Transformational Roadmap (TRM)

MNCY’s three year transformational roadmap reflects a bold vision and path forward to improve outcomes for mothers, newborns, children and youth in Alberta. Learn about our guiding principles, strategic platforms and priority projects for 2017-2020.

The entire TRM can be found on our website and the MNCY SCN™ would like to encourage you to read the document in its entirety. If you have any questions please feel free to send us an email.

“MNCY SCN™... it isn't just another committee – it's an inspiring collaboration.”
— Susan M. Gilmour, MD, MSc, FRCP(C) Chair, Department of Pediatrics, University of Alberta
Labour and Birth Pathway work is getting underway!

The next phase of the pregnancy pathway work is the development of a labour and birth pathway.

This will be multi-phased work that will begin with addressing the typical journey of the expectant woman with average risk factors and expand to include the numerous components of labour and birth with added risk factors. Both current resources such as MORE® and STORC as well as new research will be used to inform the pathway. Clickable links will take the user immediately to the content as well as any supporting documents such as guidelines, clinical documentation forms, medical protocols, decision trees or patient education tools for user friendliness.

As this pathway has many facets that require significant stakeholder engagement and agreement, components of the pathway will be implemented as they are completed.

The expected date for completion of the entire labor and birth pathway is spring of 2018.

If you are interested in being involved in the development or review of any components of the pathway email Debbie Leitch, ED, MNCY, SCN™.

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<th>Average Risk</th>
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Women & Family Centre Care
Communication Process: Expectations, choices, psychosocial, family support

Maternal Fetal Risk Assessment & Triage

Access to Health Care Provider—Continue of Care

**Neonatologists at both the Foothills Medical Centre and the Royal Alexander Hospital have taken a proactive approach to helping physicians in regional and rural facilities, who are faced with caring for a preterm or at risk newborn, through a supportive telemedicine consultation process.** The process has supported stabilization and care processes locally as well as provided support for decisions to transfer.
Partnering to improve health outcomes for Indigenous mothers and children

Late access to appropriate prenatal care by indigenous women has been identified as one influencing factor in a perinatal mortality rate that is double that of other populations in Alberta. A 1.3 million dollar grant from MERCK for Mothers and Alberta Innovates Health Solutions will help us to change that!

Three Indigenous communities, Maskwacis, Little Red River Cree Nation and Inner City Edmonton Indigenous homeless populations will utilize these funds to create culturally appropriate opportunities that enable expectant women to access pre- and postnatal care in their home community. In addition to improving maternal and newborn outcomes the projects area aimed at building strength and independence, pride in culture and community, as well as knowledge, confidence and skill.

Work on these projects will begin in January of 2017.

Health Outcomes Improvement Fund (HOIF)

The response to the call for proposals to the Health Outcomes Improvement (HOI) Fund was unprecedented! We were delighted that researchers and health care providers were enthusiastic and focused on improving the health outcomes of Alberta’s mothers, infants, children and/or youth.

Full applications in all three competitions (open, small targeted, and large targeted) will be reviewed, and successful applicants notified once all reviews are completed.

If you have any questions about the review process please contact Courtney Lundy or visit the PolicyWise for Children and Families website.

Questions about the HOI Fund in general may be submitted to Dr. Seija Kromm, Assistant Scientific Director, MNCY SCN™.

The work on key performance indicators (KPIs) continues. KPIs will help us identify how the work of MNCY can make an identifiable and measurable difference in the health outcomes of mothers, babies, children of all ages, and families.

Indicators related to Maternal/Fetal, Newborn, and Child & Youth health from numerous sources and jurisdictions have been compiled. We are grateful for the willingness of prenatal, postpartum, and patient/family groups from the Stollery Children’s Hospital and Alberta Children’s Hospital in providing input as well (an essential part of this initiative!).

All of this information will be used in a systematic process to select the final list of KPIs year (stay tuned MNCY SCN Core Committee members).

If you have any questions regarding the indicators or the process the MNCY SCN is using to select them, we invite you to contact Dr. Seija Kromm, Assistant Scientific Director, MNCY SCN™.

The Secondary Analysis to Generate Evidence (SAGE) is a publicly funded research platform that enables the secondary use of data related to child and youth development, health and wellness. SAGE is requesting proposals for their Secondary Data Use Grant. This grant provides $5000 to five successful applicants to undertake research utilizing data that is stored and managed by SAGE.

