

## IN THIS ISSUE...

• **NEW PROGRAM TO ADDRESS INDIGENOUS MATERNAL MORTALITY**

• **OBS & NICU ACCREDITATION**

• **QUALITY ASSURANCE**

• **MORE<sup>OB</sup> GOAL**

• **KPIs UPDATE**

• **ARCHE**

• **FIGARE—MEETS MILESTONE**

• **HOI FUND AWARDS**

• **MYCHILD<sup>ALBERTA</sup>**

• **NEW PM JOINS MNCY TEAM**

• **MNCY TRM CHALLENGE WINNER**

## GUIDELINES

• **COMMUNITY & RURAL MATERNITY SERVICES PLAN**

• **LATE PRETERM INFANT CARE**

• **INDUCTION OF**

## Innovation to Improve Access and Care Quality for Indigenous Women in Alberta

Merck for Mothers / Alberta Innovates / AHS

Alberta is home to more than 220,000 people descended from First Nations, Metis and Inuit peoples, the third largest Aboriginal population in Canada. They live on one of 140 designated reserves, in urban centres or in rural and remote communities. Regardless of place of residence, in Alberta the perinatal mortality rate in Aboriginal women is 7.1/1000 births, compared to 4.1/1000 in the non-aboriginal population.

Women, their spouses, and their families need support and appropriate prenatal care to achieve a healthy pregnancy. The overall purpose of this project is to use community-based ways to enhance the support of pregnant Indigenous Women to overcome barriers to prenatal care in three unique communities across the province of Alberta.

It is hoped this will lead to improved maternal and infant health outcomes in these three communities, and beyond.

**Merck for Mothers** has contributed \$1M, and **Alberta Innovates** has contributed \$300,000, for a total of \$1.3M over a three years period. This collaborative initiative will help to improve access to high quality care for aboriginal mothers in Maskwacis, Little Red River Cree Nation and inner-city Edmonton.

The three initiatives that have been identified under this project are based in existing community relationships and will improve access to culturally safe perinatal care and related services, enhance protective factors through pride in culture, sharing of traditions and cultural wisdom, deliver services and supports close to home for Indigenous Women and their families, and address

the social determinants of health related to pregnancy health.

The initiatives as planned include:

- \* **Maskwacis:** The implementation of a gardening project for moms and families, develop strengths-based images and videos of healthy Cree pregnancies, and enhance the maternal health skills of healthcare staff;
- \* **Inner-city Edmonton:** Contribute to the Pregnancy Pathways initiative that will provide safe housing and support services for pregnant homeless women in Edmonton;
- \* **Little Red River:** Hire local community members to provide a community-based support model that will add to current maternal health resources, engage women early in pregnancy, raise awareness related to healthy pregnancies, enhance prenatal education, strengthen collaborations, and post-natal follow-up care, and facilitate health promotion activities.



Nicole Eshkakogan (r), Manager of the AHS Aboriginal Health Program for Southern Alberta with her daughter Brianna-Jan Eshkakogan (l) at the December launch

Please click [HERE](#) to read the full media release.

# AHS- Accreditation

**Obstetrics and NICU SET Teams have been working hard to prepare!**  
Surveyors arrive May 1<sup>st</sup>

Obstetrics

## Things we're proud of...

- **Partnerships and Collaboration**
  - Patients, Operations, HCPs, MNCY, APHP
- **Education**
  - STORC, NRP, MORE<sup>OB</sup>, ACoRN, Breastfeeding, FHS
- **Quality drives practice**
  - Postpartum/Newborn Pathway
  - Assessment of risk of preterm birth
  - Criteria for OBS Care
- **Patient experience**
  - Access- Rural & Indigenous Populations
  - Evaluation



## Things we're working on...

- **Maternal/Newborn Falls Prevention**
  - QI- Gum for Mums Initiative
  - Clinical Practice Guideline  
"All OBS/NB at risk for falls"
- **Medication Reconciliation**
- **Transfer of Information- SBAR/CHAT**
- **Management of VTE risk**



Neonatal Intensive Care

## Achievements

- **Family Centered Care:** Philosophy central to NICU, FiCare Research Project (level 2)
- **Partnership/collaboration/networking between L1/L2/L3 NICUs**
- **Clinical Practice Guidelines (CPGs):** e.g. Capacity Management, Newborn Positioning, Developmental Care, Late Preterm Infant pathway
- **Promotion of Standardization of Care:** e.g. breastmilk management process, use of human donor milk in NICU, umbilical cord clamp practices
- **e-Critical Alberta:** Implementation in 2 NICUs, Canadian Neonatal Network (CNN) and KPIs
- **NICU SET Accreditation:** MNCY and Operation's



## Challenges/ Opportunities

- **Workforce:** NNP, Pediatrician training and coverage
- **Transport Team:** geography L2/L3, training
- **Lactation Support**
- **Capacity:** Bed occupancy
- **Provincial Standardization:** Staff orientation, education, training, CPGs, equipment
- **Resources:** Sustainable resources



## Quality Assurance Corner-

### Risk for Uterine Rupture

A quality assurance review of a cluster of 10 perinatal deaths related to uterine rupture in Alberta between 2014 and 2016 supports the need for heightened vigilance, a high index of suspicion, rapid diagnosis and ready access to caesarean section for any pregnant woman with the following risk factors or symptoms: previous scarred uterus, parity, multiple gestation, increased BMI, maternal age or gestational age >40 weeks. Symptoms indicating concern include: changes to fetal heart rate or loss of fetal station or maternal status including vaginal bleeding, onset of uterine, shoulder or breakthrough pain.

