DRAFT

MARCH 2024

Draft Quality Standard

PERINATAL

The draft *Perinatal Quality Standard* describes key aspects of high-quality perinatal care to guide improvement work in BC.

HQBC

HEALTH QUALITY BC

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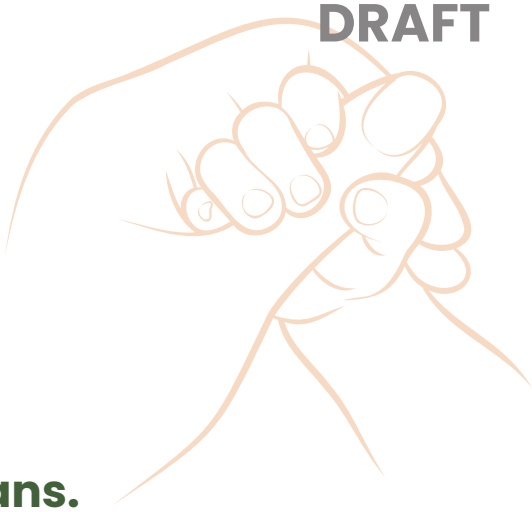

HEALTH QUALITY BC

Our work leads to better health care for British Columbians.

We deliver the latest knowledge from home and abroad to champion and support high-quality care for every person in our province. This system-wide impact requires creativity and innovative thinking, which we combine with evidence-informed strategies to shift culture, improve clinical practice, and accelerate our partners' improvement efforts.

We also understand that meaningful change comes from working together. We are uniquely positioned to build strong partnerships with patients, care providers, health leaders, policymakers, senior executives, academics, and others. These connections enable us to nurture networks, recognize the needs of our health care system and build capacity where it is needed the most.

We believe in high quality and sustainable health care for all.

A patient-centred, innovative, and inclusive approach from the province's health care system is essential to improving quality of care. Drawing on our resources, relationships, and the diverse expertise of its staff, **Health Quality BC** is at once a leader, an advisor, a partner, a facilitator, an educator and a supporter across a wide spectrum of initiatives.

PERINATAL QUALITY STANDARD DEVELOPMENT COMMITTEE

The draft *Perinatal Quality Standard* describes key aspects of high-quality perinatal care to guide improvement in BC. Convened and facilitated by **Health Quality BC**, the Perinatal Quality Standard Development Committee (the Standard Development Committee) is responsible for identifying priority areas for improvement regarding perinatal services in BC. The Development Committee wrote the quality statements, purpose statements, and identified related indicators that comprise the draft *Perinatal Quality Standard*. It is comprised of perinatal health care professionals, administrators, researchers, and patient partners with lived experience. It includes representation from regional health authorities and health care professions with diverse roles and experiences regarding perinatal services across BC.

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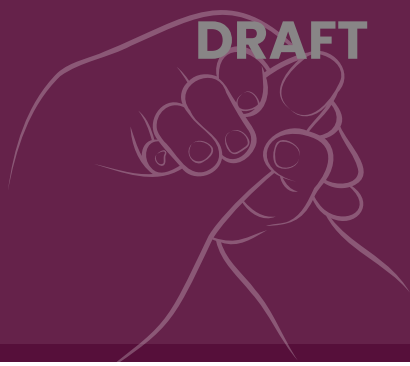
Table of Contents

DRAFT

Draft Perinatal Quality Standard



WHAT IS A QUALITY STANDARD?

Quality standards are tools for helping our health care systems deliver consistent, high-quality care to support the health of patients and the population. They describe key aspects of high-quality services for a condition or topic to guide opportunities for improvement that can lead to better health outcomes.

Quality standards feature concise future-focused statements, and indicators to measure progress, that serve as common goals to which our health care system can aspire. They support:

- **Patients, caregivers, and family members** to understand key aspects of high-quality perinatal care, and to make informed decisions in partnership with their health care teams;
- **Health care professionals** to make decisions about appropriate care; and
- **Health care organizations** to examine their systems and policies and improve the services they provide.

See bold text like "unwarranted variation" at the right?

That means we've included a definition for that term in our glossary on page 27.

Quality standards outline priority areas for improvement within the health care system for a condition or topic. In this way, they differ from best practice guidelines that aim to guide aspects of the direct care, assessment, or treatment for a patient with a condition. Quality standards are based on the best available evidence and focus on areas of BC's health care system with known **unwarranted variation**. This helps guide improvement efforts to where they are needed most.