For more information about this grant please go to the PolicyWise for Children & Families website. Deadline for this grant is January 30, 2017 at 4:00 p.m. If you have any questions about the SAGE Secondary Use Grant please contact the SAGE Team directly.
Have you ever sat on electronic fetal assessment tracing that was “atypical” while every instinct in your body screamed: “WE NEED TO DO SOMETHING!” Use the TIME acronym to guide your discussion with the rest of the health care team and to establish a plan of action:

**T** is for Time
How long has there been a concern?

**I** is for Indicators
What indicators suggest the concern?

**M** is for Management Strategies
What management strategies have been tried to correct the concern?

**E** is for Evaluate & Establish
Evaluate the plan of care Establish a new plan

**At a recent Maternal Fetal Standing Committee Meeting of the Maternal Newborn Child & Newborn (MNCY) Strategic Clinical Network™, it was suggested that both ante and intra partum EFM classification cheat sheets would be of help to both nurses and physicians on the labour and delivery units. In addition, since fetal health assessment has been identified as this year’s provincial goal for MORE™, the Committee recommended that each electronic fetal monitor in the outpatient and labour and delivery rooms have a cheat sheet attached to it for easy reference by both nurses and physicians. Laminated copies were mailed out to all provincial labour and delivery departments. Clarity in communication and how we interpret and respond to fetal monitoring strips will support improved newborn outcomes- every little step can make a difference!

For more information contact Debbie Leitch, ED, MNCY SCN™.

**PREVENTION OF CONGENITAL ANOMALIES IN ALBERTA**
- The issues of preconception care -

R. Brian Lowry MD, DSc, FRCP<br />Alberta Congenital Anomalies Surveillance System <br />AB Surveillance and Health

Three to four percent of all newborns have at least one serious Congenital Anomaly which is equivalent to about 2000 babies a year in Alberta and by school age five to six. Congenital anomalies are a leading cause of infant mortality (>20%). Survivors stay in hospital longer, incur higher expenses, have a higher frequency of hospital readmissions, and require more services than infants born without serious anomalies. For most anomalies the prevalence is relatively unchanged over the past two decades. Some exceptions are: increasing rates of Down Syndrome and other trisomies due to more older mothers giving birth; increasing rates of gastroschisis in very young mothers.

More could be done to reduce the prevalence of congenital anomalies by paying attention to the known risk factors and implementing programs to help modify these risks. These include maternal overweight/obesity, adequate folic acid levels, maternal smoking, alcohol, recreational drugs, poorly controlled diabetes, some therapeutic drugs such as those for epilepsy, and rubella vaccination. Other factors which would help to reduce the prevalence are much broader societal issues such as education, nutrition, housing and improvement of socioeconomic status.

The problem is how to reach at-risk mothers before conception. There are a variety of Prenatal Programs in Alberta managed by Zones or Sites, but no overall Provincial Program and no overall Preconception Program.

Ten recommendations to improve Preconception Health in the U.S. (MMWR publication 2007) are applicable in Alberta except for the item on Health Insurance. Recommendation #2 improve consumer awareness recognizing that this takes time to achieve. In Alberta there is much information available to the public about the harm of smoking and alcohol but both are still a problem. General health education at the school age is so important, not only to reduce teenage pregnancy but also the importance of preconception health and to influence voluntary behaviour.
Pediatric Nursing Education can help make the difference...

As care within the hospital setting continues to grow more complex, nurses are being asked to make critical decisions associated with care for sicker, more complex patients. Although nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, nursing students have limited exposure to pediatric nursing care during their initial training; the majority of nursing skills are taught in the context of adult care.

As a result of this limited exposure to pediatric nursing care, it has become apparent that a province-wide education program would benefit nurses working in a pediatric setting. The program would provide nurses with the skills, knowledge and confidence they need to deliver high-quality health care to babies, children and youth within the province, particularly those patients that may require special health care needs.

The MNCY SCN™ in conjunction with Clinical Nurse Educators from across the province have started to come together to discuss this work and will collaborate efforts to develop and implement a standardized province-wide education program for pediatric nursing. This comprehensive education program for pediatric nursing would not only help to prepare new nurses with a broader scope of practice but will also benefit current nursing staff.

It is also expected, that the added education for pediatric nurses will translate into enhanced use of our regional pediatric beds. Based on the current capacity constraints within the tertiary-level pediatric units at the Stollery Children’s Hospital and the Alberta Children’s Hospital, regional bed utilization could be improved by providing nurses with the tools to deliver optimal care for pediatric patients at the regional facilities across the province.

Although this project is a significant undertaking, it is exciting to know that once developed and implemented, this “new” pediatric nursing education program will:

- create consistency in content
- eliminate redundancies and repetition in information
- provide pediatric nurses with the required skills, knowledge and confidence
- offer practical and relevant tools to make better decisions
- maximize resources and ultimately more efficient use of educator/learner time and,
- ultimately, support the delivery of optimal care for the highly specialized pediatric regardless of where they are in the province

If you have any questions or require additional information surrounding this work, please contact Ursula Szulczewski, Manager, MNCY SCN™.