## MORE<sup>OB</sup> Goal for 2017

All members of the health care team; physicians, midwives, nurses, patients and families play a key role in identifying risks and facilitating positive health outcomes in obstetrics. The MORE<sup>OB</sup> goal for 2017 is to work on building expert teams that recognize, respect and build upon each team members assessments and perspectives to manage the obstetrical risks. The clinical focus will be on fetal health assessment, induction of labour and supportive management of a trial of labour following a previous Cesarean section.



The work on key performance indicators (KPIs) continues for the MNCY SCN™. KPIs will help us to 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.

The KPI work has followed a rigorous process to obtain input from stakeholders on what KPIs should be focused on. Two online surveys and a facilitated face-to-face meeting with MNCY's Core Committee Members has significantly narrowed down the list from its starting point of almost 700 indicators.

MNCY's goal is to have approximately 30 indicators related to Maternal/Fetal, Newborn, and Child & Youth health that will show the impact the MNCY SCN™ is making.

None of this work could be done without the support of the MNCY SCN™ Core Committee, volunteers from prenatal, postpartum, and patient/family groups from the Stollery Children's Hospital and Alberta Children's Hospital, the MNCY SCN™ patient advisors, and the Women and Children's Health Research Institute (WCHRI) at the University of Alberta for providing access to and support for REDCap.

The penultimate list of KPIs has been circulated to our Core Committee Members through an online survey. Results will be used to rank indicators within the three population groups (Maternal-Fetal, Newborn-Infant, Child & Youth)

If you have any questions regarding the indicators or the process the MNCY SCN™ is using to select them, please don't hesitate to contact [Seija Kromm](#), Assistant Scientific Director, MNCY SCN™.

Literature Review



The MNCY SCN™ has been fortunate in commissioning the Alberta Research Centre for Health Evidence (ARCHE) to conduct literature reviews on our behalf that focus on the priorities that have been established through the work of our Standing Committees and/or working groups.

The Alberta Research Centre for Health Evidence (ARCHE), located within the Department of Pediatrics at the University of Alberta, was established in 2000 to serve as a resource to individuals and groups interested in using evidence for decision making. The mandate of ARCHE is to support and foster the development of evidence-informed practice.

The work that ARCHE will complete for MNCY will provide valuable evidence that will then be used to inform the projects going forward and support decision making. The projects currently being undertaken by ARCHE are:

1. Perceptions of barriers to vaginal births after Caesarean (VBAC)
2. Screening tests for preterm birth and their predictive value
3. Transitions of youth with chronic diseases to adult care
4. Telemedicine in pediatrics to support regional facilities in Alberta
5. Management of medically complex children
6. Vitamin D supplementation in pregnant women to reduce the incidence of preterm birth
7. Indigenous Midwifery

There are more literature review topics coming down the pipeline, and we look forward to facilitating the use of evidence needed to inform decisions healthcare in Alberta.



Congratulations to Dr. Karen Benzies, Dr. Abhay Lodha and their Team — they have achieved a fantastic milestone in their project — the FICare Alberta Level II NICU Study has **surpassed 50% of their overall recruitment target!** To date the project has enrolled 352/660 mother-infant dyads.

Recently, the FICare Alberta Team was awarded a CIHR Catalyst Grant to complete an 18-month follow-up study on FICare infants and their families.

Family Integrated Care (FICare) is like an extension of family centered care. It's more structured and makes parents true partners in their infant's care, going well beyond merely allowing parents to be present and observe.

Recruitment to Date (Percent Complete)	Grey Nuns Started May 2016	Misericordia Started June 2016	Queen Elizabeth II Started May 2016	Red Deer Started March 2016	South Health Started February 2016
	61%	38%	38%	67%	50%
Recruitment to Date (Percent Complete)	Lethbridge Started January 2016	Medicine Hat Started February 2016	Peter Lougheed Started December 2015	Rockyview Started December 2015	Royal Alexandra Started April 2016
	88%	83%	73%	55%	38%

## Health Outcomes Improvement (HOI) Fund

The MNCY SCN™, in partnership with AHS Nutrition and Food Services, launched a funding call in the Summer of 2016. The call focused on improving the health outcomes of Alberta's mothers, infants, children and youth.

