

## Obstetrics Services in Canada: Advancing Quality and Strengthening Safety

### Q1 – Why has this report been developed? Why the focus on obstetrics?

**A** – The report, *Obstetrics Services in Canada: Advancing Quality and Strengthening Safety*, examines the quality and safety of obstetrics services in Canada between 2004 and 2015 with a view to analyzing the strengths, issues and challenges in obstetrical care today. The organizations that authored the report are each committed to health care safety and improving the performance of health care teams. The field of obstetrics is worthy of attention as there are around 380,000 births annually in Canada, and childbirth is the main reason for hospital stays in this country. Healthcare workers who provide obstetrical services are committed to safe care for mothers and newborns.

### Q2 – Who is the audience for this report? Are you targeting obstetricians, hospital administrators, Colleges, government officials, all of the above?

**A** – The primary audience for this report is healthcare providers, as well as hospital administrators and health professional schools across Canada. Additional audiences would be provincial and territorial Ministries of Health, regulators and the Government of Canada.

### Q3 – Can you summarize what is going well in obstetrics?

**A** – The report found a high level of compliance among hospitals with Accreditation Canada's *Obstetrics Services Standards* manual that applies to the labour and birth process in the acute care setting up to the point when the mother and baby go home or are transferred to another care setting; as well as compliance with Accreditation Canada's *Required Organizational Practices* that are essential, evidence-informed practices to help mitigate risk and improve the quality and safety of obstetrical services.

Areas where Canadian obstetrical teams are doing particularly well include:

- Providing timely, accurate and appropriate client assessments
- The safe and effective use of obstetric and postpartum devices and equipment
- Keeping client information accurate, accessible, up to date and secure

While these are positive findings, the collaborative review of obstetrical services found that patient safety incidents continue to occur and there are opportunities for improvement.



## **Q4 – What are the areas that need improvement?**

**A –** To summarize, areas for improvement that have been identified include the following:

- Improving the accuracy of sponge and needle counts for pre- and post-vaginal births.
- Identifying indicators to monitor progress for quality improvement objectives.
- Sharing evaluation results of quality improvement initiatives with staff, patients and families.
- Contacting clients, families or referral organizations to evaluate the effectiveness of a transition and to improve transition and end-of-service planning.
- Providing training on infusion pumps.
- Implementing a falls prevention strategy.
- Conducting medication reconciliation at care transitions.

With respect to the over 1,688 medico-legal cases reviewed by HIROC and CMPA collectively, there is high degree of alignment around the major risk and priority areas for improvement in obstetrical care:

- Fetal heart rate monitoring, interpretation, and response
- Induction and augmentation (i.e., intravenous oxytocin) of labour
- Timing of the decision and resources to perform a C-section
- Management of shoulder dystocia
- Assisted vaginal delivery (i.e., forceps and vacuum-assisted deliveries)

Ineffective team communication including not escalating care concerns, failure to use standardized obstetrical guidelines and protocols, and poor clinical documentation were also identified as issues.

When problems occur in obstetrics services, there are often common themes present – gaps in skills or training, ineffective team communication, system issues and lack of standardized care policies and processes.

## **Q5 – So, is this report critical of obstetrical services in Canada, or are you saying the current environment is good?**

**A –** The report identifies areas for improvement in obstetrical care as identified in the above question. The four organizations that authored this report share a commitment to health care safety and improving the performance of health care system and its teams to benefit babies, mothers and families. This project opens the door for further system and practice improvement



in obstetrics care. The end goal is to have Canadians benefit from the best possible medical care, and that we continue to deliver babies safely in this country.

**Q6 – There was a recent report in The National Post that seemed to be critical of obstetrics and the mortality rates of both babies and mothers. Is this report tied to that article? Can you comment?**

**A –** This current report is not tied to any recent media coverage.

**Q7 – How do obstetrical services in Canada compare with other developed countries?**

**A –** Canadian mothers and newborns enjoy among the highest quality obstetrics care in the world. The vast majority of babies are successfully delivered in Canada with no harm to the mother or child.

