Maternity Care in Ontario 2006: Emerging Crisis, Emerging Solutions

Submission to the Ontario Women's Health Council

The Registered Nurses' Association of Ontario

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158 Pearl St., Toronto, Ontario, M5H 1L3
phone: 416-599-1925 toll free: 1-800-268-7199 fax: 416-599-1926
www.rnao.org

The Registered Nurses' Association of Ontario (RNAO) is the professional association for registered nurses in Ontario. RNAO members practice in all roles and sectors across the province. Our mandate is to advocate for healthy public policy and for the role of registered nurses in enhancing the health of Ontarians. We welcome this opportunity to provide feedback on the Ontario Maternity Care Expert Panel's report *Maternity Care in Ontario 2006: Emerging Crisis, Emerging Solutions.*

We commend the Ontario Maternity Care Expert Panel for articulating a vision of woman- and family-centred care across the continuum from pre-pregnancy to postpartum and newborn care. We support the articulated guiding principles of woman- and family-centred care, service provision, and stewardship and coordination.

A strong concern identified by two of our expert groups, the Community Health Nurses' Initiatives Group and the Childbirth Nurses' Interest Group, is that the report's vision of a continuum of maternity care becomes overshadowed by a focus on intrapartum care. While we agree that the high-quality care provided during the initial 24-72 hours of hospitalization is essential, we also know that the majority of maternal and infant care is provided in the community. Thus, we would like to see this critical aspect of maternal-child care significantly strengthened. Our feedback below provides some illustrations of ways in which the report's recommendations can be aligned more closely with a vision of a continuum of woman- and family-centred maternity care.

We appreciate the emphasis within this report on the importance of valuing and supporting expert health human resources that are critical for woman- and family-centred maternity care. We support strategies to retain, attract, and support health professionals and the creation of structures that enable health-care professionals to serve the public using their full scopes of practice. Specific feedback follows below.

Congruence between vision and report's recommendations

Be consistent with the vision by ensuring that recommendations address a comprehensive system of services across the continuum of care by:

- This report recognizes that women and families experience compromised access to maternity care due to systemic marginalization (p. 37). A full continuum of care approach should incorporate a social determinants of health perspective so that insights into why some people are healthy and others are not[1] can inform research into causality and intervention strategies for this population. A population health model used in public health nursing is one strategy that can be used to advance healthy pregnancies and healthy newborns through interventions at the system (society), community, and individual/family levels.[2]
- Strengthen health promotion along the continuum of care by linking these social determinants of health interventions with exemplary strategies to support reproductive health, breastfeeding support (including Baby-Friendly Hospitals

and Baby-Friendly Community Health Services), and initiatives to reduce low birth weight and Fetal Alcohol Syndrome.
- Link difficulties with access to prenatal care and access to early childhood services to cuts in government programmes. For examples, cuts to family programs such as Healthy Babies Healthy Children (p. 36) goes against the evidence that strongly shows the importance of these services for health outcomes.[3]
- Link research that shows cost-effective interventions. For example, home visiting by public health nurses improve maternal and infant health outcomes.[4 5]
- Recommend adequate funding for governmental and other programs that show cost-effective and positive health outcomes.
- Seize the opportunity of public health system renewal to advocate for revisions to Mandatory Health Programs and Services Guidelines that would support the contributions of public health outlined on page 111.

Valuing and supporting health human resources

Maternity Care in Ontario 2006 recognizes that the contributions of registered nurses are often under-valued even as they perform a wide variety of roles in diverse settings across the province. To strengthen nursing as a valuable resource to the public, we suggest:

- This report identified that only 51% of maternity nurses in the OMCEP Hospital Survey are working full-time, compared with the provincial average of 59%, and the provincial target of 70% full-time employment for nurses (p. 25). Government, employers, and professional associations' policies that aim at increasing full-time employment for all RNs and those that target graduating nurses need to take a priority in maternal-child care.
- Professional development opportunities and educational initiatives to increase retention and recruitment of nurses into maternity care need to be directed across all areas of nursing practice including public health nurses, nurse practitioners, family practice nurses, labour and delivery nursing staff, and postpartum mother-child nursing staff.
- This report states that 69% of women giving birth in Ontario hospitals had anaesthesia in 2003-2004 (p. 35). Proposed regulation changes under consideration by the College of Nurses of Ontario to introduce the RN(EC) role of Nurse Practitioner-Anaesthesia speak directly to this dramatic need for anaesthesia services. RNAO has publicly advocated for a Nurse Practitioner-Anaesthesia role equivalent to Certified Registered Nurse Anesthetist (CRNA) in the United States. We support the work of Nurse Practitioners-Anaesthesia in anaesthesia teams. NP-Anaesthesia must also be able to provide anaesthesia care within their scope of practice—preoperatively, intraoperatively, and postoperatively—independently from anaesthesiologists wherever and whenever none are available (e.g. rural and underserved populations). CRNAs are the sole anaesthesia providers in approximately two-thirds of all rural hospitals in the United States, thereby enabling obstetrical, surgical, and trauma stabilization

services.[6] This is a critical element to ensure that the public is not deprived of essential services.

Thank you for the opportunity to provide feedback on this report. We look forward to working with you and other stakeholders on supporting and enhancing the maternity care system for the people of Ontario.

References

[1] Evans, R., Barer, M. & Marmor, T. eds. (1994). *Why Are Some People Healthy and Others Not?: The Determinants of Health in Populations.* New York: A de Gruyter.

[2] Keller, L., Strohschein, S., et al. (2004). Population-Based Public Health Interventions: Practice-Based and Evidence-Supported. *Public Health Nursing*, 21(5), 453-468.

[3] Canadian Population Health Initiative (2004). *Improving the Health of Canadians*. Ottawa: Canadian Institute for Health Information, pp. 49-72.

[4] Kitzman, H., Olds, D., Henderson, C. et al (1997). Effect of prenatal and infancy home visits by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *Journal of the American Medical Association*. 278 (8), 644-652.

[5] Olds, D., Kitzman, H., Cole, R. et al (2004). Effects of nurse home-visiting on maternal life course and child development: age 6 follow up results of a randomized trial. *Pediatrics*. 114 (6), 1550-1559.

[6] American Association of Nurse Anesthetists. Nurse Anesthetists at a Glance. Updated February 2006. Accessed July 21, 2006 at http://www.aana.com/