Champlain Maternal Newborn Regional Program
Programme régional des soins à la mère et au nouveau-né de Champlain

MAPPING THE MATERNAL-NEWBORN CARE SPECTRUM IN THE CHAMPLAIN AND SOUTH EAST LHINs




FINAL REPORT AND RECOMMENDATIONS

FALL 2017

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EXECUTIVE SUMMARY

As part of its 2015-2018 strategic directions and imperatives, the Champlain Maternal Newborn Regional Program (CMNRP) and its partners identified transition of care from hospital to the community as a key priority in improving the health of mothers, newborns and families in the Champlain and South East Local Health Integration Networks (LHINs). In 2016, CMNRP convened the *Mapping Maternal-Newborn Services* workgroup with engagement from family members, health care providers and CMNRP perinatal consultants to address this priority.

From January 2016 to June 2017, the workgroup collaborated with key stakeholders to:

1. Create a comprehensive list of maternal-newborn health care services and programs available in the South East and Champlain LHINs;
2. Identify strengths, gaps and barriers in current services and programs;
3. Identify opportunities for improved integration, coordination and access to maternal-newborn health services.

In order to accomplish these tasks, the workgroup embarked on extensive community consultations. Information was gathered through searches of existing health information portals and organizations' websites as well as telephone calls with key informants. The perspectives of key stakeholders, including expectant and new parents, perinatal health care providers and administrative leaders of organizations that provide maternal-newborn services in the South East and Champlain LHINs was sought through focus groups in the LHINs' sub-regions.

Access, ***awareness*** and ***coordination of services and programs*** were the three main themes that emerged. Focus group participants from across the region suggested 11 strategies to address the identified challenges/gaps and to better meet the needs of women, newborns and families over the coming years.

To increase awareness of services and programs, service pathways for each sub-region were created and are available on the CMNRP website. Partners and service providers are encouraged to actively promote awareness of their respective programs and services by including them on existing health information portals (www.thehealthline.ca and www.211ontario.ca).

As a next step, the *Mapping Maternal-Newborn Services* workgroup proposes the creation of a new workgroup to focus on the remaining priority recommendations: improving access and enhancing service coordination. This group's work should align with current and emerging regional and provincial initiatives.

INTRODUCTION AND BACKGROUND

The Champlain Maternal Newborn Regional Program (CMNRP) and its partners identified transition of care from hospital to the community as a key priority in improving the health of mothers, newborns and families in the Champlain and South East Local Health Integration Networks (LHINs).

The term "*transition of care*" implies the scenario of a patient leaving one care setting and moving to another. *Transition in care* is defined by the Registered Nurses Association of Ontario as "a set of actions designed to ensure the safe and effective coordination and continuity of care as clients experience a change in health status, care needs, health-care providers or location (within, between, or across settings)" (2014, p. 6)[1]. An optimal transition should be well planned and appropriately timed. Care transition of mothers and newborns normally involves multiple people, including the client, family and/or other caregivers, nurses, physicians, midwives, social workers, case managers and other providers.

Transition is a complex multidimensional phenomenon and has been defined as "both a *result of* and a *result in* changes in lives, health, relationships and environments".[2] Further, transition is "a process of convoluted *passage* during which people *redefine* their sense of self and redevelop self-agency in response to disruptive life events".[3] Transition from hospital to home for new parents can be especially challenging because there are two transitions present – transition to home and transition to parenthood.

Several studies have shown increased needs in knowledge and support after hospital discharge, inadequate caregiver education, incomplete communication between members of the health care team and clients, poor coordination of post-discharge services that resulted in less than optimal quality of care, and increased healthcare costs due to potentially avoidable complications and rehospitalizations. Greater integration is called for in *Ontario's Action Plan for Health Care*.[4]

> "*There are still too many instances where patients don't know how to access the care they need, and don't know what services are available… Better integration through our local health networks will put the right care in the right place for the benefit of patients and the system….we need a patient-centred system that has better integrated health providers that moves patients more seamlessly from one care setting to another*." (p. 5)

[1] Registered Nurses' Association of Ontario (2014). Care Transitions. Toronto, ON: Registered Nurses' Association of Ontario.

[2] Meleis, A. I., Sawyer, L. M., Im, E. O., Hilfinger Messias, D. K., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12–28.

[3] Kralik, D., Visentin, K., & Van Loon, A. (2006). Transition: A literature review. *Journal of Advanced Nursing, 55*(3), 320–329.

[4] *Government of Ontario. (2012). Ontario's Action Plan for Health Care. Better patient care through better value from our health care dollars. Toronto: Queen's Printer for Ontario. Available at: http://health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf*

The Ministry of Health and Long Term Care's (MOHLTC) vision for health care in Ontario is a higher-performing, better connected, more integrated and patient-centred system for patients and care providers. A cornerstone of the MOHLTC's strategy to realize its vision is the *Patient First Act (2016): Strengthening Patient-Centred Care in Ontario*[5] which expands the role of Ontario LHINs to reduce gaps and strengthen patient-centred care by implementing the following priorities:

1. Effective integration of services and greater equity through sub-region planning;
2. Timely access to, and better integration of, primary care;
3. More consistent and accessible home and community care;
4. Stronger links to population and public health;
5. Inclusion of indigenous and French language services voices in health care planning.

To explore these important issues, CMNRP developed a community-based strategy to pursue a greater understanding of the maternal-newborn care spectrum from the prenatal to the postnatal periods.

This report provides an overview of the project methodology and a summary of the project findings. Strengths, challenges and gaps in perinatal health care services are discussed, followed by recommendations to address the needs of mothers, newborns and families in the South East and Champlain LHINs.

PROJECT DESCRIPTION AND PURPOSE

As part of its 2015-2018 strategic directions and imperatives (see Appendix A), CMNRP convened the *Mapping Maternal-Newborn Services* workgroup comprised of stakeholders such as family advisors, a pediatrician, a midwife, a family-and-youth outreach nurse, public health and hospital leaders in the South East and Champlain LHINs.

From January 2016 to June 2017, the workgroup worked closely with key stakeholders to:

1. Create a comprehensive list of maternal-newborn health care services and programs in the South East and Champlain LHINs;
2. Identify strengths, gaps and barriers in current services and programs;
3. Identify opportunities for improved integration, coordination and access to maternal-newborn health services.

The perspective of key stakeholders, including expectant and new parents, health care providers and administrative leaders of organizations that provide maternal-newborn services in the South East and Champlain LHINs was sought to identify key issues related to maternal-newborn care within the region.

[5] Ministry of Health and Long-Term Care (2016). *The Patient First Act, 2016: Strengthening Patient-Centred Care in Ontario*. Available at file:///C:/Users/fmorin/Downloads/64_Patients%20First%20(1).pdf

PROJECT METHODS AND SCOPE

In a well-functioning, coordinated system, service providers and consumers are aware of and know how to find available supports and services. Supports and services are readily accessible and comprehensive in meeting a range of needs without duplication. Organizations and programs communicate well with one another to ensure seamless movement throughout the system.[6]

In order to improve system-wide coordination, an important first step is to understand the system's barriers and gaps that prevent consumers from navigating and accessing the supports and services they need. A useful tool is "system mapping". System mapping provides a structured approach to identifying and presenting the different components of a system. It can be text-based or it can use tables, flow charts or graphics to represent the different components or interactions between them. It can identify strengths, gaps, duplication and opportunities, and can inform decision-making related to resource allocation or reallocation.[7] System mapping makes complex systems more understandable, which is particularly valuable given the scope of services and supports involved in the maternal-newborn care spectrum. It is an important step in system capacity planning and seeks to improve the accessibility, quality and ranges of services and supports for mothers, newborns and families in our region.

For this project, information was gathered through searches of online portals (www.thehealthline.ca and www.211ontario.ca) and organizations' websites as well as telephone calls with key informants. Focus groups were also conducted in the six sub-regions of the South East and Champlain LHINs in order to understand service pathways through several related sections of the larger system.

This project was informed by an extensive community consultation process. Workgroup members developed a preliminary list of organizations that fell within the sector/service areas of interest. Leaders or a representative of the selected organizations were invited to participate in a focus group. Frontline health care providers and expectant/new parents were also solicited to participate.

In light of the magnitude of the project, workgroup members defined activities that were both within and outside the scope of the project (see table below).