Quality standards also aim to promote **cultural safety** and **equity** within the health care system. Some statements will directly address cultural safety or equity concerns, while others may highlight cultural safety and equity considerations when implementing a statement into practice. It is important to continue the process of **cultural humility** when applying the information in this document. Health Quality BC will review each quality standard every three years to determine its **effectiveness** and relevance.

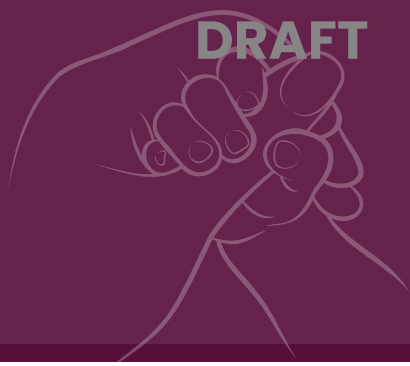
Quality Statements

Quality statements describe the specific areas for improvement within the BC health system, focusing on specific areas of the patient journey where improvement can lead to better health outcomes. These are areas where there is known unwarranted variation and gaps between evidence and practice. Unwarranted variation occurs when the care someone receives is not what is expected and is not the result of their individual circumstances or choices.[1] Quality statements aim to reduce areas of unwarranted variation in the BC health system by focusing improvement efforts where they are needed the most.

Quality Indicators

Each quality statement includes at least one **quality indicator**. These indicators can be used to monitor improvements and measure progress in these priority areas. Quality indicators are not a set of targets, but rather provide guidance on what to measure to help track improvements. This document includes measures which are already used within the BC health system, as well as indicators that will be developed.

About this Quality Standard



WHAT ARE PERINATAL SERVICES?

The **perinatal period** includes pregnancy, labour, birth, and the first few weeks after birth.[2] Perinatal services support the **perinatal population** throughout this **prenatal**, **antenatal**, and **postpartum** continuum. Services include **access** to health care professionals, community services, education, and physical and emotional support to help make healthy, safe choices during and after pregnancy. In BC, providing perinatal services "requires coordination across vast distances and small populations by a declining number of skilled [perinatal] care providers, especially in rural, remote and Indigenous communities."[3]

The perinatal population refers to pregnant people, newborns, and their family/chosen caregivers who are involved with and experience perinatal care throughout the patient journey.

Why Do We Need a Perinatal Quality Standard?

The goal of the draft *Perinatal Quality Standard* is to improve the quality of care offered to the perinatal population. This quality standard provides a provincially guided approach to this continued improvement. However, there are many barriers to achieving a healthy pregnancy and feeling supported in communities postpartum, including barriers beyond a person's control.[3,2] The draft *Perinatal Quality Standard* aims to address some of the systemic barriers that lead to poorer health outcomes for the perinatal population.

Scope of the Perinatal Quality Standard

This draft *Perinatal Quality Standard* relates to care provided to the perinatal population from confirmation of pregnancy to six weeks post-delivery, and newborns up to 28 days old. It addresses improvements required across the continuum, and specifically during the prenatal, antenatal, and postpartum journey. It provides a guided approach to quality improvement for all health care settings where people may access perinatal services.

Patient, Caregiver and Family Guide

A draft *Patient, Caregiver and Family Guide to the Perinatal Quality Standard* has been developed as a resource for the perinatal population. It describes key aspects of high-quality perinatal care for patients, their caregivers and families, and neonates.

If you are part of the perinatal population, the guide can help illustrate what high-quality care looks like to support you to make informed decisions in collaboration with your health care team.

To see the draft *Patient, Caregiver and Family Guide to the Perinatal Quality Standard*, go to **healthqualitybc.ca/improve-care/quality-standards/perinatal-quality-standard**.

General Principles & Guiding Frameworks

Partnership

The perinatal population will partner with **health care professionals** when using the information in this quality standard. Clinical judgement should be considered alongside the preferences, priorities, and goals of the perinatal population.

Alignment

Health care organizations should work towards aligning policies and processes with the quality standard and support health care professionals to partner with the perinatal population to deliver high-quality care.

Equity

Providing perinatal care to all residents of BC requires a coordinated and integrated approach. Perinatal services must consider population needs when improving perinatal care. Due to the unique geography of BC, perinatal services must use innovative approaches in the delivery of **equitable care**. These approaches should aim to increase the opportunity for the perinatal population to be as healthy as possible.

