MODELS OF MATERNITY CARE IN RURAL ENVIRONMENTS

Barriers and Attributes of Interprofessional Collaboration with Midwives

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Centre for Rural Health Research
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About the Centre for Rural Health Research
Goals & Objectives

1. Introduce findings from the CIHR-funded study, “Interprofessional Collaborative Maternity Care Project”

2. Highlight barriers and facilitators to interprofessional collaboration among primary maternity care providers in rural British Columbia

3. Present recommendations for bridging the research-to-action cycle, emerging from knowledge exchange with key stakeholders
Background: Interprofessional Collaboration

- What is interprofessional collaboration?
- Health policy
  - Multidisciplinary Collaborative Primary Maternity Care Project (MCP²) (2006)
- Teams in British Columbia
  - South Community Birth Program (South Vancouver, 2004)
  - Jim Pattison Outpatient Care and Surgery Centre (Surrey, 2012)
  - Fraser Valley Maternity Group** (Abbotsford and Mission)

**No provincial sponsorship
About the Research

• This study explores the barriers to and facilitators of interprofessional models of maternity care between physicians, nurses, and midwives in rural British Columbia, Canada, and the changes that need to occur to facilitate such models.

• Methods
  • Qualitative, exploratory approach
  • Interviews and focus groups with key stakeholders in 4 rural BC communities
## Research Communities

<table>
<thead>
<tr>
<th>Community</th>
<th>Midwifery Care</th>
<th>Surgical Back-up</th>
<th>Collaboration</th>
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<tbody>
<tr>
<td>A</td>
<td></td>
<td>Mixed model</td>
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<td>GP Surgery only</td>
<td>Shared care</td>
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- What did we ask?
- What did we learn?
Key Findings: Themes

- Hospital privileges
- Low volume of deliveries
- Stress and attrition
- Scope of practice

Midwives
Knowledge Exchange
Knowledge Exchange
RURAL MIDWIFERY: OVERCOMING BARRIERS TO PRACTICE

BY JUDIE KOSAK, PhD

ABSTRACT
Access to the delivery of health services, including midwifery, is a challenge for rural paratime women due, in part, to the closure of practices and centralization of health care services. The Centre for Rural Health Research and the Midwives Association of British Columbia (MABC) Rural Midwifery Committee convened a meeting in June 2009 consisting of researchers and rural midwives with the objective of clearly identifying barriers to practice. Barriers and potential solutions to the sustainability of rural midwifery were examined in the discussion. The article divides the barriers into four categories: professional and social barriers, health service delivery challenges, education challenges, integration issues, and knowledge models of remuneration for care in rural environments and geographic barriers to practice. Potential solutions and recommendations were explored in order to reduce the barriers to access and ensure a sustainable future for rural midwifery.

KEY WORDS
Rural midwifery, sustainability, remuneration, social barriers, geographic barriers, access to midwifery care.

Models of maternity care in rural environments: Barriers and attributes of interprofessional collaboration with midwives

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ABSTRACT
Although interprofessional primary maternity care may emerge as a potential solution to the current health human resource shortage in rural developed nations, this study explores the barriers and facilitators of interprofessional models of maternity care between physicians, nurses, and midwives in rural British Columbia, Canada. Two focus groups were conducted with rural midwives and interprofessionals on identifying perceptions of the advantages and disadvantages of interprofessional collaboration, and barriers to its implementation. Findings indicate that midwives and interprofessionals face barriers due to interprofessional communication, shared knowledge and understanding, and the lack of formal structure for supporting shared care models. Interprofessional care reassessments illustrate the need for ongoing interprofessional education and training to improve communication and reduce barriers.

INTRODUCTION
Throughout the last century, the primary care model of women in Canada has been served by family physicians and delivered in rural communities. However, the rising costs of primary care and the need for increased interprofessional collaboration between family physicians and midwives has led to a shift towards interprofessional care. In rural communities, this shift has been met with resistance due to the lack of formal structure for supporting shared care models. Interprofessional care reassessments illustrate the need for ongoing interprofessional education and training to improve communication and reduce barriers.

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Recommendations

• “One size does not fit all”

• Systemic changes
  • Funding
  • Hospital privileging
  • Differences in models of care

• Learning from successful models
Questions?

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