[6] United Way Peel Region (2014). *Mapping the Mental Health System in Peel Region: Challenges and Opportunities*. Mississauga, ON: Author
[7] Canadian Centre on Substance Abuse (2014). *Systems Approach Workbook. System Mapping Tools.* Available at http://www.ccdus.ca/Resource%20Library/CCSA-Systems-Approach-System-Mapping-Tools-2014-en.pdf

IN SCOPE	*OUT of SCOPE*
• Identification of community and hospital-based maternal-newborn health services and programs, spanning the entire perinatal care spectrum (antenatal, intrapartum, postnatal periods) • Creation of service pathways of the most consistently used maternal-newborn services and programs • Identification of the strengths, challenges and gaps in health services with respect to access, navigation and continuity of supports • Identification of key opportunities and recommendations for system improvement • Dissemination of the project's findings and recommendations	• Development of policies and/or standards of care • Cost or other analysis of funding issues related to provision of services

Deliverables of this project included:

- Creation of comprehensive lists of maternal-newborn services and resources in the Champlain and South East LHINs.
- Identification of strengths, challenges and gaps in perinatal health services.
- Recommendations for system improvement.

PROJECT FINDINGS AND RECOMMENDATIONS

GENERATING AWARENESS OF PERINATAL HEALTH SERVICES

The workgroup discussed how best to gather the information on existing maternal-newborn services in the region. While researching types of information-gathering tools, several online portals were discovered. Two of these portals (www.thehealthline.ca and www.211ontario.ca) contained numerous maternal-newborn health services records with much, if not all, of the information that the workgroup hoped to gather. Rather than 'reinvent the wheel', the workgroup decided to utilize these existing portals. The portals differed slightly in terms of their content, ease of navigation and accessibility (online versus combination of online and telephone) and because some organizations had already made a commitment to populate 211ontario, the workgroup agreed to support and promote both. Through discussions with leaders from the portals, it was agreed that listings on one site would be uploaded to the other and new records to the sites would be tracked. Both thehealthline and 211ontario were shared with key stakeholders within the region, who were invited to populate them with information about their respective services.

FOCUS GROUPS

Eight focus groups were conducted between October 2016 and May 2017, with a total of 155 health care providers (HCPs) and 32 family members who provided insight into the current state of maternal-newborn services in the South East and Champlain LHINs' sub-regions. Each facilitated focus group was divided into four parts. First, participants contributed to the creation of a service pathway by confirming and identifying additional maternal-newborn health services and programs currently available in their respective community. Second, they were invited to comment on the strengths, challenges and gaps in existing services and programs in relation to access, navigation and continuity of supports. Third, participants identified opportunities and made recommendations to improve the current system, and fourth, prioritized key recommendations that were brought forward.

The following public health units were instrumental in assisting with the organization and promotion of the focus groups in their community:

- Eastern Ontario Health Unit
- Renfrew County and District Health Unit
- Kingston, Frontenac, Lennox and Addington Health Unit
- Hastings Prince Edward Public Health
- Leeds, Grenville and Lanark District Health Unit
- Ottawa Public Health

Additional information about the focus groups participation is presented in Table 1.

Notes were taken and each session was audio-recorded in order to accurately capture participants' contributions. Information from the notes and the audio-recordings were reviewed, collated and shared with individual focus group participants in a written report. Links to each of the eight focus group reports are provided in Appendix B. The results presented within this report are a compilation of common findings among individual focus groups.

Table 1: Summary of Focus Groups Participation

Region, Date & Attendees	Participating Organizations
Stormont, Dundas & Glengarry and Prescott & Russell Counties *October 26, 2016* 19 HCPs	Children's Aid Society of SD&G; Children's Hospital of Eastern Ontario-Ottawa Children's Treatment Centre (CHEO-OCTC); Cornwall Community Hospital; Eastern Ontario Health Unit; Gentle Beginnings Midwifery; Hawkesbury & District General Hospital; La Leche League - Cornwall; Lower Outaouais Family Health Team; Mohawk Council of Akwesasne; Ontario Early Years Centre of Stormont, Dundas & Glengarry; Seaway Valley Community Health Centre; United Counties of Prescott & Russell; Valoris; Winchester District Memorial Hospital
Renfrew County *December 8, 2016* 13 HCPs	Algonquins of Pikwàkanagàn**;** Arnprior and District Family Health Team; Deep River and Area Family Enrichment Network Early Years System; Killaloe Community Resource Centre; Ottawa Valley Physiotherapy and Sports Medicine; Pembroke Regional Hospital; Petawawa Centennial Family Health Centre; Petawawa Military Family Resource Centre; Physio in the Valley Renfrew County & District Public Health Unit
Frontenac, Lennox and Addington Counties *January 13, 2017* 22 HCPs	Better Beginnings for Kingston Health Sciences Centre; Childbirth Kingston; Community Midwives of Kingston; Hotel Dieu Hospital - KidsInclusive; Kingston, Frontenac, Lennox &Addington (KFL&A) Public Health Unit; Kingston Health Sciences Centre; Kingston Military Family Resource Centre; Kingston Pregnancy Care Centre; La Leche League - Kingston; Laura Gibbons Doula Care; Lennox & Addington Resources for Children; Ontario Early Years Kingston & Islands; Queen's Family Health Team
Hastings & Prince Edward Counties *March 2, 2017* 20 Family Members 1 HCP	Hastings Prince Edward Public Health
Hastings & Prince Edward Counties *March 3, 2017* 9 Family Members 34 HCPs	Belleville and Quinte West Community Health Centre; Belleville General Hospital; Belleville Nurse Practitioner Led Clinic; Belleville Pregnancy and Family Care Centre; Brighton Quinte West Family Health Team; Butterfly Run Quinte; Helping Hands; Carrie Taylor Consulting Hypnotist; Community Living Prince Edward; Gateway Community Health Centre; Hastings & Prince Edward Children and Youth Services Network; Hastings Prince Edward Public Health; Midwifery Services of Haliburton-Bancroft; Mohawks of the Bay of Quinte - Community Wellbeing; My Doula; North Hastings Children's Services - Child and Family Centre; Prince Edward Family Health Team; Quinte Children's Treatment Centre and Preschool Speech and Language Program; Quinte Health Care; Trenton Military Family Resource Centre; YMCA Northumberland Ontario Early Years Centre
Leeds, Grenville & Lanark Counties *April 25, 2017* 2 Family Members 14 HCPs	Athens Family Health Team; Brockville General Hospital – Infant and Child Development Program; Generations Midwifery Care; Leeds, Grenville and Lanark District Health Unit; Merrickville District Community Health Centre; North Lanark Community Health Centre; Open Doors for Lanark Children and Youth; Ottawa Valley Midwives; Perth and Smiths Falls District Hospital; St. Pierre Doula Services; United Counties of Leeds and Grenville
Ottawa Region (French) *May 12, 2017* 1 Family Member 18 HCPs	Centretown Community Health Centre; CHEO-OCTC; Eastern Ottawa Community Family Health Team; Eastern Ottawa Resource Centre; Hôpital Montfort; Midwifery Group of Ottawa; Miriam Centre, Nurturing Nomad; Ottawa Birth and Wellness Centre; Ottawa Public Health; Planned Parenthood Ottawa; Rawya Abdakka – Private Lactation Consultant; Roger Neilson House; Vanier Community Service Centre
Ottawa Region (English) *May 15, 2017* 34 HCPs	Andrew Fleck Child Care Services/OEYC Ottawa South; Bethany Hope Centre; Bruyère Academic Family Health Team; Byward Chiropractic Clinic; Carlington Community Health Centre; Champlain LHIN; CHEO-OCTC; Community Midwives of Ottawa; Connexion Family Health Team; DONA International; Eastern Ontario Health Unit; First Place Options; Gertrude Wilkes Doula; Greenbelt Family Health Team; Jewish Family Services Ottawa; Kneaded Touch; La Leche League - Ottawa South East Group; Life's Moments Doula Care Services; Monarch Maternal and Newborn Health; Mothercraft Ottawa; Nelson House; Ontario Early Years Centre Nepean-Carleton; Ottawa Catholic School Board; Ottawa Childbirth Education Association; Ottawa Public Health; Pinecrest-Queensway Community Health Centre; St. Mary's Home; South East Ottawa Community Health Centre; The Ottawa Hospital; Victoria Kellet Doula; Western Ottawa Community Resource Centre; Youth Services Bureau of Ottawa

PART 1 – DOCUMENTATION OF CURRENT MATERNAL-NEWBORN HEALTH SERVICES AND PROGRAMS

Prior to attending a focus group, participants received a list of maternal-newborn health services and programs that were identified by CMNRP's Mapping Maternal-Newborn Services Workgroup members through searches of portals (thehealthline.ca and/or 211.ontario) and organizations' websites as well as telephone calls with key informants. Copies of this list were available at the session to use as a reference.

In the first part of the focus group, participants were asked to identify services and programs in their community that were missing from the list and those that were no longer available. Participants were encouraged to submit any additions or modifications to the list in writing to the facilitator following the session.

> Note: Although the goal was to create a community-specific listing that was as accurate and comprehensive as possible, omissions and errors may exist. Readers are invited to contact CMNRP with any additional revisions and to submit their programs' information to thehealthline.ca and/or 211.ontario to increase accuracy and awareness.

