



News Release

Government Wait Time Strategy Not Helpful for Birthing Mothers

Ottawa, June 6, 2006 – As the federal government tackles wait times and the maternity care system operates under unsustainable stress, immediate action is required to ensure birthing mothers can access maternity care. With maternity health care resources at a premium, doctors, nurses and midwives have joined together to find a solution to establish an innovative, cost-effective maternity care model to provide better primary maternity care.

A national consortium of maternity care providers released today a multidisciplinary collaborative care model in a document entitled "*Guidelines for the Development of a Multidisciplinary Collaborative Primary Maternity Care Model*". At the heart of the model is the belief that pregnant women, wherever they live, should be able to access maternity care that is right for them and their babies, and that multidisciplinary collaborative maternity care teams is an effective way to provide that care.

The proposed maternity care model, which draws on the strength of each health care professional, was developed within the framework of a national initiative to facilitate the establishment of multidisciplinary collaborative maternity care teams –the *Multidisciplinary Collaborative Primary Maternity Care Project (MCP²)*.

A Call for Action

"This is a model of maternity care that is flexible and helps nurses, midwives, family physicians and obstetricians change the way they provide maternity care services, whatever their individual location or professional context" said Dr. André Lalonde, Chair of the *MCP²* Executive Committee and Executive Vice-President of the Society of Obstetricians and Gynaecologists of Canada.

"We know intuitively that when we all work together we can provide better care for women when they have their babies. We've created a collaborative maternity care model. Now we are calling on all health care providers, health organizations, administrators and governments to come on board and provide the political will, the implementation strategy and the funding to bring this multidisciplinary approach into common practice right across the country," added Dr. Lalonde.

Implementation Guidelines

The key outcome of *MCP²* is the development of a set of guidelines that can serve as a blueprint for how health care providers can develop a multidisciplinary maternity care team.

“The *MCP²* project opened a dialogue on how we can increase communication across disciplines – nurses, midwives and doctors -- and thus improve our understanding of each other’s approaches to facilitating a normal, healthy birth,” said Rebecca Attenborough, R.N., Co-Chair of the National Primary Maternity Care Committee.

“It takes more than good will and enthusiasm to make this kind of approach work. That’s why we felt it was important to develop specific guidelines that maternity professionals and health care facilities can use to bring this team approach to life in their own health care settings,” said Rebecca Attenborough.

Better Care in Underserved Regions

Providing optimum care to those who live in rural and remote areas of Canada is always a challenge. The multidisciplinary collaborative approach in maternity care opens up greater possibilities for health care providers living and working in rural or remote communities where a viable medical or midwifery practice might otherwise be difficult to establish or maintain.

Doctors, Nurses and Midwives Working Together

The six partner organizations that have achieved consensus on a national approach to address the maternity care crisis are:

- The Association of Women’s Health, Obstetric and Neonatal Nurses (Canada)
- The Canadian Association of Midwives
- The Canadian Nurses Association
- The College of Family Physicians of Canada
- The Society of Obstetricians and Gynaecologists of Canada
- The Society of Rural Physicians of Canada.

The partner organizations believe that an important first-step has been achieved with all key stakeholders having been involved in addressing the barriers to collaborative primary maternity care. It is anticipated that a reduction of these barriers will have a long-term impact on the future of collaborative care models across Canada and more specifically, on the provision of primary maternity care. This is a major initiative that will have multiplying effects on maternity care in hundreds of health care communities across Canada.

“There is no question that Canadian women are better served by a maternity health care model that has us all working as a team to provide the best maternity services possible,” said Dr. Lalonde.

The *MCP²* project is a national initiative funded through the Primary Health Care Transition Fund of Health Canada until June 30th, 2006.

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