type: none"> - Physicians only used when needed - Increased access to specialists - Create a core of professionals dedicated to maternity care 	<p>Rural</p> <p>Mothers cited the following advantages:</p> <ul style="list-style-type: none"> - Cost effective - Health care professionals doing what they are trained to do

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
<p>What disadvantages would there be?</p>	<p>Urban</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Potential conflict between health care professionals - Communication issues - Work load for practitioners - Who makes decisions? (May need a team leader to facilitate and coordinate) 	<p>Urban</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Midwives will compromise care - Impersonal - Mothers may get lost in the system - More focus on the professionals and less on the mothers - Might not be able to have a primary caregiver - Lack of open communication - Use of blame if something goes wrong - Losing clients who don't fit the model 	<p>Urban</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Possibly high overhead cost - Loss of the one-on-one relationship - Communication challenges - Possibility of transferring the blame 	<p>Urban</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Personal information shared with too many people - No room for my choices and my personal experience - Seems big to implement – potentially most costly? - Better for professionals and the systems; not necessarily for mothers (3) - Involves too many people – birth experience is no longer intimate 	<p>Urban</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - What if the health care professionals don't agree? (3)
	<p>Rural</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Personality conflicts could impact the team in small communities - Overload of information for mothers - Could lose relationship built with practitioners 	<p>Remote</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - High staff turnover on northern communities 	<p>Rural</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Differing opinions amongst team members - Loss of the close relationship with physician 	<p>Rural</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Won't know who is taking care of me - No follow through with family physician - Personal information shared with greater number of people - Less choice of maternity care physicians in community 	<p>Rural</p> <p>Mothers cited the following disadvantages:</p> <ul style="list-style-type: none"> - Potential for tension between professionals - Can a small community support this kind of approach?

Question	British Columbia	Western/Northern	Ontario	Québec	Atlantic
<p>What would be most important for you, when receiving care from health care professionals operating within such a model?</p>	<p>Urban</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Practitioners aware of all options available to mothers - Do not expect all mothers to have education, time or resources to be involved in decisions about their care - All decisions respected and ability to make their own choices 	<p>Urban</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Opportunity to discuss birth plan with the team - Choice - Mothers need to be supported; not intimidated - Mothers are the focus of the team 	<p>Urban</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Choices – access to information and power to make decisions (3) - Continuity and personal care 	<p>Urban</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Listen and respect my choices (3) - Simple and humanistic approach - Be as informed and as involved as possible 	<p>Urban</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Everyone is on the same page - Get the right answer the first time - All members of the team sharing the same goal – healthy mother and health baby (4) - Making everyone comfortable and ensuring the mother has the correct information
	<p>Rural</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Access to qualified care 24/7 (7) - Consistency 	<p>Remote</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Properly informed about their health and the health of the baby - Easier access to pain medications - Honest information about baby if there are complications - More patience from physicians during labour - Complete information about medications and side effects - Special considerations for women who have still births or miscarriages - Physicians present during ‘pushing’ 	<p>Rural</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Connection and communication - A team who knows you and cares about you - Same answers from all - Team has similar values and opinions - Need to know ahead of time who will be part of the team 	<p>Rural</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Availability of professionals (3) - Trust – want relationship with physician 	<p>Rural</p> <p>Mothers cited the following:</p> <ul style="list-style-type: none"> - Compassion and care (5) - Respect between professionals and mother (6)