An updated list of maternal-newborn health services and programs is included in each of the focus group reports. Appendix C provides a link to a printable copy of each community-specific service pathway.

PART 2 – IDENTIFICATION OF STRENGTHS, CHALLENGES & GAPS IN MATERNAL-NEWBORN HEALTH SERVICES & PROGRAMS

Participants were tasked to identify strengths, challenges and gaps in current maternal-newborn health services and programs in their community. Participants were asked to consider how easy it is to access these services and programs, how people navigate within and between them and how the services are currently meeting the needs of childbearing families.

A number of key themes were identified after reviewing the content of all the focus groups and are presented in Table 2.

Participants identified strengths, challenges and gaps that were applicable to all perinatal periods (prenatal, labour & birth and postnatal) (indicated in **bold** in Table 2). A number of similar themes emerged and crossed perinatal time periods. In some cases, the theme was seen as a strength, sometimes as a challenge or gap. This dichotomy was related to availability and access to services and programs within the various communities based on location and transportation. ***Partnerships*** were seen as a strength, yet many participants were unaware of services and service providers in their community.

Table 2: Summary of Themes Across all Perinatal Periods by Strengths, Challenges and Gaps

	Strengths	Challenges	Gaps
Prenatal	1. **Availability of Services/Programs** • Prenatal Classes • Breastfeeding Services • Peer Support 2. **Access to Services/Programs** 3. **Access to Health Care Providers (HCPs)** 4. Support 5. Approach to Care 6. **Communication/Service Coordination** 7. **Partnerships/Network**	1. **Limited Knowledge (Services/Programs)** 2. **Limited HCP Knowledge (Content)** 3. **Limited Knowledge (HCPs +/- Scope)** 4. **Limited Services/Programs** • Perinatal Loss • Perinatal Mental Health 5. **Inconsistent Practice/Information** 6. **Limited Access (HCPs)** 7. **Limited Access (Services/Programs)** • Transportation 8. **Approach to Care** 9. **Limited Communication/Service Coordination**	1. Lack of HCP Knowledge (Content) 2. Lack of Education (HCPs) 3. Lack of Awareness (Services/Programs) 4. **Lack of Services/Programs** • Perinatal Mental Health 5. **Lack of Access (HCPs)** 6. **Lack of Access (Services/Programs)** • Transportation 7. **Lack of Communication/Service Coordination**
Birthing Services	1. **Availability of Services/Programs** 2. **Access to Services/Programs** • Breastfeeding 3. Promotion of Best Practices 4. **Access to HCPs** 5. Approach to Care • Family Centred Care 6. HCP Knowledge 7. **Communication/Service Coordination** 8. **Partnerships/Network**	1. **Limited Awareness (Services/Programs)** 2. **Limited Knowledge (Content)** 3. **Limited Knowledge (HCPs +/- Scope)** 4. **Limited Services/Programs** 5. **Inconsistent Practice/Information** 6. **Limited Access (HCPs)** 7. **Limited Access (Services/Programs)** • Transportation 8. **Approach to Care** 9. **Limited Communication/Service Coordination**	1. **Lack of Services/Programs** 2. **Lack of Access (HCPs)** 3. **Lack of Access (Services/Programs)** • Transportation 4. **Lack of Communication/Service Coordination**
Postnatal	1. **Availability of Services/Programs** • Breastfeeding 2. **Access to Services/Programs** 3. **Access to HCPs** 4. **Communication/Service Coordination** 5. **Partnerships/Network**	1. **Limited Knowledge (Services/Programs)** 2. **Limited HCP Knowledge (Content)** 3. **Limited Knowledge (HCPs +/- Scope**) 4. **Limited Services/Programs** 5. **Inconsistent Practice/Information** 6. **Limited Access (HCPs)** 7. **Limited Access (Services/Programs)** 8. **Limited Communication/Service Coordination** 9. **Approach to Care**	1. **Lack of Services/Programs** 2. **Lack of Access (HCPs)** 3. **Lack of Access (Services/Programs)** • Transportation 4. **Lack of Communication/Service Coordination**

Recurrent themes that were noted across all perinatal periods when discussing strengths were:

1. ***Availability of Services and Programs***
2. ***Access to Services and Programs***
3. ***Access to a Variety of Health Care Providers***
4. ***Communication and Service Coordination***

Not surprisingly, the lack of the above was also commonly identified either as a challenge or gap. Further, ***lack of awareness*** of perinatal services and programs was a consistent challenge experienced by both health care providers and family members in all perinatal periods. ***Limited or no access to resources and services*** for perinatal mental health and perinatal loss were highlighted as a challenge or a gap across most sub-regions. ***Inconsistency in practice and information*** was seen as a challenge in all perinatal periods. ***Access to services*** was problematic when personal or public transportation was not available. Participants spoke about a ***lack of knowledge*** of different health care providers' scope of practice and specific health-related topics (e.g., breastfeeding).

Other themes that emerged when discussing gaps were:

1. ***Lack of Services and Programs***
2. ***Lack of Access to Services and Programs***
3. ***Lack of Access to Health Care Providers***
4. ***Lack of Communication and Service Coordination***

A more detailed description of the strengths, challenges and gaps within each period of care follows in the next section.A compilation of the findings, grouped by timing of care and key themes, is presented in Tables 3, 4 and 5. A checkmark (✓) indicates that the topic was raised in a focus group. When specific examples or suggestions were provided, they are denoted by a superscript abbreviation. For a list of abbreviations used in the subsequent tables see Appendix D.

Strengths

The ***availability*** of a wide range of prenatal services and programs was acknowledged as strength in each of the 8 focus groups. For instance, the availability of in-person and online offerings was valued by participants.
A number of participants identified the following prenatal services as strengths: availability of prenatal care, prenatal breastfeeding support, fertility services, Healthy Babies Healthy Children (HBHC) Program, Canadian Prenatal Nutrition Program (CPNP) and peer-to-peer support programs. Access to formal and informal support offered by these programs was valued.

Access to a variety of prenatal health care providers was noted in 5 focus groups. Participants made specific mention of lactation consultants, midwives and nurse practitioners. In Prince Edward County, access to the Family and Youth Outreach Nurse was particularly valued.

Collaboration between health care providers and organizations supported ***service coordination*** and timely referrals based upon the needs of individual families.

Families valued services, programs and health care providers that were available close to home. It was interesting to learn that in some communities, ***availability of services*** was perceived both as a strength and a challenge depending on the particular service or program and its location within the community. This finding was also noted in the labour and birth and postnatal periods.

Challenges and Gaps

Although all of the focus groups identified the ***availability of services*** as a strength, each of them also noted that ***lack of awareness*** of these services was a significant challenge. The creation of a centralized list of services and/or a service hub was suggested as a potential solution to enhance awareness.

All of the focus groups identified ***limited knowledge*** about and ***limited access*** to various maternal-newborn services and programs in their area as a challenge. Transportation (or lack thereof) was highlighted as a challenge in smaller, more rural communities when services and programs were centralized in urban areas.

Perinatal mental health services and services related to perinatal loss were identified as a challenge or a gap in 4 focus groups. ***Limited access to HCPs***, especially midwives, doulas and family physicians, was a challenge in 6 focus groups.

Families valued services, programs and health care providers that were available ***close to home***. This was a challenge depending upon the particular service or program and its location within the community. This finding was also noted in the labour and birth and postnatal periods.

Interestingly, ***collaboration*** among health care providers and services was seen as a strength in 5 focus groups, yet in 3 of those groups ***service coordination*** was also reported as a challenge.

Two of the focus groups identified primary care providers' ***lack of knowledge*** as a challenge, specifically in the area of breastfeeding practices.

Lack of a ***consistent approach to care*** was raised in 4 focus groups. Participants suggested that care was not always person- or family-centred and did not always take into account the linguistic, cultural and socioeconomic characteristics of childbearing families nor did it address the diverse needs of clients.

Each focus group acknowledged that there was a ***lack of services or programs*** within their community. Services lacking included those related to perinatal mental health, perinatal loss, substance use, programming for fathers/partners and services for women with co-morbidities (e.g., diabetes, cancer).