Cultural Safety & Humility

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.[4] Cultural safety is defined by the person receiving care, and their unique experiences shape the way appropriate care is provided.[4]

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. It involves humbly acknowledging oneself as a learner when it comes to understanding another person's experience.[4] In health care, it means going through an active process of examining assumptions, beliefs, and privileges, as well as how they influence the way that care is delivered.[5]

Indigenous Peoples in BC include First Nations, Inuit, and Métis and within these groups there are distinct cultures, worldviews, languages and traditions. In BC, Indigenous Peoples experience overall poorer health outcomes, and stark inequities in perinatal health outcomes, compared to other people.[6,2] There are also systemic barriers to health which led to Indigenous Peoples in BC being underserved by the province's health care system, including racism, stereotyping, discrimination, and geographical barriers.[2] The draft *Perinatal Quality Standard* aims to address some of the barriers to health for Indigenous Peoples, through improving the quality of culturally safe perinatal services across BC.

Person- and Family-Centred Care

Person- and family-centred care puts the perinatal population at the forefront of their health and care. It ensures that they can partner with health care professionals, retain control over their own choices and make informed decisions about their care.

Chosen caregivers and/or family members are defined by the patient. They include relatives, partners, friends, or community members that play an important role in ensuring people receive the care they need to have a good quality of life.

This quality standard integrates person- and family-centred care principles. People experiencing perinatal care and their chosen caregivers/family members should be:

- treated with dignity and **respect**;
- provided with timely, accurate and complete information;
- encouraged and supported to participate in care and informed decision-making; and
- enabled to engage and collaborate in the planning of their care.[7]

Involving the person, chosen caregivers and/or family members in planning care and education, whenever possible, is a key principle of this quality standard. This helps meet the specific needs of the person and creates a culturally safe environment for them.

New Zealand Maternity Standards

The ***New Zealand Maternity Standards***[8] are internationally recognized evidence-informed guidelines for systemic perinatal services. They provide guiding principles for perinatal care and the necessary infrastructure needed to achieve best practices in perinatal care. These recommendations inform the quality statements in the *Perinatal Quality Standard*.

The BC Health Quality Matrix

The ***BC Health Quality Matrix*** provides a common language and understanding about quality for all those who engage with, deliver, support, manage and govern health and wellness services.[9] A shared definition ensures that we can all approach thinking and learning about quality in the same way. This quality standard uses the **dimensions of quality** from *BC Health Quality Matrix* to describe what each statement aims to improve. In the draft *Perinatal Quality Standard*, we highlight the two main dimensions of quality addressed by each statement. **Safety** and respect are dimensions of quality that underpin the draft *Perinatal Quality Standard* as a whole; they may be emphasized specifically in some of the quality statements.

Interprofessional Perinatal Care

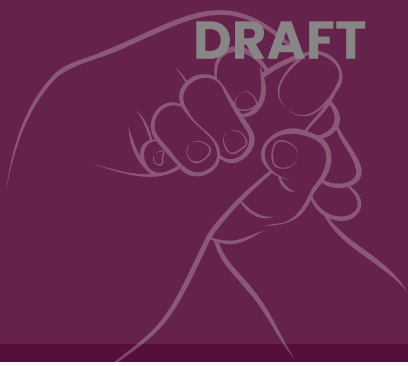
Many different professions contribute to caring for the perinatal population. These may include midwives, nurse practitioners, family physicians, nurses, obstetricians, and pediatricians. They are referred to in this quality standard collectively as health care professionals. The perinatal population may also receive coaching and other support during and after labour and birth from **doulas** and community support workers.

Virtual Care

Virtual care connects the perinatal population with health care professionals using technology. It improves access, primarily in rural and remote locations, by enabling health care professionals to assess, monitor and treat the perinatal population virtually. While the use of virtual health plays a role in high-quality perinatal care, it is more relevant at different stages of the perinatal journey than others. It should be used in combination with in-person assessment, monitoring, and treatment.

Quality Statements

CROSS-CONTINUUM



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Quality Statement 1: Cultural Safety

The perinatal population experience a care journey in the health system that is free of racism, is respectful, and is inclusive of cultural practices.

This quality statement is integral for all quality statements outlined in the draft Perinatal Quality Standard. This means that the considerations outlined here underpin the implementation of all the quality statements.

Purpose

To improve equitable access to perinatal services by delivering care that is culturally safe and respectful.

