


RISK WATCH

Selected research, publications, and resources to promote evidence-informed risk management in Canadian healthcare organizations. Prepared by Healthcare Risk Management staff at the Healthcare Insurance Reciprocal of Canada (HIROC). Titles with an open lock icon  indicate that a publication is open access. For all others a subscription or library access is required; the librarian at your organization may be able to assist you. Please contact riskmanagement@hiroc.com for assistance if required.



Anthony Soung Yee

Editor's note

The October 2025 issue of Risk Watch includes articles on the involvement of patients and families in perinatal and neonatal care settings.

Hodgson et al. (2025) conducted a systematic review examining infant and parent outcomes, as well as family experiences, associated with family-centered care (FCC) interventions in the Neonatal Intensive Care Unit (NICU). Their findings suggest that FCC interventions are consistently associated with positive outcomes for both infants and parents, reinforcing the value of approaches that actively engage families in the care process.

Schneiderman et al. (2025) and Waddell et al. (2023) investigate barriers and facilitators to shared decision making (SDM) in perinatal care. Both studies highlight the critical role of using easy-to-understand language, and the need for decision-making models that prioritize families' values and preferences. Participants emphasize the importance of clear, accessible language, promoting hope, and explicitly eliciting values that guide decision making and inform their choice. Schneiderman et al. underscored the importance of using a SDM model for periviability counseling, while highlighting areas for improvement. Waddell et al. noted that policy efforts to promote SDM often outpaces clinical practice, cautioning that organizational and system-level barriers must be addressed to enable meaningful implementation. These findings suggest that embedding SDM into perinatal care requires broader health system alignment including health policy makers, health services, and staff.

Lamé (2023) and Gutiérrez et al. (2025) explore the safety of electronic fetal monitoring (EFM) management and the impact of socio-technical processes. Lamé's study uses observations and interviews in UK maternity units to understand why intrapartum cardiotocography (CTG) monitoring remains a safety challenge. They found that CTG is a complex socio-technical process affected not just by clinicians' interpretation skills but also by systems issues (e.g. workflow, guidelines, staffing, communication). Similarly, Through semi-structured interviews, Gutiérrez et al. demonstrated that equitable EFM use requires a socio-technical systems approach that acknowledges the intersectional dynamics between clinicians, pregnant persons and broader structural factors. Such an approach may help address inequities in labour care and ensure that technological interventions are implemented in ways that promote fairness and inclusivity.

In addition to our review of academic literature we also have a collection of resources for patients and families involved in perinatal care. These include information for patients and families on the induction of labour from IWK Health and OMama, and a guide from Association of Ontario Midwives to help patients better understand considerations and choices while receiving care from a midwife.

More broadly, we have included resources from BLG on Health Canada and the Public Health Agency of Canada's Report on Red Tape Reduction, the Government of Canada's guiding principles for AI adoption, and a report from Government of Northwest Territories (NWT) about experiences with mental wellness and addictions recovery from those living in NWT.

If you have feedback about this quarterly edition of Risk Watch, please send them to me at asoungyee@hiroc.com

INVOLVEMENT OF PATIENTS AND FAMILIES IN PERINATAL AND NEONATAL CARE

[Infant and Family Outcomes and Experiences Related to Family-Centered Care Interventions in the NICU: A Systematic Review](#)

Hodgson CR, Mehra R, Franck LS. Infant and Family Outcomes and Experiences Related to Family-Centered Care Interventions in the NICU: A Systematic Review. Children (Basel). 2025 Feb 26;12(3):290. doi: 10.3390/children12030290. PMID: 40150573; PMCID: PMC11941216.

This systematic review from the United States,(2019-2024) examined both infant and parent outcomes and experiences of family-centered care (FCC) interventions in the Neonatal Intensive Care Unit (NICU), including shared decision-making, education, partnership and communication with parents. Data from 20 studies demonstrated that FCC interventions did not worsened infant outcomes, and were generally associated with positive parent outcomes. The authors conclude that utilizing FCC interventions in the NICU can result in both positive infant and parent outcomes.

[Barriers and facilitators to shared decision making: A qualitative study of families who delivered at the cusp of viability](#)

Schneiderman KS, Henderson AP, Himes KP. Barriers and facilitators to shared decision making: A qualitative study of families who delivered at the cusp of viability. Patient Educ Couns. 2025 Jun;135:108715. doi: 10.1016/j.pec.2025.108715. Epub 2025 Feb 27. PMID: 40048823.

Article from the United States exploring patient perspectives on provider communication during periviability, to improve shared decision making (SDM). Semi-structured interviews with 26 participants found that families valued providers' support with emotional processing. Reported barriers to SDM included unclear counselling, and an emphasis on hopelessness. Participants highlighted the importance of using easy-to-understand language, focusing on hope, and explicitly eliciting values that might inform their choice. The authors recommend adopting a SDM model for periviability counseling, and highlighted areas for improvement.