Table 3: Prenatal Services: Strengths, Challenges and Gaps - All Focus Groups by Theme and LHIN

	STRENGTHS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	***EO***	***RC***	***O-E***	***O-F***	***HPEC-B***	***HPEC-T***	***KFLA***	***LGL***
Availability of Service/Programs	✓	✓PN	✓ ✓BF	✓	✓ ✓PNC	✓ ✓PNC ✓BF	✓PNC ✓ ✓HBHC	✓PNC ✓BF
Access to Services/Programs		✓		✓	✓		✓	✓
Access to HCPs	✓	✓	✓LC				✓	✓NP
Support		✓		✓HBHC				
Approach to Care	✓							
Communication/Service Coordination				✓	✓			✓
Partnerships/Network	✓	✓			✓			✓
	CHALLENGES							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	***EO***	***RC***	***O-E***	***O-F***	***HPEC-B***	***HPEC-T***	***KFLA***	***LGL***
Limited Knowledge (Services/Programs)	✓	✓	✓	✓HBHC	✓	✓	✓	✓
Limited HCP Knowledge (Content)	✓BF		✓SU					
Limited Knowledge (HCPs Scope of Practice)	✓							✓
Limited Services/Programs		✓MW	✓ ✓PMH	✓		✓	✓ ✓PL	✓
Inconsistent Practice/Information	✓		✓	✓				
Limited Access (HCPs)	✓	✓PCP	✓MW		✓FP		✓MW ✓	✓
Limited Access (Services/Programs)	✓PN	✓CPNP ✓DS	✓MW	✓ATC ✓HBHC	✓ ✓T	✓	✓	✓MW ✓T
Approach to Care			✓	✓ATC		✓ATC	✓ATC	
Limited Communication/ Service Coordination	✓		✓	✓			✓	✓CAS
	GAPS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	***EO***	***RC***	***O-E***	***O-F***	***HPEC-B***	***HPEC-T***	***KFLA***	***LGL***
Lack of Knowledge (Best Practice)	✓BF		✓					
Lack of Education (HCPs)	✓							
Lack of Awareness (Services/Programs)			✓		✓			
Lack of Services/Programs	✓	✓PMH	✓PL ✓	✓PL	✓ ✓PMH	✓	✓ ✓PMH ✓SU	✓PMH ✓
Lack of Access (HCPs)			✓PCP		✓MW		✓PCP	✓PMH
Lack of Access (Services/Programs)	✓T				✓MW	✓T		
Lack of Communication/ Service Coordination	✓		✓					✓CSH

BIRTH SERVICES AND PROGRAMS

Strengths

Availability of services offered during labour and birth was identified as a strength in all of the focus groups. Participants felt that women and their partners were offered a wide variety of services (e.g., epidurals, caesarean section, breastfeeding support, social work, homebirth) by a variety of health care providers (e.g., physicians, midwives, doulas).

Access to services was seen as a strength in 5 focus groups.

Promotion of best practices related to the Baby Friendly Initiative (BFI), such as skin-to-skin contact at birth, was identified as a strength in 4 focus groups. A few hospitals across the region are currently working towards BFI designation.

Communication and service coordination were acknowledged as strengths in 7 focus groups. The role of the Public Health Liaison Nurse was seen as an important link between the hospital and the health unit. Where this role existed, participants acknowledged improved collaboration between these organizations.

Challenges and Gaps

The challenges that were identified in the majority of the focus groups included:

- ***Limited availability of services/programs*** (e.g., breastfeeding and perinatal loss) [n=5]
- ***Limited access to services*** (transportation was highlighted) [n=6]
- ***Limited communication and service coordination*** [n=5]
- ***Approach to care*** [n=5]

During the focus groups, there was sometimes a significant difference between the care experiences of mothers with challenging life circumstances (e.g., poverty, isolation due to rurality and lack of reliable transportation) and mothers with more advantageous situations. For example, some mothers spoke of experiencing harsh judgment, lack of attention and disrespectful treatment.

Half of the focus groups identified ***inconsistent practices*** among health care providers and ***lack of access to health care providers*** as a challenge. The ***lack of access*** to lactation consultants was noted as a gap in 2 focus groups.

Table 4: Birth Services: Strengths, Challenges and Gaps - All Focus Groups by Theme and LHIN

	STRENGTHS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	***EO***	***RC***	***O-E***	***O-F***	***HPEC-B***	***HPEC-T***	***KFLA***	***LGL***
Availability of Services/Programs	✓LC	✓	✓	✓	✓BF	✓	✓SW	✓PNC ✓BF
Access to Services/Programs	✓	✓				✓MW ✓LC	✓	✓
Promotion of Best Practices		✓SSC	✓				✓SSC	✓BFI
Access to HCPs	✓LC	✓MW ✓LC	✓MW ✓		✓LC ✓NP		✓MW	
FCC			✓			✓		✓
HCP Knowledge		✓BF			✓		✓	✓
Communication/ Service Coordination	✓HBHC	✓HBHC		✓HBHC ✓	✓	✓	✓	✓HBHC
Partnerships/Network	✓	✓HBHC						✓
	CHALLENGES							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	***EO***	***RC***	***O-E***	***O-F***	***HPEC-B***	***HPEC-T***	***KFLA***	***LGL***
Limited Awareness (Services/Programs)	✓		✓	✓	✓	✓		✓
Limited Knowledge (Content/Education)	✓BF		✓SU		✓			
Limited Knowledge (HCPs Scope of Practice)			✓CAS					✓
Limited Services/Programs		✓	✓BF ✓PMH	✓PL	✓BF	✓PL	✓	✓PMH ✓MW
Inconsistent Practice/Information			✓	✓	✓	✓BF	✓BF ✓	
Limited Access (HCPs)	✓	✓LC	✓LC	✓MW	✓LC	✓	✓LC	✓
Limited Access (Services/Programs)	✓T	✓ ✓T	✓	✓	✓PMH	✓	✓ ✓T	✓
Approach to Care			✓	✓	✓	✓	✓	
Limited Communication/ Service Coordination	✓		✓	✓	✓	✓	✓	✓
	GAPS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	***EO***	***RC***	***O-E***	***O-F***	***HPEC-B***	***HPEC-T***	***KFLA***	***LGL***
Lack of Services	✓LC	✓PMH	✓ ✓PL	✓	✓PMH	✓ ✓PL ✓BF	✓ ✓PMH ✓SU	✓PMH
Lack of Access (HCPs)			✓LC				✓LC	
Lack of Access (Services)	✓T		✓				✓	
Lack of Communication/ Service Coordination			✓				✓	✓CSH

Despite all of the groups identifying availability of services and programs as a strength, they also reported not only ***limited access*** to, but a gap in services. Of note, a gap in perinatal mental health, breastfeeding and perinatal loss services was emphasized. In addition, limited availability of breech and/or waterbirth options was highlighted.

None of the focus group participants identified a ***lack of knowledge***, ***lack of education*** or ***lack of awareness of services*** as a gap in their area for the labour and birth period.

POSTNATAL SERVICES AND PROGRAMS

Strengths

Availability of services was identified as a strength in all of the focus group discussions, with the availability of breastfeeding services mentioned in 6 of 8 groups. Services offered by the THRIVE program for women with substance use issues were identified as a strength in 2 focus groups.

In one focus group, family members reported feeling well prepared for the postnatal period as a result of information and education provided during their pregnancy. In contrast, participants in other groups reported a lack of preparation related to postnatal care and complications for mothers and babies (e.g., pelvic floor rehabilitation).

Access to health care providers, existing ***partnerships*** and ***communication and service coordination*** were seen as strengths in many focus groups (4, 5 and 4, respectively).

Challenges and Gaps

Limited awareness of services and programs was mentioned in 7 focus groups with participants stating that many services or programs existed but were underutilized (e.g., child health clinics, nurse practitioners). Participants in almost all of the focus groups indicated that there were a ***limited number*** or ***lack of postnatal services and programs*** in their community – those that were highlighted included: perinatal mental health, breastfeeding support, perinatal loss, well baby follow-up and programming for fathers/partners. Substance use services were noted to be lacking in all sub-regions.

Two of the focus groups that had identified breastfeeding services as a strength also indicated that, depending on where in the communities one lived, availability could be a challenge. The lack of a milk bank was seen as a gap across the region.