BC Health Quality Matrix Dimensions: Respect & Safety

There are many different cultures within BC. When providing care or planning services, the culture, values, and beliefs of the person/people should be considered and relevancy[2] to care should be maximized wherever possible. Patients should receive the same access to and quality of care, regardless of aspects of their personal identity such as race, ethnicity, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, gender identity and expression, sex, sexual orientation, and age.

All people who access the BC health care system have the right to feel culturally safe. Culturally safe health care services are free of racism and discrimination. Cultural safety is defined by the person receiving care; therefore, it is their experience that must be measured to ensure that efforts to build culturally safe practices and environments are successful, and that barriers are reduce and access improved. A culturally safe environment is fostered by an ongoing process of cultural humility.

Both cultural humility and **cultural agility** help health care professionals and organizations identify personal and systemic biases that influence the ability to develop and maintain respectful relationships based on mutual trust.[10] Gaining trust can be more challenging if there is a history of trauma or a previous unsafe experience within the healthcare system. The health care team involved with patient encounters throughout the perinatal care continuum should be supported in continually improving the capacity for cultural humility. This starts with education and training but involves ongoing self-reflection, learning, curiosity and seeking feedback.

> Indigenous cultural safety is the process of making spaces, services and organizations safer and more equitable for Indigenous people by considering current and historical colonial impact and seeking to eliminate structural racism and discrimination. – *Culturally Safe Care, Indigenous Cultural Safety, BC Centre for Disease Control*

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- Your perinatal care should be professional and respectful. Preservation of your dignity and choice should be maintained throughout your entire care journey.
- Health care professionals should demonstrate cultural humbleness and humility in their interactions with you when they seek to engage with you in the spirit of reciprocity and in a way that respects your culture, circumstances, history, needs and preferences.

For health care professionals

- Cultural safety, humility and agility is a lifelong journey of learning and unlearning. As a health care professional, you should seek education and training to support your learning and self-reflection towards providing safer care.
- We recommend you begin with educational opportunities such as **San'yas Indigenous Cultural Safety Training** (San'yas) and the Anti-Indigenous Racism Response Training (AART). Specific to perinatal services, we also recommend reviewing the ***Honouring Indigenous Women's and Families Pregnancy Journey***.

For health care organizations

- Developing policies and guidelines through a lens of cultural humility supports care delivery that respects and reflects patients' values, beliefs and wishes. You should ensure cultural safety and humility education and training is made available to all health care professionals.[11]
- Mechanisms should be established to measure people's cultural safety experiences throughout their perinatal care experience.

Indicators

1.1 Percent of patients who report experiencing culturally safe care.

2 Quality Statement 2: Proximity of Services

The perinatal population experience care as close to home as safely possible.

Purpose

To improve the availability and proximity of perinatal services.

BC Health Quality Matrix Dimensions: Accessibility and Equity

Interruption and closure of some perinatal services in BC and the need to travel outside of home communities to access these services, particularly for rural, remote, and Indigenous populations, can result in inequitable access to perinatal services in BC. Leaving your home community often means incurring transportation and accommodation costs while accessing services away from home.[3,12] This also impacts the ability to have family, community, and cultural supports close by. The ***Tiers of Service Framework*** assists in planning for essential perinatal services as close to home as safely possible.[13] Efforts are also being made to ensure access to social and financial supports for those who must travel to access certain perinatal services.[3]

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You receive clear communication and planning for where perinatal services can be safely provided depending on geography and care provider availability.
- You should be able to receive antenatal and postnatal care, either in person or virtually, in your home community.

For health care professionals

- You provide perinatal services for antenatal and postnatal care in your practice community/communities.
- You ensure timely, clear communication, and ensure shared decision-making for antenatal and postnatal patients that need to travel outside of their home community.

For health care organizations

- You continue to stabilize **intrapartum** and community perinatal services and define and implement mitigation strategies to keep these services open.
- You work with partners to ensure adequate tier-based services are available.
- You ensure transparent, timely, and forthcoming communication with communities regarding perinatal service availability.
- You pursue low-risk midwifery-led perinatal services in rural and remote communities.
- You will work with partners to ensure that antenatal and postnatal care are provided in every **Primary Care Network**.

Indicators

2.1 Proportion of patients who gives birth more than a two-hour drive away from home for a **low-risk term pregnancy**.

2.2 Proportion of patients who must travel outside their community of residence to receive antenatal care.

3 Quality Statement 3: Shared Decision-Making

The perinatal population experience shared decision-making with the care team throughout the patient journey.