Question	British Columbia (Urban and Rural)	Western/Northern (Urban and Remote)	Ontario (Urban and Rural)	Québec (Urban and Rural)	Atlantic (Urban and Rural)
<p>How do you see your role in this type of model?</p>	<p>Urban</p> <p>All mothers identified themselves as part of the team with four indicating that they are leading the process, one indicating the baby is leading and three are guided by the team.</p>	<p>Urban</p> <p>The majority of the mothers are part of the team, and leading the process (6). Mothers need to have choices to make informed decisions and need to be sensitive to cultural/socio-economic differences between mothers.</p>	<p>Urban</p> <p>Mothers were unanimous that they are all part of the team, with the majority indicating that they are leading the process.</p>	<p>Urban</p> <p>All mothers are part of the team and indicate that they have an active role in making decisions (6). No mothers felt that they were the leader.</p>	<p>Urban</p> <p>Mothers overall saw their role as part of the team, and many feel they are the leader.</p>
	<p>Rural</p> <p>All mothers are part of the team and the majority are leading the team (4). Two mothers indicated they are at the centre of the team being cared for by all.</p>	<p>Remote</p> <p>The majority of mothers saw themselves as part of the team with a number leading the process and others feeling that they are being cared for by the experts.</p>	<p>Rural</p> <p>All mothers would be part of the team with a significant number leading the process.</p>	<p>Rural</p> <p>There was no consensus amongst the mothers with regard to their role. Most indicated that they were part of the team and four stated, “just listen to us”.</p>	<p>Rural</p> <p>Mothers unanimously saw themselves as part of the team and the rest of the team helps them to make the right decisions.</p>

5.3 Opinions of Advertisement Options

“Greater satisfaction for all is great message - and it has meaning for mothers.”
Mother from Manitoba

The mothers participating in the focus groups were presented with three draft advertisements about the MCP² project and then were asked the following questions related to each advertisement:

1. What is your overall impression of each ad?
2. What are the overall messages coming across in each ad?
3. What is the most appealing visual in each ad and what is the least appealing visual in each ad?
4. Do the photographs represent well the health professionals involved in collaborative maternity care?
5. Does each ad allow you to understand the concept of collaborative maternity care? Please explain why?
6. As a result of each ad, would you say that you have a better awareness of the benefits of collaborative care?

Upon completion of the review of all three advertisements, mothers participating in the focus groups were asked the following summary questions:

7. Which concept is the most appealing visually?
8. The texts of concepts 1 and 3 are different. Which message is most compelling?
9. How can the ad be improved?

5.3.1 Overview of Focus Group Responses

The participants to these focus groups were asked to provide feedback on the content and presentation of multidisciplinary collaborative primary maternity care within three advertisement concepts. The first concept had more emphasis on the woman, the second concept was emphasized the health care professionals and the third concept was a more factual ad.

Objectives

The feedback from the focus groups on the advertisement options is reviewed within the context of the objective for the advertisement. The ad will be designed to raise the awareness of women of childbearing age and the public of the need for and benefits of multidisciplinary collaborative primary maternity care.

Overall Conclusions

- The ads were effective in raising awareness on multidisciplinary collaborative maternity care, especially the ad concept # 2.
 - ⇒ “I understand what you want to happen and what the goal is”
- The ad concepts #1 and #2 were both visually appealing. However, ad concept #2 was by far the most popular ad concept.
 - ⇒ “Putting them [health care professionals] together really speaks of teamwork”
 - ⇒ “I see a lot of care and reassurance throughout the ad”
 - ⇒ “They look like a team because they are all together”
- The ads provided a good representation of health care professionals involved in maternity care.
 - ⇒ “You can see that there are different types of professionals”
- The ad concept #2 conveyed the message that this “care is more mother-friendly”.
- There were comments on the need to include a more diverse, multi-cultural representation of health professionals.
- Women would like to have more of an emphasis on teamwork, less on trust.
- The quotes at the back of the ad concept #3, including the quote from the mother, helped women understand the benefits of multidisciplinary collaborative maternity care.
- Women would like to know more about multidisciplinary collaborative maternity care.
 - ⇒ “It briefly explains but doesn’t tell me how it applies locally”
 - ⇒ “Where can I get more information”

Samples of comments from mothers supporting these conclusions can be found in the table in Section 5.3.2 on the following pages.

We have further included a sampling of comments, both positive and negative regarding each advertisement in Section 5.3.3.

