# Maternal Newborn Child & Youth Strategic Clinical Network™

## Transformational Roadmap at a Glance | 2020-2024

**Vision:** Healthy mothers, babies, children, youth and families

**Mission:** To mobilize and facilitate people, evidence and data to achieve the best possible health outcomes for mothers, newborns, children, and families within a sustainable, publically funded health care system

### Strategic Directions:
- Access to care
- Effective transitions in care
- Appropriate care
- Integrated models of care
- Appropriate use of resources

### Populations:
- **Maternal Fetal Newborn**
- **Neonatal Intensive Care**
- **Child & Youth**
- Indigenous Maternal Child & Youth

### Priorities:
- AHS pregnancy pathways
- Improve access to perinatal care for marginalized populations and those living in rural and remote areas
- Care of maternity and newborn patients in the right place with the right resources according to the level of presenting risk
- Improve breastfeeding in the Neonatal Intensive Care Unit (NICU)
- Keep birthing parents and babies (who require higher level of care) together
- Optimized Regional Pediatric Capacity
- Facilitated transitions for children with chronic and or complex care needs
- Support medically complex child & family
- Improve access to developmental assessment, care and management
- Improve access to mental health assessment, care and management
- Improve Indigenous mother, newborn and child outcomes
- Indigenous cultural knowledge is included in all activities and processes aimed at improving outcomes for Indigenous women, newborns, children and youth

### Guiding Principles:
- Families are our partners – patient and family centered care
- Coordinated and collaborative – engaged stakeholders (clinicians, operational leaders, researchers, families, and others) guide work
- Aligned with organizational, provincial, and national priorities
- Focused on health system sustainability through integration, innovation and knowledge translation
- Focused on health equity
- Focused on outcomes

### Enablers:
- MNCY Patient & Family Advisory Council
- Operational & medical leadership
- Maternal Child Ecosystem – partnerships with researchers
- MyCHILD data analyst capability
- Connect Care
- Research Funding Opportunities

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Alberta Health Services

Inspirational solutions. Together.
Populations (continued):

Supporting Initiatives Examples:

Patient & Family Advisory Council Expected Outcomes:

Health Team Expected Outcomes:

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<th>Neonatal Intensive Care</th>
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<th>Indigenous Maternal Child &amp; Youth</th>
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<td>HOPE- e-mental health (HOIF)</td>
<td>Family Integrated Care in the NICU (HIIS)</td>
<td>Transition Navigator Trial (HOIF)</td>
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<td>Pathways: Postpartum Hemorrhage (HOIF), Fetal Health Surveillance (HOIF), Newborn Jaundice, Induction of Labour</td>
<td>Care of newborn with neonatal abstinence syndrome (PRIHS)</td>
<td>Virtual Telemedicine Telehealth Rounding and Consultation (TRAC) (HOIF)</td>
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<td>Rural Maternity Corridors of Care</td>
<td>Breastfeeding strategy for NICU pilot intervention</td>
<td>Pediatric Eating and Swallowing (HOIF)</td>
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Expected Outcomes:

Pregnant people partner with their care provider to make informed decisions regarding their maternity care with consideration of risk

Pregnant people and their families experience improved coordination of care along the perinatal continuum

Parents and their families feel supported with their informed feeding decisions and have available resources to address feeding issues

Pediatric patients and their families are provided with opportunities to be cared for closer to home in Regional Centers

Patient reported outcomes are included within Pediatric work whenever possible

Medically complex children and their families are supported throughout their health care journey with a “medical home”

In accordance with Ownership, Control, Access and Possession (OCAP) principles, outcomes will be identified and developed with communities

Reduction in condition specific mortality and morbidity rates

Improved rates of site appropriate care

Reduction of NICU length of stay (LOS)

Reduced per cent of newborns with neonatal abstinence syndrome admitted to NICU

Increased breastfeeding of the neonate at time of discharge from NICU

Reduced emergency department visits for youth transitioning to adult care

Improved rates of site appropriate care

Improved recruitment and retention of regional pediatricians

Decrease time to developmental assessment

Increased per cent of children optimally managed for developmental condition

All MNCY SCN developed resources include an Indigenous perspective

Improved rates of community appropriate care

Reduction in barriers to Indigenous women receiving perinatal care

Increased patient and family confidence, skill and knowledge related to birth and parenthood