Purpose

To enable the perinatal population to be partners in the decisions regarding their care, alongside their team of providers.

BC Health Quality Matrix Dimensions: Respect and **Appropriateness**

Shared decision-making is described as a partnership in which the patient and health care professional share the best available information and their respective values to make the best decisions with the patient.[14,15] This partnership is based on a common understanding of the best available clinical evidence and aligned values regarding the patient's best interest. This can also involve caregivers and family members. Shared decision-making builds trust with patients and enables self-determination with patients making informed decisions about their treatment and care.[16,2] Every patient will have a different preference for the level of partnership and depth of shared decision-making. Health care professionals can support shared decision-making through adhering to a patient's wishes and proper documentation.

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You are a partner in decisions regarding your perinatal care with your care team.
- You are able to make informed decisions about your care.

For health care professionals

- You provide sufficient time to partner with patients, caregivers, families, and other team members for care discussions, decisions, and informed consent.

For health care organizations

- You ensure policies, processes, and protocols are in place to support and facilitate shared decision-making between the perinatal population and their health care team.
- You provide education on shared decision-making for health care professionals.

Indicators

3.1 Percent of patients who experience shared decision-making in keeping with their wishes.

4 Quality Statement 4: Transitions in Care

The perinatal population experience seamless transitions in care throughout the patient journey.

Purpose

To minimize the negative impact experienced by the perinatal population due to delays in, or incomplete, transfer of records/ handover/communication between units, care providers, facilities, and/or community agencies.

BC Health Quality Matrix Dimensions: Safety and **Efficiency**

As mentioned in Quality Statement 2, sometimes people must leave their home community to go to a community that has a higher tier of perinatal service. Safe transfer to higher levels of care involves timely and reliable patient transport mechanisms; communication between health care teams, the perinatal population, and facilities; and appropriate transfer of perinatal records. A seamless transition in care means that health care providers and organizations are accountable to ensure there are no preventable delays in receiving the necessary transport (away from and returning to home community). It means that there are timely and effective communication pathways, processes, and protocols in place to ensure appropriate perinatal care is received. One mechanism in development to improve transitions is a single *Electronic Antenatal Record* available to all providers.

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You are able to transition to different care providers, services, or communities during your perinatal care journey with access to your personal care information, and the right information is shared with the various care providers.

For health care professionals

- You communicate and share the right health information with each other across the primary-acute-community service points in a timely way to ensure a seamless care experience.

For health care organizations

- You provide processes and guidance to support seamless transitions in care along key transition points in perinatal services (for example, prenatal to birthing, birthing to discharge home, transfer between facilities).
- You provide adequate resources to ensure timely transport of perinatal patients.

Indicators

4.1 Percent of urgent or rapid red transfer requests where a delay occurred.

5 Quality Statement 5: Interprofessional Teams

The perinatal population are offered care by an interprofessional primary perinatal care team.

Purpose

To promote holistic perinatal care.

BC Health Quality Matrix Dimensions: Appropriateness and Effectiveness

Building on and expanding access to interprofessional primary perinatal care models being implemented in BC can help address these challenges. Primary Care Networks[17] can "strengthen coordination and integration of services for maternity and newborns."[3] Implementing models such as these still require workforce planning for the recruitment and retention of health care professionals, as well as securing and the ongoing sustainability of structural supports to enable interprofessional primary perinatal **team-based care**.[3] However, they can also support safer pregnancy and birthing care, and can be designed to respond to the demographic needs of particular communities and regions.[18]

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You know who is part of your interprofessional primary perinatal care team.
- You understand the different roles health care professionals have in providing your perinatal care.
- You understand why you may need to access perinatal care away from your home community.

For health care professionals

- You work with an **interprofessional team** to provide individualized care and manage the unique patient clinical needs, and care pathways.
- You ensure that referral and consultation pathways are identified based on geography and acuity.

Interprofessional Perinatal Primary Care Team

An interprofessional care team consists of two or more people from two or more different health care professions. For the purposes of this quality standard, interprofessional primary perinatal care teams can include midwives, nurse practitioners, family physicians, nurses, obstetricians, and pediatricians.

For health care organizations

- You work with partners to improve health human resources for primary perinatal care based on community and population needs.
- You work to create collaborative primary perinatal care clinic models within the Primary Care Network framework.