Recommendations

- Ad concept #2 will be retained.
- The photographs of the health professionals on the sidebar flap will be altered to include the photograph of an Asian health professional.
- In keeping with the mother-centered theme for the project, the photograph of the team of professionals in the circle will be replaced by the photograph of a mother and her baby (with the dotted line linking the mother to the team)
- The text at the back will be replaced by quotes from ad concept #3, including a quote from a mother.

5.3.2 Focus Group Responses

Conclusions	British Columbia	Western/Northern	Ontario	Québec	Atlantic
The advertisements were effective in raising awareness of multidisciplinary collaborative care	“Better aware of existence.” “Where can I get more information?”	“I understand the benefits – it’s encouraging”	“Would actually read the piece.”	“Understand what they want to do; don’t understand how they will do it.”	“I would like to know more.”
The ad concepts #1 and #2 were both visually appealing. However, ad concept #2 was the most popular ad concept.	“The belly and how it positions mom and baby first.”	“Mother holding belly.”	“Finger on the baby’s hand is most effective picture.”	“Picture of little hand”	“Health care professionals look genuine.”
The ads provided a good representation of health care professionals involved in maternity care	“Health care providers loom to be working together.”		“Can immediately see there are different health care professionals”	“Can see that there are different kinds of professionals”	“Putting them together really speaks of team.”
The ad concept #2 conveyed the message that this “care is more mother-friendly”	“This is about pregnant women.”	“Mother-friendly information.”			“It’s about the baby and the mom”
There were comments on the need to include a more diverse, multi-cultural representation of health professionals.	“There should be more visible minorities”	“Make it more multi-cultural”			“Not culturally diverse.”
Women would like to have more of a focus on teamwork, less on trust.	“I understand what “teamwork” means in this context”			“I understand how teamwork is relevant. But trust – it seems unclear”	“Trust with whom? I’m not sure how it applies to my care...”

Conclusions	British Columbia	Western/Northern	Ontario	Québec	Atlantic
The quotes at the back of the ad concept #3, including the quote from the mother, helped women understand the benefits of multidisciplinary collaborative maternity care.		"I like it; it explains the purpose of MCP ² and benefits."	"If I look long enough, I see the benefits."	"Yes, this part is much clearer."	
Women would like to know more about multidisciplinary collaborative maternity care.	"Where can I get more information"		"I would stop and read this ad."		"It briefly explains but doesn't tell me how it applies locally"

5.3.3 Sampling of Comments by Advertisement

Advertisement – “Women and Maternity”

- ⇒ “Belly caught my eye”
- ⇒ “Makes me think of an electoral pamphlet”
- ⇒ “It is informative but why would I read it?”
- ⇒ “What about single mothers, same sex couples?”
- ⇒ “Don’t see myself in the ad – how am I impacted?”
- ⇒ “Multidisciplinary – sounds like someone is telling me what to do”
- ⇒ “Looks like they are trying to sell something”
- ⇒ “Another health care issue that won’t go anywhere”
- ⇒ “Comforting but not informative”
- ⇒ “It’s about the baby and the mom”
- ⇒ Working together”
- ⇒ “How is this different from what we have now?”
- ⇒ “Group picture is not effective”
- ⇒ “Why isn’t mother integrated with team?”
- ⇒ “There should be more visible minorities”
- ⇒ “I understand what they want to do; don’t understand how they will do it”
- ⇒ “It leaves me with more questions than answers”
- ⇒ “Not sure what it means for the community”
- ⇒ “Wedding ring is a problem for representation”
- ⇒ “Better aware of the existence [collaborative care]. Not better aware of the benefits”
- ⇒ “Not enough on how specialists will work together”

Advertisement - “Health Care Professionals”

- ⇒ “Health care professionals look genuine”
- ⇒ “Shows more focus on the mom and baby, and team centred approach”
- ⇒ “Has a life insurance feel to it”
- ⇒ “It’s about the baby and the mom”
- ⇒ “Makes me feel overwhelmed that I might have to see four people during my pregnancy”
- ⇒ “Wedding ring sends wrong message”
- ⇒ “Will this be privatized care?”