Table 5: Postnatal Services: Strengths, Challenges and Gaps - All Focus Groups by Theme and LHIN

	STRENGTHS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Availability of Services/Programs	✓ ✓HBHC	✓BF ✓MW	✓ ✓BF ✓WBF ✓HBHC	✓FU-MW	✓ ✓BF	✓ ✓BF ✓HBHC	✓WBF ✓BF ✓HBHC	✓ ✓BF
Access to Services/Programs		✓BF ✓MW				✓	✓COPC	✓
Access to HCPs	✓NP	✓LC ✓NP		✓MW	✓MW	✓LC	✓NP	
Communication/ Service Coordination	✓				✓		✓	✓
Partnerships/Network	✓	✓			✓		✓	✓
	CHALLENGES							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Limited Awareness (Services/Programs)	✓	✓	✓ ✓PMH		✓BF ✓	✓	✓	✓
Limited Knowledge of HCPs (Content)	✓BF		✓SU	✓	✓BF		✓	
Limited Awareness (HCPs Scope of Practice)	✓							
Limited Services/Programs		✓PL	✓PMH ✓BF	✓F-PP ✓PMH ✓BF	✓HBHC ✓WBF	✓BF ✓PN-FU	✓HBHC ✓PL ✓BF ✓WBF	✓
Inconsistent Practice/Information				✓	✓	✓BF		
Limited Access (HCPs)	✓	✓LC		✓PMH ✓BF	✓LC	✓FP/PED	✓WBF	
Limited Access (Services/Programs)	✓	✓	✓PMH ✓BF	✓	✓BF ✓	✓PN-FU	✓BF	✓ ✓T
Limited Communication/ Service Coordination	✓	✓	✓		✓		✓	✓
Approach to Care			✓	✓				
	GAPS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Lack of Services/Programs	✓ ✓BF	✓PMH	✓ ✓PL ✓BF/MB	✓ ✓MB	✓WBF ✓PMH ✓F-PP	✓ ✓PMH ✓BF/MB	✓ ✓PMH ✓SU	✓PMH
Lack of Access (HCPs)					✓FP	✓FP	✓	
Lack of Access (Services)	✓T	✓BF	✓	✓				✓
Lack of Communication/ Service Coordination			✓	✓	✓			✓CSH

Similarly, ***communication and service coordination*** was identified as a strength (n=4), a challenge (n=6) and a gap (n=4). ***Communication and coordination*** was facilitated by existing partnerships among organizations in a number of communities (e.g., HBHC; bilirubin testing services, electronic discharge summaries). In other communities, lack of access to discharge information, lack of referrals to postnatal services, lack of specialized programs for at-risk infants and lack of interprofessional collaboration presented challenges for continuity of care. Fragmentation of care and/or services was highlighted when families gave birth outside of their own community. Lack of a 'central hub' was cited as a gap in services and coordination thereof.

Unlike prenatal or birthing services, the majority of focus groups (n=5) indicated that health care provider **knowledge** was limited with respect to breastfeeding and substance use. In addition, participants felt health care providers had **limited knowledge** related to the provision of culturally competent and 'sensitive' care.

Limited access to services and programs was seen as a challenge in all focus groups – breastfeeding, perinatal mental health, postnatal follow-up, access to delisted services (e.g., physiotherapy) and transportation were highlighted. Participants in 7 focus groups identified ***gaps in service provision and programs*** within their communities. In addition to those already cited above, the lack of affordable loaner breast pumps, lack of after-hour outpatient bilirubin testing and the absence of a human milk bank were mentioned.

A recurring theme spoke to the ***lack of services*** for marginalized populations (e.g., young single parents, non-binary persons, newcomers). Many participants mentioned the lack of a holistic ***approach to care*** and recommended that better person- and family-centred care be provided.

Limited access to health care providers was mentioned in 6 of the focus groups, especially lactation consultants, family physicians and pediatricians.

A complete summary of each of the individual focus group sessions is provided in Appendix B.

PART 3 – RECOMMENDATIONS TO IMPROVE MATERNAL-NEWBORN HEALTH SERVICES & PROGRAMS

Participants were divided into groups and tasked with identifying 3 ways to improve services and programs for one of the following time periods: prenatal, labour & birth and postnatal. Participants were asked to think about services and programs that could be created, enhanced or improved. A representative from each table was invited to share the recommendations generated by their group. Ideas and suggestions are presented according to time period in Tables 6 to 10.

Table 6: Summary of Recommendations by Perinatal Period

Key Recommendations	Prenatal	Labour & Birth	Postnatal Week 1	Postnatal Weeks 2-12
Education Offerings	✓	✓	✓	✓
Increase Awareness (Services/Programs)	✓	✓	✓	✓
Increase Awareness (Resources)				✓
Increase Access (Services/Programs)	✓	✓	✓	✓
Increase Access (Resources)	✓	✓	✓	✓
Increase Access (HCPs)	✓	✓	✓	✓
Creation of New Resources	✓	✓	✓	✓
Communication/Service Coordination	✓	✓	✓	✓
Consistent Practice/Information		✓	✓	✓
Implementation of Best Practice		✓		
Evaluation (Services/Programs)		✓		
Approach to Care		✓		
Partnerships/Network			✓	✓
Relationship Building				✓

PRENATAL PERIOD

Half of the focus groups recommended additional **education** be offered in the prenatal period for both health care providers and families. These included culturally competent care, informed decision-making and breastfeeding.

The importance of **prenatal preparation for the postnatal period** was emphasized. Participants from one focus group suggested a '*What to Expect*' package be developed and distributed by primary care providers. In addition, participants from another focus group felt the provision of prenatal and parenting education during the preconception period was important.

The majority of focus groups (n=6) acknowledged that a variety of services and programs existed but recommended that ***increasing awareness*** of these services and programs was a priority. This could be

accomplished by creating a comprehensive list of services, discussing available services and programs during prenatal classes and support groups, developing a monthly calendar, providing education to health care providers and using social and other media.

Increasing ***access to services and programs*** such as perinatal mental health, prenatal classes, programming for fathers/partners and prenatal preparation for families considering adoption was highly recommended.

Increasing access to midwifery services was specifically recommended in 2 focus groups. Securing funding for program needs such as breast pumps and formula was also suggested in 2 focus groups.

Participants from 5 focus groups recommended the development of ***new resources and/or services***. The creation of a 'central service hub' in a physical location or online, was a common recommendation. Other suggestions included: the development of breastfeeding classes for support persons and enhancing opportunities for peer-to-peer support.

Enhanced communication and coordination between service providers was recommended. This could be accomplished by creating a community network of perinatal health care providers and/or organizing interprofessional educational offerings or events – a community service provider 'meet and greet' or showcase. Enhancing mechanisms for the timely sharing of client information between health services was also suggested.

Table 7: Recommendations to Improve Prenatal Services and Programs

	RECOMMENDATIONS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Education	✓PNC		✓	✓	✓BF			
Increase Awareness (Services/Programs)	✓	✓	✓		✓PMH	✓	✓	
Increase Access (Services/Programs)		✓	✓ ✓PMH		✓MW ✓PMH ✓PNC	✓ ✓T	✓PMH	✓
Increase Access (Resources)		✓						
Increase Access to HCPs			✓MW		✓			
New Resources				✓CSH	✓F-PP ✓	✓CSH	✓	✓CSH
Communication/Service Coordination			✓		✓	✓		✓

LABOUR & BIRTH PERIOD

Participants reiterated that additional ***education***, ***increased access to services and programs*** as well as ***health care providers*** and improved ***communication and service coordination*** would enhance maternal-newborn care during labour, birth and in the immediate postpartum period.

The need for standardized breastfeeding education for families and health care providers was emphasized in 3 focus groups. Standardized education for nursing staff and sensitivity training for all service providers was highlighted. Participants from 2 focus groups emphasized the need to ensure that childbearing families receive standardized, consistent information regarding care options and are empowered to make informed decisions (e.g., pregnancy with life-limiting diagnosis).

Increased access to all health care providers offering services to women during labour and in the immediate postpartum period was a common recommendation. "Mandating" hospital privileges for midwives and ensuring they practice to their full scope was emphasized in 2 focus groups. Increased access to lactation consultants, doulas and physicians was also highlighted. Offering locums for physicians offering obstetrical services was a proposed strategy.

Table 8: Recommendations to Improve Birth Services and Programs

	RECOMMENDATIONS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Education	✓BF	✓BF	✓	✓	✓ ✓BF			✓
Increase Awareness (Services/Programs)						✓		
Increase Access (Services/Programs)	✓	✓PMH	✓LC ✓	✓MW ✓	✓BF	✓ ✓T	✓	✓MW ✓ ✓
Increase Access (Resources)			✓			✓	✓	
Increase Access (HCPs)		✓LC ✓MD-OB	✓LC	✓MW	✓MW ✓FP	✓		✓MW
New Resources						✓CSH ✓F-PP		
Consistent Practice/Information			✓CAS	✓1:1 Care		✓		
Implement Best Practice			✓SSC				✓SSC OR	
Evaluation of Services/Programs							✓PL	
Approach to Care				✓		✓FCC		✓
Communication/Service Coordination	✓		✓		✓	✓		

All focus groups recommended ***increasing access to services and programs***. It was suggested that resources be in place in birth settings in order for families to receive services close to home (e.g., breech delivery, twin delivery). In addition to breastfeeding support and services related to perinatal mental health, other areas to be addressed included availability of parking and transportation.

The lack of ***consistent practice/information*** as well as the need for ***implementation of best practices*** was brought forward. Recommendations included providing interprofessional breastfeeding education, promoting skin-to-skin contact (regardless of type of birth), and offering 1:1 supportive care during labour. Participants also recommended that birthing rooms have standardized equipment such as tubs, squatting bars and birthing balls.