The Health Outcomes Improvement (HOI) Fund attracted an unprecedented 103 applications.

On February 14, 2017, successful applicants were notified. A total of 19 projects have been awarded grant dollars:

- ▶ **Five** in the Large-Targeted Category
  - ◆ Sound beginnings for healthy hearing and development: Augmentation of program evaluation and risk indicator assessment for the Alberta Hearing Detection and Intervention (EDHI) Program (Leonora Hendson)
  - ◆ Evaluation of an antenatal perinatal mental health pathway: A randomized controlled trial (Dawn Kingston)
  - ◆ Transition Navigator Trial: Youth with special health care needs transitioning to adult oriented health care (Dr. Susan Samuel, Andrew Mackie, Gina Dimitropoulos)
  - ◆ Performance Measurement for High Acuity Pediatric Conditions (Antonia Stang)
  - ◆ Implementation of Clinical Pathway for Acute Care of Pediatric Concussion (Keith Yeates)
- ▶ **One** in the Small-Targeted Category
  - ◆ Emergency Department use during pregnancy and postpartum in Alberta (Maria Ospina)
- ▶ **13** in the Open Category - see link below for this list

If you would like to learn more about recipients of these awards and their respective projects, click [HERE](#) for the Table of Competition Results and Project Abstracts.

MNCY congratulates all the successful applicants and we look forward to the outcomes of these projects.

## MyCHILD<sup>ALBERTA</sup> — Data Repository



An initiative to link hospital, financial, health outcome, APHP (Alberta Perinatal Health Program), education and social data sets has been supported by both PolicyWise and WCHRI (Women and Children's Health Research Institute). Through that support, MNCY has funding to support two positions: a Financial Analyst and a Data System Architect.

MNCY has commenced pulling the test data and are excited about the potential for this program.

For more information do not hesitate to contact the [Dr. David Johnson](#), Senior Medical Director for MNCY SCN™.



Please join us in welcoming **Dr. Richard Oster** to the role of Project Manager. Richard will be leading the charge for the Innovation to Improve Access and Care Quality for Indigenous Women in Alberta (cover story).

Richard completed his PhD in Experimental Medicine in 2013 from the University of Alberta. His dissertation was entitled: "Diabetes in pregnancy among First Nations women in Alberta: a multiphase mixed methods approach." Richard will be overseeing the three Merck for Mothers/AI/AHS pilot projects. We are delighted to have Richard support this important work. Feel free to contact [Richard](#) for additional information.





**Winner of the MNCY Transformational Road Map Challenge: Sandi Sebastian  
Director, RDRHC**

At MNCY's November Core Committee Meeting the committee members were challenged to spread the MNCY Transformational Road Map. Points were awarded for the number of individuals and groups the TRM was shared with and bonus points for the greatest distance travelled.

Debbie Leitch (r) presented Sandi (l) with a poster size laminated infographic and a pair of coveted MNCY pink socks. The TRM made it's way to England and Australia—great work everyone!

# Guidelines

## Community and Rural Maternity Services Plan & Criteria to Support Appropriate Level of Obstetrical Care

The AHS community and rural maternity services plan has been endorsed by Senior Executive. This innovative plan establishes maternity services along geographical corridors of care to support access to all required levels of obstetrical and neonatal care for women in Alberta.

The **Criteria for Obstetrical care Clinical Practice Guideline**, just released by MNCY, serves as the first bridging document to support this plan's movement forward. The document outlines levels of hospital and recommended resources required to support care for the maternal, fetal or newborn who present with varying levels of risk.

## Care of the Late Preterm Infant

The rate of late preterm births (34-36 weeks gestation) occurring in Level 1 hospitals has increased by 4.7% from 2014/15 to 2015/16. The median length of stay is reported at between 1-2 days. This population of babies is at higher risk for jaundice, feeding issues, problems with respiratory function, thermoregulation and ability to manage stressors in the environment. The new clinical practice guideline, medical order set and parent information handout will support health care providers with recommendations related to assessment, care and resources. to support optimal outcomes for this population of babies.

## Induction of labour

### Clinical Knowledge Topic Update

CKCM Services and the MNCY SCN™ is excited to announce the release of our first clinical knowledge topic: **Induction of Labour, Adult – Inpatient**. You can find the new guideline on the CKCM website. For those outside of AHS - please email [MNCY SCN™](mailto:info@mncy.scn.ca) to obtain a copy of the document.

### Why the Focus on Induction of Labour?

- The rate of labour induction in Alberta in 2014 ranged from 25.4% -34.2% across zones. This represents a 28.4% increase since 2012.
- Practices related to induction of labour— criteria, gestational age, medical indication, assessment, process and management varies greatly across the province
- The CK topic outlines recommendations for practice and provides the HCP with medical order sets and rationale to support changes to practice
- Strategies to support implementation of this evidenced based guideline at all sites that provide obstetrical services are currently being developed.