CLINICAL & TRANSLATIONAL EXERCISE PHYSIOLOGY (CTEP) LABORATORY

The Clinical & Translational Exercise Physiology (CTEP) Laboratory, within the Cumming School of Medicine at the University of Calgary, is up and running! The CTEP Lab is a state-of-the-art research facility dedicated to health promotion and wellness by advancing and translating knowledge on the role of exercise in the prevention and management of chronic disease. If you or your research group are interested in studying the role of exercise on health, email the CTEP Laboratory directly to discuss potential opportunities. Additional information may be found on the CTEP website.
The Smallest Things — Prematurity Awareness Month and World Prematurity Day

... a fighting chance for every baby (March of Dimes)

Denise Clarke (NICU NNP) and Erin Burton (NICU RN)

World Prematurity Month (November) a time for charities, health professionals, families and organizations around the world to come together to raise awareness of the 15 million babies born premature each year. November 17th marks the celebration of World Prematurity Day (WPD) around the world. It is observed annually to raise awareness of prematurity and to celebrate the strengths and struggles of these tiny babies and their families.

In Alberta, one out of eight babies is born preterm, making this one of the highest rates in Canada. A preterm birth is defined as any baby born prior to a completed 37 weeks gestation. An estimated 15 million babies are born too early every year; approximately one out of ten babies. Almost 1 million children die each year due to complications of being born too early and those who survive may face a lifetime of physical and neurodevelopmental challenges. Preterm birth is a pediatric pandemic that demands global awareness as it is the leading cause of death in children less than five years of age.

World Prematurity Day was first celebrated in Europe in 2008 and Canada’s first celebration occurred in our very own city of Edmonton, Alberta in 2011. The event was observed at the Stollery Neonatal Intensive Care Units (NICUs) at the University and Royal Alexandra Hospitals, as well as the Grey Nun’s and Misericordia NICUs. It is now celebrated annually in over 60 countries. We continue to recognize our preemies, as well as all of our NICU graduates, and their families every year in Edmonton by hosting an annual NICU graduate tea in commemoration of WPD. We can boast that this event is growing in numbers every year.

Our November 2016 tea gathered approximately 450 family members to honor their babies and their beautiful little lives. Naturally, amongst those in attendance were a multitude of volunteer nurses and NICU staff whose lives have been touched by these precious babies. We all truly hope that celebrating this important day will help to bring recognition of prematurity and critically ill babies into the general public, thereby creating a venue to promote successful outcomes for our population of wee babies.

Pregnancy can be one of the most joyful and exciting times in a woman’s life and many call it a miracle. A team of physicians and nurses are on hand to help deliver these tiny miracles, with their abundance of passion and knowledge – they truly do everything they can to provide the best care to the mothers, and to deliver healthy babies.

To further their experience and skills, physicians and nurses who work in obstetrics, across Central Zone, took part in a two day workshop this past October, supported by the Maternal Child Program in the Zone. The workshop was instructor-lead, and allowed the physicians and nurses from all sites within the zone to come together to learn about fetal health surveillance (FHS).

FHS involves monitoring the fetal heart rate during pregnancy and birth to potentially identify any abnormalities that would require intervention and possibly delivery. Central Zone arranged to host a FHS workshop in partnership with the British Columbia Perinatal Services, who sent two of their facilitators to the Red Deer Regional Hospital Centre (RDRHC) to deliver the workshop to frontline staff. “The workshop allowed healthcare providers to learn, grow, and share experiences to enhance their knowledge and skill and network with fellow care providers,” says Sandi Sebastian, Director Women’s and Children’s Health Services RDRHC, Nursing Services, AHS Central Zone. The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network (SCN) set a provincial goal for each zone to work on fetal health surveillance and communication. “We really appreciate all who attended and shared their stores and skills to help build our teams delivering obstetrical care within Central Zone,” adds Sebastian.

Over 60 Central Zone physicians and nurses, took part in the two days of FHS workshop, and practice their skills in FHS assessment. In addition, over 30 staff trained to become FHS instructors so they can delivery just-in-time education to the staff at sites within the Zone.

Miracles come in all shapes and sizes, and many happen in healthcare centre’s across the province!

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NICU Units across the province demonstrated Prematurity Awareness...

- Red Deer Regional Hospital Centre held a tea; the local paper wrote an article, some of the graduate families attended as well as staff
- Foothills Medical Centre in Calgary organized Story Time at the local library, a pizza party for families and staff, and an information table
- South Health Campus had a celebration with face-painting, a photographer and a media wall
- NICUs in Edmonton hosted their annual graduate tea with approximately 450 family members honouring their babies
- Peter Lougheed Centre in Calgary staff supported the week by fashioning off their purple gear
- Grey Nun’s in Edmonton held the annual Graduates Tea with over 75 families attending
- At the 4th Annual QEII Graduation Tea in Grande Prairie, the Deputy Mayor made a Proclamation, calling on call community members to join us to raise awareness of the impact of prematurity
- Alberta Children’s Hospital in Calgary staff made footprints of all the babies, using the purple theme then hung them outside each baby’s room