Okanagan Health Service Delivery Area, Interior Health Authority

Maternal/Fetal and Neonatal Stabilization and Transport Operational Review: Report for Quality Assurance Purposes
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Conducted by the:
British Columbia Reproductive Care Program
Provincial Perinatal Health Program (BC)
on:
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Operational Review Team

Mr. J. Andruschak  Provincial Director, BCRCP
Dr. P. Chessex     Division Head, Neonatologist, BCW
Dr. S. Grzybowski Department of Family Practice, BCW
Dr. G. Marquette  Maternal-Fetal Medicine, BCW
Ms. C. Johnson    Provincial Perinatal Analyst, BCRCP
Ms. R. McMaster  Provincial Perinatal Analyst, BCRCP
Ms. L. Miyazaki  Provincial Perinatal Analyst, BCRCP
Dr. D. Sawchuck  Nurse Consultant, BCRCP
Ms. K. Vida      Provincial Director, Provincial Specialized Perinatal Services Program (PSPS)

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Executive Summary of Recommendations

The British Columbia Reproductive Care Program (BCRCP) was invited by the Interior Health Authority to review maternal/fetal and neonatal stabilization and transport protocols and services subsequent, but not specific to the occurrence of an en route roadside birth occurring between Princeton and Penticton.

The BCRCP team has reviewed non-designated and designated obstetrical/neonatal service delivery sites within the Okanagan HSDA and has made recommendations for consideration in the following areas:

1. Review existing protocols and guidelines available to support the clinician with critical decisions.
2. Review available infrastructure to support the expressed pathways for care (availability of ambulance, communication, etc).
3. Review and recommend minimum standards for all non-designated obstetrical facilities including access to supplies, equipment, and guidelines.
4. Review and recommend, where necessary, minimum education standards and support requirements for staff in the non-designated facilities.
5. Evaluate provider understanding and perception regarding the success of the established pathways.

Various data sources were used to facilitate triangulation and data validation, including review of the BC Perinatal Database Registry’s (BCPDR)\(^1\) facility specific and regional perinatal data from fiscal years 1999/2000 to 2004/2005, a practitioner survey distributed to obtain information on the thoughts and concerns of perinatal health care providers as well as data collected during interviews with practitioners who met with the Review Team. Results from the practitioner survey were used to inform the Team of the key issues to address during on-site focus groups with physicians, managers, administration, and nurses.

The following consensus recommendations were formulated by the Review Team subsequent to analysis of the multiple sources of data provided through the review process. Recommendations are grouped into five categories including:

1) Emergency Maternity Services for Non-designated Obstetrical Facilities
2) Transport Services for Non-designated Obstetrical Facilities
3) Relationship of Referral Centres with Non-designated Obstetrical Facilities
4) Relationship of Higher Level Maternity Care Facilities within the Interior Health Authority
5) Relationships amongst larger centres in the Interior Health Authority and with tertiary facilities.

\(^1\) BCPDR – The British Columbia Perinatal Database Registry is an important component of the BC Reproductive Care Program. The BCPDR receives information on all births in the province, whether delivered in hospital or at home by a Registered Midwife. Neonatal transfers and all neonatal re-admissions up to 28 days of age are also tracked and entered into the database.
RECOMMENDATION 1: EMERGENCY MATERNITY SERVICES FOR NON-DESIGNATED OBSTETRICAL FACILITIES (NDOF) (i.e. no elective delivery services)

1A. Standardize equipment and pharmaceuticals for maternal and neonatal stabilization and transport, and neonatal resuscitation.

1B. Standardize guidelines and protocols for management of precipitate delivery, maternal and neonatal stabilization and transport and neonatal resuscitation.

1C. Standardize educational modules for all maternity care providers (MDs and RNs) that include: Management of imminent delivery, shoulder dystocia, postpartum hemorrhage, neonatal resuscitation (NRP), and maternal and neonatal stabilization prior to transfer. These educational modules should include both a didactic and hands-on practice component and should be repeated on a bi-annual basis.

1D. Develop and provide administrative support for emergency medical transport decisions at both sending and receiving sites.

RECOMMENDATION 2: TRANSPORT SERVICES FOR NON-DESIGNATED OBSTETRICAL FACILITIES (OLIVER, PRINCETON, KEREMEOS)

It is recommended that systems to support safe and timely transfer to a referral centre be established and maintained. These systems should include:

2A. In collaboration with BC Ambulance, review the current scope of practice model for IHA ambulance attendants. It is recommended that standard education for all ambulance attendants servicing NDOF should include at a minimum, management of imminent delivery and NRP.

2B. Ready availability of ambulance transport with wait times < 30 minutes.

2C. Access to maternity care in designated facilities for rural women, when urgent and medically indicated, using ambulance transport with no financial burden or obligation to the woman.

RECOMMENDATION 3: RELATIONSHIP OF REFERRAL CENTRES WITH NON-DESIGNATED OBSTETRICAL FACILITIES

It is recommended that systems to support local services with non-designated obstetrical facilities be established and maintained. These systems should include:

3A. Supportive intra HA guidelines, pathways, and policies re: accepting patients from NDOF, 24/7, recognizing the limitations of local facilities to provide obstetrical services.

3B. Supportive perinatal infrastructure for the provision of education and maintenance of equipment/pharmaceuticals.

3C. Improved communication processes and access of information regarding patients planning to deliver in referral communities.
3D. Support for policies and guidelines re: induction of labour for logistic indications for multiparous women from NDOF.

3E. The provision of subsidized housing in the referral communities for multiparous women undergoing induction of labour for logistic reasons, or requiring stay in the referral community for obstetrical reasons.

RECOMMENDATION 4: IMPROVE INTERDEPENDENT RELATIONSHIP OF HIGHER LEVEL MATERNITY CARE FACILITIES WITHIN INTERIOR HEALTH

4A. Adopt the terms of reference and activate the newly constructed IHA maternal-child services advisory team to provide planning, leadership, and strategic direction related to maternal–child services throughout IHA.

4B. Ensure Level 1 and non-designated maternity centre representation on the IHA Perinatal Services Advisory team.

RECOMMENDATION 5: IMPROVE INTERDEPENDENT RELATIONSHIPS AMONGST LARGER CENTRES IN THE INTERIOR HEALTH AUTHORITY WITH TERTIARY FACILITIES

5A. Maintain process/procedure for transfer requests for Level 2A and Level 3 situations (maternal and neonatal).

5B. When requesting a transfer to a Level 2B facility, there should be an initial effort made to contact the regional centre for IHA, i.e., the Royal Inland Hospital.

5C. Every effort should be made to allow repatriation of a pregnant patient or a neonate from the initial requesting facility.

RECOMMENDATION 6: THE BCRCP WILL PROVIDE SUPPORT

6A. Support for policies and guidelines re: induction of labour for logistic/social indications for multiparous women in communities with non-designated obstetrical facilities.

6B. Guidance in the evaluation of maternity service within a quality improvement framework will be provided.