





## Research & Practice INSPIRING INNOVATION IN MATERNAL CARE TOGETHER

November 1-2, 2018 | University of Calgary MacEwan Conference Centre

MNCY and the University of Alberta ENRICH Research program are partnering together to host a two day international conference aimed at bringing research related strategies to improve maternal and infant health from preconception to birth into everyday practice.

### Themes

Themes of the conference include: Public Health, Health Promotion and Disease Prevention, Indigenous Maternal Health and Health Service and Clinical Care Delivery.

Dynamic sessions will bring together research and practice leaders, health care professionals, community-based organizations and community members.

### Keynote Speakers:

- Dr. Mary Barker (University of Southampton)
- Dr. Christine Olson (Cornell University)
- Dr. Yvonne Butler Tobah (Mayo Clinic, Rochester, Minnesota)
- Dr. Rhonda Bell (University of Alberta)
- Indigenous Leaders

### Topics of Interest

- Novel approaches to working with vulnerable populations
- Building and conducting evaluation trials
- Importance and examples of partnerships
- Healthy Pregnancy and Modifiable Risk Factors
- Indigenous Maternal Health
- Implementing the inverted pyramid of pregnancy care
- Complex Solutions for Complex Situations
- Perinatal Mental Health
- Patient Stories
- Wicked Questions
- Bold Ideas for Action

➤ To get more information and to register, visit the [Maternal & Newborn Conference 2018 at maternalconference.ca](http://Maternal & Newborn Conference 2018 at maternalconference.ca)

## Health Outcomes Improvement Fund (HOIF) continued

- Emergency department use during pregnancy and postpartum is being studied with the goal of creating interventions or diverting women to more appropriate care. This project has also engaged the Emergency SCN.
- Development of standardized enteral feeding practices in NICU has spun out of a project dealing with Necrotizing Enterocolitis (NEC).
- Talking to teens with obesity has clarified that factors such as mental health, sleep and relationships are important conversation topics for clinicians to have resources to support.
- Parent priorities in Child Health research are being heard in a project that gives parents a voice to say what is missing for them in existing evidence, thereby providing a direction for future projects.

**This is just a snapshot – More news in future issues!**

➤ [Learn more about previous HOIF successes.](#)

# 5 Women, 5 Babies: Safe Housing

## A Home for the Homeless

### New Alberta Prenatal Record Pilot

As developed by the MNCY SCN Antenatal pathway group, the new prenatal record started a pilot run, at 10 separate clinician offices this month.

A cross-section of Family Practice Physicians, Midwives and Obstetricians from both urban and rural communities from all 5 zones are represented. Evaluation of the pilot is being supported by **Health Systems Evaluation and Evidence** team. While clinics plan to use the new prenatal record for the full pregnancy term of their patients, the evaluation report will be complete in January 2019. Hospitals may expect to see the prenatal record arriving anytime. We want to convey our sincere thanks to the clinicians and staff who are participating in this pilot!

➤ For questions contact [Debbie.Leitch@ahs.ca](mailto:Debbie.Leitch@ahs.ca)



➤ For more information, see [Pregnancy Pathways program](#).



### Pregnancy Pathways

The Inner City Edmonton Pregnancy Pathways program now has 5 clients, each of whom has a lovely baby boy. The program launched with a temporary scattered-site model, but are expecting to move the program, along with the clients and their sons, into a permanent home, thanks to a donation from architect Gene Dub and the wonderful support of the housing partner, Capital Region Housing. Once relocated to the new building, there will be staff on-site 24-7 who will continue working with the existing clients and those yet to complete intake, to build a community of support to help them work toward their goals.

The team has been working on forging relationships with various agencies and members of the community to get the best possible supports in place for these women and their children. Key partners to date have included: Alberta Works; Capital Region Housing; Homeward Trust Edmonton; the HER Program; Alberta Children's Services; the Bent Arrow Traditional Healing Society's Kahkiyaw program (Collaborative Service Delivery

with Children's Services); the Edmonton Police Service; various pre-natal care providers at the Boyle McCauley Health Centre and elsewhere; and many more.

The team feels fortunate to be able to engage with Elders and traditional knowledge keepers to provide access to ceremony and teachings for our Indigenous Clients, and to help ensure all work is respectful of culture and the Principles of Reconciliation. The Research and Evaluation Committee has started their work to capture learnings and use them to improve the program as it develops.

Many thanks to MNCY and the MERCK for Mothers Funding, the government departments, foundations, organizations and private individuals who have been supporting this program with funding, donations and other supports. We are especially indebted to the Royal Alexandra Hospital Foundation, who have not only raised a lot of money to assist us to meet our Clients' needs, but have also helped raise awareness of the program.

# Perinatal Death

## And Hypoxic Injury in Canada — can we reduce the incidence?

**Dr. Michael R. Bow- President SOGC Speaks Up**

### We can do better

- The infant mortality rate in Canada rates 9th out of 11 First World countries
- A significant portion of these losses are due to hypoxic intrapartum insult and are preventable.
- Causes: knowledge deficit, application of knowledge to care, situational awareness, communication, timely access to services or resources.
- However, 3 key risk factors account for 58% of medicolegal costs;
  - Failure to interpret or respond to abnormal fetal status
  - Failure to monitor fetal status
  - Failure to communicate fetal status.

It has long been recognized that fetal surveillance interpretation can be very challenging, and that inter-observer variation is significant. My colleagues and I frequently acknowledge to each other while on duty, the need to focus very intensely on an intrapartum FH tracing (when EFM is required in a higher-risk patient) in order to avoid under calling an abnormal tracing and risking fetal injury, or overcalling same and risking an unnecessary C-section.

It has been shown that enhanced training in Fetal Health interpretation can improve outcomes. It would therefore

seem to follow that the acquisition of the highest level of competence in this important skill by physicians, nurses, and midwives (as well as improved multidisciplinary communication) will reduce both preventable perinatal injury and loss, and possibly also unnecessary Caesarean sections.

### I urge all Obstetrical leaders and care providers to:

1. Complete the “Fundamentals of Fetal Health Surveillance on line learning program
2. Attend the multidisciplinary FHS classroom sessions held at your birth site.
3. Participate in multidisciplinary regularly scheduled Obstetrical Skills Drills held within your birthing units at least annually
4. Be active participants in MOREOB workshops and QI activities.

The practice of intrapartum Obstetrics is both challenging and rewarding in equal measure. It is a tremendous privilege and a joy to share some of the most precious moments that our parturient mothers and their families will ever experience. But with that privilege and joy must come the responsibility to achieve and maintain lifelong learning and proven competence in order to minimize the potential for preventable adverse outcomes. Indeed the Royal College of Physicians and Surgeons of Canada addresses this matter specifically with the Competency by Design project — the process should not stop with entry into practice.

I therefore ask that all obstetrical, midwifery, and nursing colleagues commit to the above enhanced learning, if you have not already done so.

### The MNCY Team

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➤ To provide feedback on this newsletter or provide suggestions for future newsletter content, please contact [maternalnewborn-childyouth.scn@ahs.ca](mailto:maternalnewborn-childyouth.scn@ahs.ca)