Recommendations for ***communication/service coordination*** were provided in 4 focus groups. Ensuring a more consistent approach to cases requiring child and family services was recommended in one focus group. Participants from 2 focus groups emphasized the importance of improving communication between various services and health care providers and ensuring that information provided to childbearing families reflects current clinical practices.

POSTNATAL PERIOD – WEEK 1

The need for additional ***knowledge/education*** for both families and health care providers was raised in 5 focus groups. Consistent with previous recommendations, training around perinatal mental health and breastfeeding was reiterated. The need for additional information about self-care, care of the preterm infant and culturally sensitive care was brought forward. Participants suggested that continuing medical education (CME) credits be offered to increase physician attendance and that topics related to 'what to expect in the postnatal period' be addressed during the pregnancy.

The need to ***increase awareness of services and programs*** was a common recommendation. Half of the focus groups cited this as a priority. The development of a website with an online calendar of events would help increase both families' and health care providers' awareness of existing local maternal-newborn services and programs.

Participants in 4 focus groups recommended that ***access to services and programs*** be improved. Participants in one focus group suggested that it be mandatory for all families to receive a home visit from a public health nurse (e.g., HBHC Program) in the first week post-discharge instead of a phone call. In-home follow-up from a lactation consultant was also recommended for all breastfeeding families. Expanding the scope of both these services would necessitate an increase in funding.

Participants in 5 focus groups suggested ***new resources and services.*** A mobile transition clinic that would provide maternal and newborn assessment, lactation support, bilirubin testing and wound care was mentioned

in 3 of the 5 groups. The creation of a telephone helpline, available 24/7 to answer questions specific to maternal-newborn care was also suggested. The creation of a central service hub was recommended in 2 of the 5 groups citing the need for new resources – this 'hub' could be housed in a physical location or could be a virtual one.

Technology, and its improved use, was suggested as a strategy to improve ***communication and service coordination*** in order to facilitate a seamless transition of care from hospital to home and the community. Electronic documentation tools (e.g., discharge summaries) and the use of email and/or text messaging were specific strategies brought forward by participants to improve care in the early postnatal period.

Table 9: Recommendations to Improve Postnatal Services and Programs - Week 1

	RECOMMENDATIONS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Knowledge/Education		✓PMH ✓	✓ ✓	✓	✓PTI ✓BF			✓PMH
Increase Awareness (Services/Programs)		✓	✓		✓	✓		
Increase Awareness (Resources)							✓ ✓PMH	
Increase Access (Services/Programs)			✓HV	✓PMH ✓ BF	✓	✓ ✓T		
Increase Access (Resources)				✓		✓ ✓		
Increase Access (HCPs)	✓		✓		✓FP			
New Resources/Services	✓CSH ✓MC		✓	✓MC ✓ BF/MB		✓CSH ✓F-PP	✓MC	
Communication/ Service Coordination		✓	✓CAS		✓	✓	✓	
Consistent Practices/Information	✓				✓			
Partnerships/Network	✓							

POSTNATAL PERIOD – WEEK 2 TO 3 MONTHS

Consistent with recommendations from other perinatal periods, the need for ***additional education*** for health care providers, ***consistent information and practices***, ***increased awareness of and access to programs and services***, ***new resources and services*** as well as ***communication and service coordination*** related to perinatal mental health was mentioned at a number of the focus groups. Mental health support groups and consistent use of postpartum mental health screening tools were suggested.

Table 10: Recommendations to Improve Postnatal Services and Programs - Week 2 to 3 Months

	RECOMMENDATIONS							
LHIN	**CHAMPLAIN**				**SOUTH EAST**			
Theme	*EO*	*RC*	*O-E*	*O-F*	*HPEC-B*	*HPEC-T*	*KFLA*	*LGL*
Knowledge/Education			✓PMH	✓ ✓	✓PMH			
Increase Awareness (Services/Programs)	✓		✓		✓			
Increase Awareness (Resources)	✓							✓PMH
Increase Access (Services/Programs)	✓BF		✓ ✓T	✓HBHC ✓BF	✓BF ✓HBHC	✓T	✓BF ✓PMH	✓PN-FU
Increase Access (Resources)	✓			✓	✓T			
Increase Access (HCPs)								
New Resources/Services					✓PMH ✓BF	✓F-PP	✓CSH	
Communication/ Service Coordination	✓		✓PMH	✓				
Consistent Practice/Information			✓PMH		✓			
Partnerships/Network	✓							
Relationship Building (HCPs and Families)					✓			

The need for ***increased access to services and programs*** was raised in 7 focus groups. Breastfeeding services and supports were highlighted in 4 of the 7 groups. Participants reiterated the importance of 24/7 support for breastfeeding families provided locally and at no cost. Breastfeeding and parenting peer support groups were recommended as were postpartum breastfeeding classes. Referral to and use of services provided by the HBHC Program was recommended.

The ability to see the same provider more than once was emphasized as was the suggestion to have a designated schedule of follow-up appointments (e.g., at 2 weeks, 6-8 weeks, etc.). Consistent and frequent mother-baby dyad follow-up would allow for assessment of and support for breastfeeding and postpartum mental health concerns.

The use of technology (e.g., Skype, Telehealth) was suggested as a strategy to ***increase access to services and programs***, as was exploration into transportation challenges as they are frequently experienced by families, especially in rural areas where there is no public transportation. Home visits were also suggested as a way to facilitate access.

Increased awareness of developmental milestones and use of existing resources (e.g., 'Red Flags' document) was suggested for health care providers. For families, an ***increased awareness*** of where to go for help was discussed. Participants suggested multiple strategies to address this need (development and dissemination of a comprehensive list of existing services either in print, online or 'app' format).

The creation of a 'one-stop-shop' was suggested. Capitalizing on Ontario's initiative to unify services in the province for children from birth to 6 years of age, through the creation of Early Years Child and Family Centres would bring additional and required resources to locations already frequented by families and would foster use of community hubs. Timely referral for all families with a new baby was recommended.

Participants stressed the importance of ensuring services and programs were offered to meet the needs of the region's diverse communities and families (e.g., rural, urban, cultural, linguistic). The provision of material goods (i.e., clothing, car seats, infant formula) to families with limited resources was cited.

Finally, participants suggested that ***communication and service coordination*** be enhanced. The organization of quarterly meetings was put forward as an opportunity for health care providers from various organizations to network and work together on regional issues. The need to improve collaboration between child welfare organizations and violence-against-women services was provided as a specific example of health care services that would benefit from increased communication and collaboration.

PART 4 – RECOMMENDATIONS FOR SYSTEM IMPROVEMENT

Identification of Top 3 Priorities

Participants from each focus group were asked to indicate their top 3 priority recommendations from those presented in Tables 7 to 10. The results are presented in Table 11.

After grouping similar recommendations together, the following themes emerged as regional priorities:

1. **Improved Access** to services and programs
2. **Enhanced Coordination** of services and programs
3. **Increased Awareness** of services and programs

Table 11: Priority Recommendations for System Improvement

LOCATION BY LHIN	TOP PRIORITIES
CHAMPLAIN	
Eastern Ontario	1. Mobile transition clinic 2. Establishment of a network within the community 3. Prenatal and parenting education during the preconception period
Renfrew County	1. Improve access to perinatal mental health services 2. Improve engagement of physicians 3. Increase awareness of existing maternal-newborn services and programs
Ottawa – English	1. Increase family and HCPs' awareness of existing maternal-newborn health services/programs 2. Increase access to perinatal mental health services/programs 3. Organize quarterly meetings with perinatal HCP to provide an opportunity to identify and address areas of concern within perinatal care in Ottawa and area
Ottawa – French	1. Centralisation des services et programmes de soins de maternité 2. Améliorer l'accès à des programmes et des ressources pour combler les besoins matériels des familles (p. ex., vêtements de maternité et d'enfant, siège d'auto, poussette, etc.) 3. Offrir des cours « co-parent » pour les familles non-traditionnelles
SOUTH EAST	
HPEC-Belleville	1. Establish a seamless plan of care for childbearing families (from prenatal to postpartum period) 2. Increase perinatal mental health services and programs 3. Make it mandatory for all families to receive a home visit from a HBHC public health nurse after hospital discharge instead of a follow-up telephone call
Kingston, Frontenac, Lennox & Addington	1. Creation of a mobile follow-up clinic 2. Capitalize on the development of Ontario Early Years Child and Family Centres (OEYCFC) 3a. Development of a volunteer birth companion program 3b. Increase availability and access to breastfeeding support services
Leeds Grenville Lanark	1. Create an online service hub with information from existing maternal-newborn health services/programs within the area 2. Enhance perinatal mental health services/programs within the area 3. Mandate midwifery services and privileges in all birthing hospitals across Ontario
HPEC-Trenton	1. Increase awareness of existing maternal-newborn services and programs a. Creation of a monthly calendar of existing services and programs (including description and contact information) b. Creation of a community forum (e.g. support groups) c. Use of social media (e.g. Facebook) and other advertising strategies (e.g. website, newspaper, parenting magazine) 2. Increase accessibility and availability of existing services and programs; regardless of socioeconomic status, age and type of service 3. Improve communication and coordination of existing services and programs (e.g. ensuring that various programs are not being offered on the same day and at the same time; ensuring better communication between services/programs offered in different cities/sub-regions)

To address these priorities, **specific strategies** suggested in the various communities are presented in Table 12. Increasing perinatal mental health services was the most frequently proposed strategy to improve ***access to services and programs*** and was brought forward in 4 focus groups. The creation of a mobile transition clinic and improved services for less advantaged clients were each recommended in 2 focus groups. The remaining strategies were suggested in a single focus group.