Indicators

5.1 Percent of Primary Care Networks with maternity clinics or services.

6 Quality Statement 6: Evidence-Informed Care

The perinatal population experience evidence-informed perinatal care to optimize caesarean births.

Purpose

To address unwarranted variation and ensure related perinatal care reflects the latest available evidence.

BC Health Quality Matrix Dimensions: Appropriateness and Efficiency

A caesarean birth (or c-section) is the birth of a baby through an incision in the abdomen and uterus.[19] British Columbia has the highest rate of caesarean births in Canada.[3] Caesarean births increase the risk of trauma, wound infections, anesthetic complications, and risk of death compared to vaginal births. They are also associated with higher health care costs.[20] Women with continuous labour support have higher rates of spontaneous vaginal birth and lower odds of caesarean birth, lower rates of regional anesthesia (e.g., epidural), lower rates of assisted vaginal birth (e.g., forceps, vacuum), shorter labours, and higher levels of satisfaction compared to women with intermittent support.[21] Caesarean births are often medically necessary and life saving for both the person giving birth and the baby.[19] There are other reasons cited for caesarean births such as "maternal preference, doctor's practice styles, maternal age and health, and whether they were done for earlier births."[20] Encouraging evidence-informed perinatal care and shared decision-making can address areas of unwarranted variation (significant variation of rates between sites with similar populations) and help optimize caesarean birth rates.

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- In collaboration with a health care professional, you understand the risks and are supported to make an evidence-informed and appropriate decision regarding mode of birth.

For health care professionals

- You are able to access and apply the latest evidence regarding clinically appropriate caesarean births.
- You collaborate with the perinatal population to reach informed decisions regarding caesarean birth.

For health care organizations

- You contribute to the promotion of vaginal birth by providing health care professionals with appropriate shared decision-making tools.
- You monitor caesarean birth data and implement improvement efforts, including targeted quality improvement projects, to reduce variation.
- You ensure processes are in place to allow for timely access to routine and emergency caesarean birth capability when indicated.

Indicators

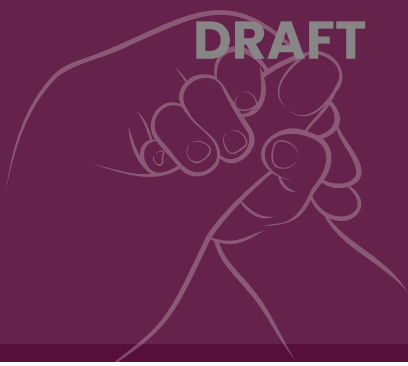
6.1 Percent of patients with planned pre-labour caesarean birth before 39 weeks gestation.

6.2 Percent of patients with appropriate early ultrasound assessment.

6.3 Percent of NTSV (Nulliparous, Term, Singleton, Vertex) pregnancies delivered by caesarean birth.

Quality Statements

PRENATAL



7 Quality Statement 7: Access to Education

The perinatal population have access to evidence-informed prenatal education.

Purpose

To improve access to evidence-informed prenatal education that meets the learner's needs.

BC Health Quality Matrix **Dimensions: Accessibility and Equity**

Prenatal education improves health outcomes.[22] Standardized prenatal education supports the perinatal population for labour, birth, and early parenting.[3] A recent environmental scan in BC indicates that while there is prenatal education available from many providers and sources, the available education is not always based on the most recent evidence, information provided is not as consistent as it could be, content could be more inclusive, and prenatal education not always easily accessible. A new evidence-informed prenatal education curriculum is in development for BC. This will be accessible in a variety of formats, including in-person or virtual. This will support equitable access to consistent prenatal educational resources across the province.

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You are made aware of and know how to access reliable evidence-informed prenatal resources, tools, and education that include culturally appropriate information.
- You receive consistent information regardless of where you live in the province.

For health care professionals

- You provide patients with information about, and access to, reliable and up to date prenatal education information, resources, and tools.

For health care organizations

- You contribute to evidence-informed, low-barrier prenatal education content and modality for BC.
- You promote provincially endorsed, publicly available web-based information for prenatal education.
- You provide staff to deliver prenatal education content where feasible.