**Q8 – Is it true that obstetrics is one of the highest risk medical practices? Is obstetrics an area of concern in Canada’s medical profession?**

**A –** From a medical protection/insurance perspective, obstetrics is considered a higher risk area due to the cost awards associated with some of the catastrophic outcomes, particular for the infant. When problems arise in the delivery of a newborn child, the results can be catastrophic – meaning they can result in death or impairments to the brain and spinal cord that result in lifelong disabilities.

As noted in HIROC data, over a 1,000 obstetrical-related claims were reported and occurring between April 1, 2004 – March 31, 2012 with an average obstetrical claim rate of less than 1 reported claim for every 1,000 births. Between 2010 and 2014, 688 obstetric medical-legal cases that arose in Canada were closed at the CMPA. Keep in mind that about 380,000 babies are delivered each year in this country.

**Q9 – Are we seeing a rise in legal actions related to obstetrics? If yes, why?**

**A –** As noted in HIROC’s analysis of over 1000 claims over an eight year period, an increased in claims reporting frequency is noted. The reasons for this increase are complex and require ongoing analysis. By claims costs, the top-rated risk was the failure to interpret or respond to abnormal fetal status, followed by mismanagement of induction and augmentation medications. Improvements related to monitoring adherence to fetal surveillance protocols and chain of command protocols, and implementing on-call or second on-call contingency plans would help to mitigate these risks. While CMPA data does not show an increase in the number of legal claims brought forward related to obstetrical care, the value of compensation to patients and families in these matters has been rising. Approximately 25% of CMPA liability costs, and one-



third of the compensation payments made to patients and families by the organization, are related to obstetrical care. As an insurer of health systems, hospitals and their employees, HIROC's liability costs related to obstetrical claims hover around 40%.

## Q10 – What actions would you like to see taken as a result of this report?

**A** – The report, *Obstetrics Services in Canada: Advancing Quality and Strengthening Safety*, makes several recommendations that are outlined above. Continued adherence to both the *Obstetrics Services Standards* and *Required Organizational Practices* is strongly recommended. The review of obstetrics services uncovered leading practices in many organizations – several of which are included in the report – and these practices demonstrate how innovative strategies can be applied, often at minimal cost.

Additionally, hospitals across Canada may wish to consider adopting Salus Global Corporation's MORE<sup>OB</sup> (Managing Obstetrical Risk Efficiently) Program. The MORE<sup>OB</sup> Program is an obstetrics risk prevention and error reduction program used in over 300 hospitals and birthing units across Canada. Results associated with MORE<sup>OB</sup> include improved outcomes for infants and mothers, reduced numbers of malpractice claims, and lower liability insurance costs. It also results in improvements in resource utilization, quality of work life, application of evidence-based knowledge, and completeness of documentation.

Programs such as MORE<sup>OB</sup> focus on improving culture, communications and teamwork – these programs leverage the human as a resource rather than a liability.

The Canadian Medical Protective Association offers a focused education program in obstetrics for member physicians. This includes guidance on how to provide safe medical care and mitigate the risks associated with labour and delivery. The CMPA has made safe care in obstetrics an area of focus and has published articles recently on how to improve outcomes in labour and delivery, including “Recognizing signs of potential trouble in labour and delivery;” and “Improving teamwork and communication in an emergency.” The CMPA encourages obstetricians and other healthcare workers to avail themselves of its educational offerings and guidance when it comes to safe medical care.

HIROC's knowledge translation strategy continues to evolve to provide health systems and obstetrical care teams and practices with focused and evidence-based tools and resources. Revised Risk Ranking and Risk Reference Sheets reflecting changes in medical-legal claims and evidence-based practices are now available at [hiroc.com](http://hiroc.com). Starting in 2016, over 80 health systems are participating in their second three-year Risk Assessment Checklist (RAC) cycle.



# FAQ Document

**Q11 – Is this report providing any advice or guidance to obstetricians in Canada? If yes, what is it?**

**A –** Yes, the report does provide advice and guidance on ways in which obstetrics can be improved. A few key areas that have been singled out for improvement include:

- Better clinical decision-making
- More expedient communication amongst obstetrical teams
- Enhanced policies and procedures
- Greater focus on acquiring informed consent from patients
- More detailed and up to date recordkeeping
- Fostering a culture of safety with open and respectful communications



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