- ⇒ “It is all about mutual trust and teamwork”
- ⇒ “Finger on baby’s hand is most effective picture”
- ⇒ “No references to families with mom and baby”
- ⇒ “Professionals look like a family”
- ⇒ “Not cultural diverse”
- ⇒ “Explains purpose, but what are they doing with it”
- ⇒ “Focus on trust and teamwork doesn’t include the mother”
- ⇒ “Health care providers look to be working together”
- ⇒ “Conveys the message that is care is more mother-friendly childbirth experience”
- ⇒ “I understand what you want to happen and what the goal is – don’t know how it will happen”
- ⇒ “See a lot of care and reassurance throughout the ad”
- ⇒ “See advantages for the professionals; not for mothers”
- ⇒ “Still don’t understand what it means for me”
- ⇒ “Where can I get more information”

Advertisement– “Canadian Perspectives”

- ⇒ “Too many words; too much to read”
- ⇒ “My husband wouldn’t read either”
- ⇒ “Seems opposite to team approach with moms on one side and professionals on the other side”
- ⇒ “Makes me think of the army with the ‘Canadian’ perspectives”
- ⇒ “If I look long enough I see the benefits”
- ⇒ “Message about greater satisfaction for all is great message and has meaning for pregnant mothers”
- ⇒ “Empowerment of mothers and their families is interesting; however, it is at the end”
- ⇒ “Not much cultural diversity”
- ⇒ “Have to be motivated to read”
- ⇒ “Mother should be posing with professionals”
- ⇒ “As a Québécoise, I don’t feel this ad is geared towards me – because it’s geared to Canadians”
- ⇒ “Not understanding what the words mean”
- ⇒ “Childbirth is more than just the mother – it is something my husband and I are doing together”
- ⇒ “Faces seem to make sense with the professions”

- ⇒ “Eliminate the opinions of the professionals as it makes the ad too wordy”
- ⇒ “Targets well-educated women”
- ⇒ “Another health care initiative that won’t go anywhere”
- ⇒ “Big words say too much”
- ⇒ “Targets other moms, higher incomes, university educated”

6. CONCLUSION:

The consumer focus groups provided additional valuable information and insight into the experiences of mothers with maternity care across Canada and build upon the baseline research completed in Fall 2004.

As with the Fall 2004 research, 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 multidisciplinary collaborative care.

As discovered in the baseline research in 2004, there continues to be regional variations; however, it was clear that across Canada, mothers are generally satisfied with the quality of the care they received during their most recent pregnancy. Notwithstanding their satisfaction, mothers identified a number of possible improvements to their maternity care experience and it was clear from a number of focus groups that a greater number of health care professionals are playing a role in the maternity care experience. In all cases, these additional health care professionals including midwives, family physicians and OBY/GYN were viewed as a positive addition to the experience.

Additionally, within each region, the urban/rural divide also seems to play a role in determining their experience particularly for mothers who required specialized care not available in their community resulting in the need to travel to a larger centre. Mothers reported both emotional and financial stress as a result of the travel requirements and periods of time away from home without their family support.

This consumer research reflected the findings in the baseline research that 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. As noted earlier, mothers all identified positive experiences when working with multiple professionals.

Responses from mothers regarding the expectations, advantages and disadvantages are consistent between the 2004 and 2005 research. Of interest are the responses surrounding the question of the mother's role in the collaborative care team with the majority very clearly and forcefully identifying that they are leading the team, they expect to receive information and guidance from the team, they will make the final decisions as they know their body best, and they expect their decisions to be respected.

The information collected on the advertisements is particularly valuable and has already been used to finalize the advertisement for placement in *Chatelaine* magazine.

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 pregnancy;
- Their expectations as a mother;
- Their impressions of the quality of the care they are receiving.