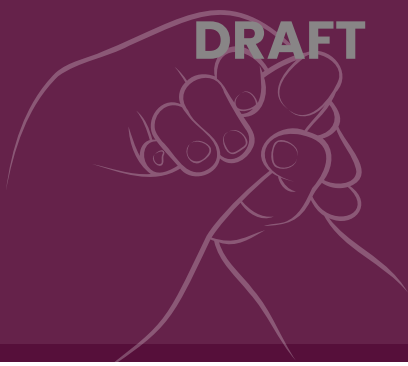
Indicators

7.1 Proportion of patients in their first pregnancy who have completed standardized prenatal education.

7.2 Proportion of patients in their first pregnancy who have accessed online prenatal education.

Quality Statements

INTRAPARTUM



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Quality Statement 8: Safe Care

The perinatal population experience intrapartum care in a system where clinicians complete core courses to maintain safety, competence, and confidence.

Purpose

To improve clinician competency and support to provide safe, evidence-informed care.

BC Health Quality Matrix Dimensions: Safety and Effectiveness

There are three core courses to support safe labour, birth, and newborn stabilization. They are **Fetal Health Surveillance** (FHS), **Neonatal Resuscitation Program** (NRP), and **Acute Care of At Risk Newborns** (ACoRN). These recommended core courses ensure that health care professionals' skills and knowledge are kept up to date, maintaining safety, competence, and confidence in providing perinatal services. Additional education and training, including refresher courses, is expected and encouraged to be completed by health care professionals as needed and required. These courses are available to health care professionals involved in providing perinatal services. Offering these courses to interprofessional perinatal teams helps build a sense of community. Team-based learning increases health care professionals' understanding of each other's roles, responsibilities, values, and shared sense of safe care.[3]

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You have confidence, trust, and assurance that care providers in birthing sites are competent to provide safe perinatal care.

For health care professionals

- You complete these core courses in the frequency determined by the Society of Obstetricians and Gynecologists of Canada for FHS and the Canadian Pediatric Society for NRP and ACoRN.

For health care organizations

- You provide access to high quality equipment, a team of trained clinical instructors, and other necessary resources to offer and deliver these courses to interprofessional perinatal teams.
- You ensure and document that health care professionals comply with core course requirements.

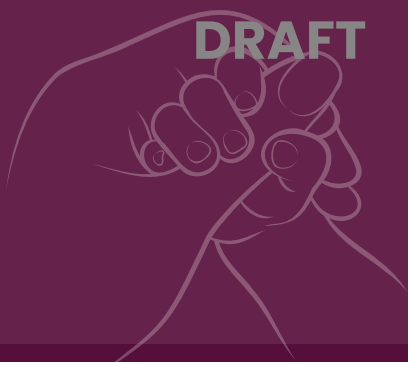
Indicators

8.1 Percent of health care professionals who have completed the appropriate core courses within the designated time frame.

8.2 Percent of births with an adverse maternal or neonatal outcome.

Quality Statements

POSTPARTUM



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Quality Statement 9: Follow Up Care

The perinatal population experience care and follow up within the first six weeks after birth.

Purpose

To promote high-quality follow up care after birth and optimize the likelihood of safe transitions during the later stages of the perinatal journey.

BC Health Quality Matrix Dimensions: Accessibility and Effectiveness

Health assessments of the postpartum person and newborn should occur at regular intervals.[23] The scope of this quality standard extends to six weeks after birth. For the postpartum person, care and follow up within this period includes assessment of physical health, mental health and wellness, and the strengths and possible challenges with their support system.[24] For newborns, this include assessment of physical health, behaviour, infant feeding, health follow up, and screening or other assessments.[25] Postpartum and newborn follow up can be delivered by an interprofessional team member and that team could include primary care physicians, midwives, nurse practitioners, primary care nurses, public health nurses and community health nurses, depending on available providers in community and needs of the perinatal population. Which team member the postpartum person or newborn sees during this period depends on their medical and socio-economic needs and the perinatal services available in their community.

WHAT THIS STATEMENT MEANS:

For patients, caregivers and/or family

- You are supported to have skin-to-skin contact with the newborn within the first hour after birth to support breast/chest feeding.
- You receive timely follow up within the first six weeks after birth from a member of the interprofessional primary perinatal care team and understand who to contact with concerns and questions.

For health care professionals

- As part of an interprofessional team, you provide immediate and as needed postpartum/newborn follow up care up to six weeks post partum.
- You support postpartum/newborn stability and breast/chest feeding.
- You ensure timely discharge communication for community and primary perinatal care follow up for continuity of care and care planning.

For health care organizations

- You provide the resources and facilitate the necessary circumstances to support skin-to-skin contact with the newborn within the first hour after birth.
- You strive to ensure there are adequate health care professionals available in community to support postpartum/newborn assessments and care.
- You develop virtual options for follow up and support as appropriate.
- You provide systems for communication and information flow between health care professionals and organizations in the post partum period.