The creation of a 'Service Hub' was a key recommendation related to improving ***coordination of services and programs*** within communities (n=4). The creation of a formal maternal-newborn network was another key recommendation to improve coordination both within communities and the region.

Three focus groups specifically mentioned the need to increase ***awareness of maternal-newborn services*** as the third strategic priority.

Table 12: Summary of Top Priorities and Suggested Strategies

THEME	SUGGESTED STRATEGIES	SUGGESTED BY
1. ACCESS	↑ Mental health services	RC, HPEC-B, LGL, O-E
	Create mobile transition clinic	EO, KFLA
	↑ Services for less advantaged clients	O-F, HPEC-T
	↑ Breastfeeding services	KFLA
	↑ Home visits	HPEC-B
	Improve transportation options	HPEC-T
	Create birth companion program	KFLA
	↑ Services/programs for fathers/partners	HPEC-T
2. COORDINATION	Create 'Service Hub'	LGL, O-F, HPEC-T, KFLA
	Create formal maternal-newborn network	EO, HPEC-B, O-E
3. AWARENESS	↑ Knowledge of existing resources (i.e. calendar, social media)	RC, O-E, HPEC-T

LIMITATIONS

Despite the rich data and insight received from focus group participants, there are limitations within this project.

The focus groups were not well attended by physicians and the lack of this profession's input is a definite limitation. With the exception of one of focus groups, there was limited or no representation of families in most of the remaining groups despite repeated invitations and opportunities to register. Of the families that did participate, diverse communities were under-represented (e.g., newcomers, indigenous, francophone, non-traditional).

In addition, not all hospitals were represented in the focus groups; nor were all community agencies.

CONCLUSION

The valuable information provided by focus group participants informed the content of this report. The identification of strengths, challenges and gaps in maternal-newborn health services and programs led to the generation of thoughtful recommendations and strategies for system improvement across the perinatal continuum of care. *Access*, *awareness* and *coordination* of services and programs were the three key themes that emerged, with a number of specific recommendations proposed to address the priority areas. These findings are consistent with those of CMNRP's Postnatal Hospital Discharge Experiences Workgroup.

Although some focus group participants initially articulated that programs and services were lacking in their communities, more often than not, after reviewing the community-specific service pathways, participants acknowledged that many services did exist; individuals were simply not aware of them. That said, participants asserted that more services and programs related to perinatal mental health and perinatal loss were needed in many communities.

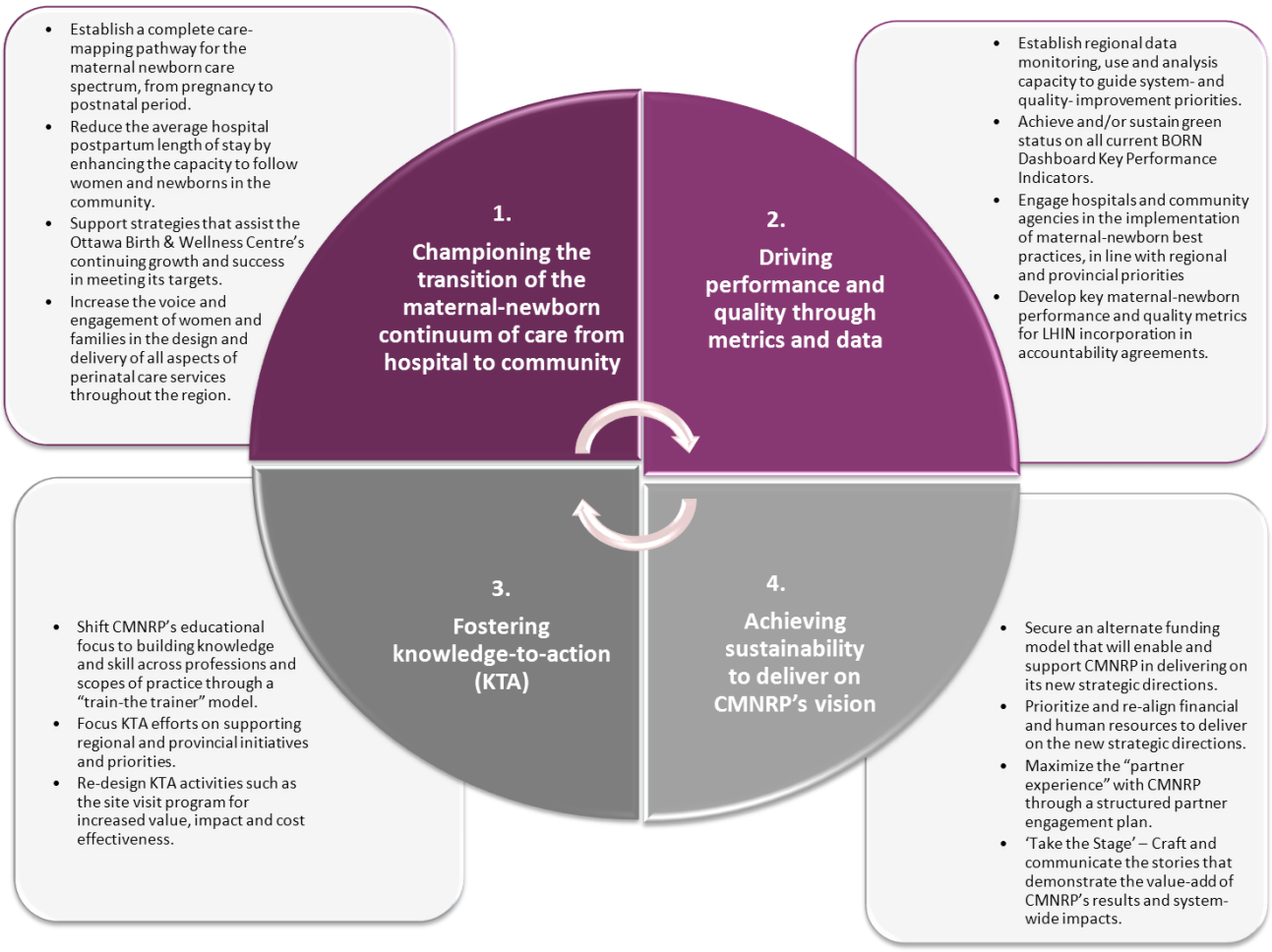
To increase awareness of services and programs, the newly created service pathways are available on the CMNRP website. Partners and service providers are encouraged to continue to promote awareness of their programs and services by including them on existing health information portals (www.thehealthline.ca and www.211ontario.ca).

The *Mapping Maternal-Newborn Services* workgroup recommends the creation of a new workgroup to focus on the remaining priority recommendations: improving access and enhancing service coordination. This group's work should align with current and emerging regional and provincial initiatives.

This report is being shared with the Champlain and South East LHINs as well as CMNRP's partner organizations and key stakeholders. Individual sub-regions' focus group reports and community-specific pathways are available (see Appendix B), allowing key stakeholders and community partners to work together to address challenges and opportunities specific to their community. Such partnership and collaboration exemplify this regional network's ability to create an integrated, accessible and high-quality system of health care – the system envisioned by focus group participants – to benefit women, newborns and families in our region.