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[“The Terminology Might Be Ahead of Practice”: Embedding Shared Decision Making in Practice-Barriers and Facilitators to Implementation of SDM in the Context of Maternity Care](#)

Waddell A, Goodwin D, Spassova G, Bragge P. “The Terminology Might Be Ahead of Practice”: Embedding Shared Decision Making in Practice-Barriers and Facilitators to Implementation of SDM in the Context of Maternity Care. *MDM Policy Pract.* 2023 Sep 22;8(2):23814683231199943. doi: 10.1177/23814683231199943. PMID: 37743932; PMCID: PMC10517621.

Study from Australia examined organizational and system-level factors affecting implementing policy mandated SDM in maternity care. Semi-structured interviews with 24 participants including clinicians, health service administrators and decision makers, and government policy makers were mapped to the Theoretical Domains Framework impacting SDM implementation. Facilitators to SDM implementation included: providing additional implementation resources, correct documentation facilitated by electronic medical records, and including patient outcomes in measurement. Barriers included limited service capacity, unclear policy definitions of SDM, and insufficient resources to track implementation. The authors caution that SDM implementation policy may be outpacing practice, and emphasize the need to address organizational- and system-level barriers among health policy makers, health services, and staff.

[Why is safety in intrapartum electronic fetal monitoring so hard? A qualitative study combining human factors /ergonomics and social science analysis](#)

Lamé G, Liberati EG, Canham A, Burt J, Hinton L, Draycott T, Winter C, Dakin FH, Richards N, Miller L, Willars J, Dixon-Woods M. Why is safety in intrapartum electronic fetal monitoring so hard? A qualitative study combining human factors/ergonomics and social science analysis. *BMJ Qual Saf.* 2024 Mar 25;33(4):246-256. doi: 10.1136/bmjqs-2023-016144. PMID: 37945341; PMCID: PMC10982615.

Lamé et al. examines why intrapartum cardiotocography (CTG) monitoring continues to present safety challenges in UK maternity care. Using a qualitative design, the authors conducted ethnographic observations and interviews across four maternity units to explore how CTG is used in practice. They found that CTG interpretation is shaped not only by individual clinical skills but also by systemic factors, including team communication, workflows, guidelines, and resource constraints. The study concludes that CTG should be understood as a sociotechnical process requiring improvements at both individual and organizational levels. Limitations include the study's focus on a small number of UK sites, which may limit generalizability.

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[Intersectional dynamics and care disparities in intrapartum electronic fetal monitoring: a socio-technical systems perspective](#)

Gutiérrez VB, Bozhilova LV, Darko N, Georgieva A, O'Hara K. Intersectional dynamics and care disparities in intrapartum electronic fetal monitoring: a socio-technical systems perspective. *BMC Pregnancy Childbirth*. 2025 Jun 2;25(1):647. doi: 10.1186/s12884-025-07765-z. PMID: 40457225; PMCID: PMC12128230.

This qualitative study from the United Kingdom (UK) explored the socio-technical context of electronic fetal monitoring (EFM) management and its impact on care disparities among women from disadvantaged groups. Semi-structured interviews were conducted to understand clinicians' (midwives and obstetricians) perspectives on intrapartum EFM management and labour care. The findings of this study illustrate the intersectional dynamics between women and clinicians and how they may influence clinical practices surrounding EFM in labour. The authors conclude that an approach acknowledging the intersectional dynamics between clinicians, pregnant women and systemic and structural factors crucial to ensure equity in EFM and labour care.

PATIENT AND FAMILY RESOURCES IN PERINATAL AND NEONATAL CARE

- [Oxytocin to Start of Advance Labour: 5 Questions to Ask](#) (HIROC, June 2021)

Implementation guide co-developed by HIROC and ISMP Canada to support health care providers when talking to patients about the use of oxytocin to start or advance labour.

- [Induction of Labour – Patient Info](#) (IWK Health, May 2024)

Resource provided to pregnant patients regarding induction of labour.

- [Induction of Labour](#) (OMama)

Resources on situations where labour may need to be induced, methods of labour induction, and the benefits and risks associated.

- [When Your Pregnancy Goes Past Your Due Date](#) (Association of Ontario Midwives)

Guide designed to help patients better understand considerations and choices while receiving care from a midwife.

OTHER RESOURCES OF INTEREST

- [A new era: Health Canada signals modernization in policy and regulatory reform](#) (BLG, Sept 2025)

Article from BLG on the Health Canada and the Public Health Agency of Canada's [Report on Red Tape Reduction](#), towards the creation of a regulatory environment that balances public health and product safety with economic competitiveness and innovation.

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- [Pan-Canadian AI for Health \(AI4H\) Guiding Principles](#) (*Government of Canada, 2025*).

Shared principles intended to guide the collective action of Federal, Provincial, and Territorial governments in the increased adoption of AI technologies to improve the health of all people in Canada, to modernize health systems and healthcare delivery, and promote equitable health outcomes.

- [Mental Wellness and Addictions Recovery Survey](#) (*Government of Northwest Territories, May 2025*)

Report summarizes the results of a survey to gather direct feedback from people living in the NWT about their experiences with mental wellness and addictions recovery / substance use, towards a better understanding of where improvements are needed to inform future program planning and service delivery.