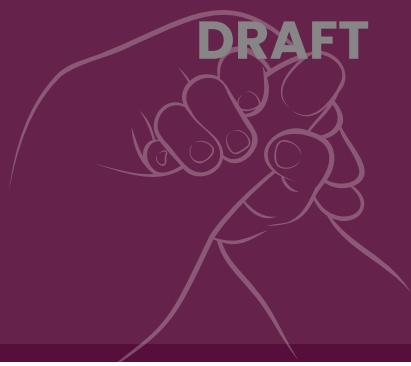
Indicators

9.1 Percent of births with skin-to-skin contact initiated within the first hour after birth.

9.2 Percent of newborns seen by a health care provider within seven days after discharge.

9.3 Percent of postpartum patients seen by a health care provider within six weeks after discharge.

Definitions



Term	Definition
Access	The ease with which health and wellness services are reached.[9]
Antenatal	The period in pregnancy covering conception until birth.[26]
Appropriateness	Care that is specific to a person's or community's context.[9]
Caesarean birth	The birth of a baby through an incision in the pregnant woman's or person's abdomen and uterus. This is often referred to as a c-section.[19]
Cultural agility	The ability to work respectfully, knowledgeably and effectively with Indigenous people. It is noticing and readily adapting to cultural uniqueness in order to create a sense of safety for all.[10]
Cultural humility	A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.[4]
Cultural safety	An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.[4]

Dimensions of quality	Quality is defined by seven dimensions that span the full continuum of care: • **Respect**: honouring a person's choices, needs and values • **Safety**: avoiding harm and fostering security • **Accessibility**: ease with which health and wellness services are reached • **Appropriateness**: care is specific to a person's or community's context • **Effectiveness**: care is known to achieve intended outcomes • **Equity**: fair distribution of services and benefits according to population need • **Efficiency**: optimal and sustainable use of resources to yield maximum value[9]
Doula	A birth coach who provides support during labour, birth, and after a baby is born.[28]
Effectiveness	Care that is known to achieve the intended outcomes.[9]
Efficiency	Optimal and sustainable use of resources to yield maximum value.[9]
Equity / equitable care	Fair distribution of services and benefits according to population need.[9]
Health care professionals	Health care professionals provide essential services to promote health, prevent diseases and deliver health care services based on the needs of the person.[29] Perinatal health care professionals include primary care physicians, midwives, nurses, obstetricians, pediatricians, and nurse practitioners.
Interprofessional team	Multiple health care providers from different professional backgrounds work together and with patients, caregivers, and families to deliver comprehensive health services.[30]
Intrapartum	The time spanning childbirth from labour to birth.
Low-risk pregnancy	A pregnancy that remains uncomplicated in a healthy woman/person.[31]
Perinatal period	For the purposes of the draft *Perinatal Quality Standard*, perinatal is defined as the time from diagnosis of pregnancy to six weeks post delivery, and neonates up to 28 days old.

Perinatal population	The perinatal population refers to pregnant people, newborns, and their family/chosen caregivers who are involved with and experience perinatal care throughout the patient journey.
Prenatal	The time from diagnosis of pregnancy up to birth.
Postpartum	The time following birth. For the purposes of the draft *Perinatal Quality Standard*, for patients this is for six weeks post delivery and for neonates up to 28 days old.
Primary Care Network	A clinical network of local primary care service providers located in a geographical area…enabled by a partnership between the local Division of Family Practice and Health Authority, along with First Nations and Indigenous partners.[17]
Quality indicators	A quality indicator is used to measure health system performance, provide comparable and actionable information and track progress over time.[32]
Quality statements	Quality statements aim to reduce areas of unwarranted variation by focusing improvement efforts where it is needed the most and outline the care that should be offered to people.
Respect	Honouring a person's choices, needs and values.[9]
Safety	Avoiding harm and fostering security.[9]
Team-based care	Multiple health care providers from different professional backgrounds working together with women, families, and communities to deliver comprehensive maternal and newborn care.[3]
Unwarranted variation	Variation in care received that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance.[1]
Virtual care	Virtual care (also referred to as telehealth or telemedicine) uses technology to connects patients and their chosen caregivers and/or families with health care professionals. It improves access in remote locations by enabling health care professionals to assess, monitor and treat a person virtually.[33]

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