APPENDICES

APPENDIX A: CMNRP's Strategic Directions, 2015-2018



APPENDIX B: Overview of Focus Groups with Links to Individual Focus Group Final Reports

Date/Time	Health Unit	City	Attendees	Region Represented
October 26, 2016 1330-1600	Eastern Ontario Health Unit	Casselman	19 HCPs	Prescott/Russell Stormont/Dundas/Glengarry
December 8, 2016 1300-1530	Renfrew County and District Health Unit	Pembroke	13 HCPs	Renfrew County
January 13, 2017 1300-1530	KFL&A Health Unit	Kingston	22 HCPs	Lennox & Addington Frontenac & Kingston
March 2, 2017 1700-1900	Hastings Prince Edward Health Unit – Trenton	Trenton	20 family members 1 HCP	Hastings Prince Edward Northumberland
March 3, 2017 1330-1600	Hastings Prince Edward Health Unit – Belleville	Belleville	9 family members 34 HCPs	Hastings Prince Edward Northumberland
April 25, 2017 1300-1530	Leeds, Grenville & Lanark District Health Unit	Smiths Falls	2 family members 14 HCPs	Lanark Leeds & Grenville North Lanark North Grenville
May 12, 2017 1300-1530	Ottawa Public Health – French	Ottawa	1 family member 18 HCPs	Ottawa-Central East Ottawa- Centre Ottawa – Centre West
May 15, 2017 1300-1530	Ottawa Public Health – English	Ottawa	34 health care providers	Ottawa-Central East Ottawa- Centre Ottawa – Centre West

APPENDIX C: Communities Represented at Focus Groups with Links to Individual Service Pathways

Region	Communities Represented
Eastern Ontario	**Region of Prescott/Russell:** Alfred, Bourget, Casselman, Chute-à-Blondeau, Clarence Creek, Curran, Embrun, Fournier, Hammond, Hawkesbury, Kenmore, Lefaivre, Limoges, L'Orignal, Moose Creek, Plantagenet, Rockland, Russell, St. Albert, St. Bernardin, St. Eugene, St. Isidore, Saint-Pascal-Baylon, Ste- Anne-de-Prescott, Vankleek Hill, Wendover **Region of Stormont/Dundas/Glengarry:** Alexandria, Apple Hill, Avonmore, Bainsville, Berwick, Brinston, Chesterville, Cornwall, Crysler, Curry Hill, Dalkeith, Dunvegan, Finch, Glen Robertson, Green Valley, Ingleside, Inkerman, Iroquois, Lancaster, Long Sault, Lunenberg, Martintown, Maxville, Monkland, Morewood, Morrisburg, Mountain, Newington, North Lancaster, South Lancaster, South Mountain, St. Andrews West, Summerstown, Upper Canada Village, Willamsburg, Williamstown, Winchester, Winchester Springs
Renfrew County	Arnprior, Barry's Bay, Beachburg, Bissett Creek, Braeside, Burnstown, Calabogie, Chalk River, Cobden, Combermere, Cormac, Dacre, Deep River, Deux Rivières, Douglas, Eganville, Forester Falls, Foymount, Golden Lake, Griffith, Haley Station, Killaloe, Mackey, Palmer Rapids, Pembroke, Petawawa, Quadeville, Renfrew, Rolphton, Round Lake Centre, Stonecliffe, South Algonquin (including Madawaska and Whitney), Westmeath, White Lake, Wilno
Kingston, Frontenac, Lennox & Addington	**Region of Lennox & Addington:** Abinger and Ashby, Addington Highlands, Adolphustown, Amherst Island, Amherstview, Anglesea, Bath, Camden East, Centreville, Cloyne, Denbigh, Enterprise, Erinsville, Ernestown, Flinton, Fredericksburgh, Greater Napanee, Kaladar, Loyalist Township, Millhaven, Napanee, Newburgh, Northbrook, Odessa, Roblin, Sandhurst, Selby, Stella, Stone Mills, Tamworth, Yarker **Region of Frontenac & Kingston**: Arden, Barriefield, Battersea, Bedford, Central Frontenac, Clarendon, Elginburg, Frontenac Islands, Glenburnie, Godfrey, Harrowsmith, Hartington, Hinchinbrooke, Howe Island, Inverary, Joyceville, Kennebec, Kingston, Loughborough, Marysville, Miller, Mississippi Station, Mountain Grove, North Canonto, North Frontenac, Olden, Ompah, Oso, Parham, Perth Road Village, Piccadilly, Pittsburgh, Plevna, Sharbot Lake, Snow Road Station, South Frontenac, Spaffords Corners, Sydenham, Tichborne, Verona, Westbrook, Wolfe Island
Hastings, Prince Edward & Northumberland	**Region of Hastings:** Bancroft, Batawa, Bayside, Belleville, Boulter, Carlow/Mayo, Carrying Place, Central Hastings, Centre Hastings, Coehill, Corbyville, Deloro, Deseronto, Dungannon, Elzevir, Faraday, Foxboro, Frankford, Gilmour, Glen Miller, Halloway, Hastings Highlands, Hungerford, Huntingdon, L'Amable, Limerick, Madoc, Madoc (Town of), Marlbank, Marmora, Marmora and Lake, Marysville (Tyendinaga), Maynooth, Monteagle Valley, Murphy Corners, Murray (Hastings County), North Hastings, Oak Lake, Ormsby, Plainfield, Quinte West, Ridge (The), Rose Island, Shannonville, Sidney, Smithfield, South Hastings, Spring Brook, Stirling, Stirling-Rawdon, Stockdale, Thomasburgh, Thurlow, Trenton, Tudor and Cashel, Tweed, Tweed (Town of), Tyandaga, Tyendinaga (Township of), Tyendinaga (Village of), Tyendinaga Mohawk Territory, Wallbridge, Wollaston, Wooler **Region of Prince Edward**: Ameliasburg, Athol, Bloomfield, Cherry Valley, Demorestville, Hallowell, Hillier, Marysburgh, Milford, North Marysburgh, Picton, Sophiasburgh, Wellington **Region of Northumberland:** Brighton, Codrington, Hilton, Municipality of Brighton
Leeds, Grenville & Lanark	**Region of Lanark:** Balderson, Bathurst, Brooke, Burgess, Darling, Drummond-North Elmsley, Ferguson Falls, Innisville, Maberly, Montague, North Elmsley, Perth, Port Elmsley, Ramsay, Rideau Ferry, Sherbrooke, Smiths Falls, South Sherbrooke, Tay Valley **Region of Leeds & Grenville:** Addison, Algonquin, Athens, Athens (Town of), Augusta Bastard, Bethel, Brockville, Cardinal, Chaffey's Locks, Delta, Easton's Corners, Edwardsburgh-Cardinal, Elgin, Elizabethtown-Kitley, Escott, Frankville, Front of Yonge, Gananoque, Hastings, Jasper, Johnstown, Lansdowne, Leeds and the Thousand Islands, Lombardy, Lyn, Lyndhurst, Maitland, Mallorytown, Manhard, Merrickville, Merrickville-Wolford, Newboro, North Augusta, North Crosby, Oxford-on-Rideau, Philipsville, Portland, Prescott, Rideau Lakes, Rockport, Seeley's Bay, Sheffield, South Crosby, South Gower, Spencerville, Toledo, Westport **Region of North Lanark:** Almonte, Beckwith, Carleton Place, Clayton, Lanark, Lanark Highlands, McDonalds Corners, Mississippi Mills, Pakenham **Region of North Grenville:** Burritts Rapids, Kemptville, Oxford Mills, Oxford Station
Ottawa	**Region of Ottawa - Central East:** Cumberland, Gloucester, Navan, Orleans, Ramsayville, Sarsfield, Vanier, Vars **Region of Ottawa - Centre:** Carlsbad Springs, Edwards, Greely, Metcalfe, Osgoode, Ottawa, Rockliffe, Vernon **Region of Ottawa - Central West:** Ashton, Carp, Dunrobin, Fitzroy Harbour, Kanata, Kars, Kinburn, Manotick, Munster, Nepean, North Gower, Richmond, Stittsville, Woodlawn

APPENDIX D: List of Abbreviations

Abbreviation	Description
EO	*Eastern Ontario*
RC	*Renfrew County*
O-E	*Ottawa Area – English*
O-F	*Ottawa Area – French*
HPEC-B	*Hastings Prince Edward County – Belleville*
HPEC-T	*Hastings Prince Edward County – Trenton*
KFLA	*Kingston, Frontenac, Lennox & Addington*
LGL	*Leeds, Grenville, Lanark*
ATC	Approach to Care
CAS	Children's Aid Society (includes Children and Family Services)
BF	Breastfeeding Services
BFI	Baby Friendly Initiative
CB	Childbirth
COPC	Children's Outpatient Clinic
CPNP	Canadian Prenatal Nutrition Program
CSH	Central Service Hub
DS	Delisted Services
F	Family
FCC	Family Centred Care
FP	Family Physician
FU-MW	Follow-up by Midwife
HBHC	Healthy Baby Healthy Children
HCP	Health Care Provider
HV	Home Visit
LC	Lactation Consultant
MB	Milk Bank
MC	Mobile Clinic
MD-OB	Physician - Obstetrician
MW	Midwife/Midwifery Services
NP	Nurse Practitioner
OR	Operating Room
F-PP	Father-Partner Programs
PCP	Primary Care Provider
PED	Pediatricians
PL	Perinatal Loss
PMH	Perinatal Mental Health
PNC	Prenatal Classes
PN-FU	Postnatal Follow-up
SSC	Skin-to-Skin Contact
SU	Substance Use
SW	Social Work
T	Transportation
WBF	Well Baby Follow-up