

HORIZON HEALTH NETWORK

Upper River Valley Hospital

Engagement on Maternity Care

Summary

December 2023





BACKGROUND

Horizon Health Network's (Horizon's) Upper River Valley Hospital (URVH), located in Waterville, New Brunswick, serves a population of approximately 45,000 people. Maternity services at URVH provide care to patients throughout their pregnancy journey: from first trimester, to labour and birth, to up to six weeks postnatal. Services include:

- » Prenatal clinics.
- » Low-risk vaginal and Caesarean section (C-section) deliveries.
- » Referrals for high-risk deliveries.
- » Mother and baby clinics.
- » Lactation consultant services.
- » Up to six-week post-delivery follow-up.

Maternity services are highly valued in the community, and Horizon is committed to maintaining those services at URVH. The Labour and Birth Unit, however, has experienced some surgical staffing challenges in the last 18 months, in addition to pressures experienced during the COVID-19 pandemic. In one instance, a lack of surgeon coverage for C-sections from May 15 to May 17, 2023, meant expectant mothers had to travel to Fredericton (approximately one hour's drive one way) for labour and birth services.

With a commitment to maintain high maternity quality care at URVH, Horizon engaged with patients, families, staff, clinicians, as well as health care and community leaders to learn how the service can be sustained. Horizon sees the maternity services being sustained when:

- » Care is not interrupted due to lack of staffing.
- » C-sections are provided at URVH.
- » Practitioners can continue to provide quality maternity care.
- » The model for maternal service delivery provides equitable access for patients today, and for the patients of the future, for years to come.



ENGAGEMENT BY THE NUMBERS

Between Sept. 11 and Oct. 23, 2023, Horizon offered opportunities to engage including: an open online survey, interviews, a Community Leaders Forum, an in-person workshop for Indigenous populations, and four in-person workshops with patients and families as well as staff and clinicians. Throughout the engagement process, social media posts reached over 40,000 people, and there was a total of 256 participants in the engagement opportunities. For participant demographic data, please refer to the Appendix.

Engagement activities by date and corresponding number of participants / interactions.

DATE	ACTIVITY	INTERACTIONS
Sept. 11 – Oct. 22	Survey	193
Oct.11 and 12	Staff Workshops	17
Oct. 11 and 12	Patient Workshops	13
Oct. 16	Indigenous Session	5
Oct. 17	Community Leaders Forum	27
Oct. 23	Interview	1
	Total	256



ENGAGEMENT FINDINGS

Through participants' input, we learned:

1. Maternity services and the Labour and Birth Unit are highly valued at URVH.

There was overwhelming support for the maternity services at URVH to remain in the Upper River Valley area, with participants sharing how important it is to them to have the ability to access care and deliver close to home.

Most participants wanted to keep labour and birth services at URVH and saw travelling to Fredericton for care as a risk to health and safety, as well as a barrier in terms of finance, travel, and time, including time away from work, families, young children and support networks.

2. Staffing and resources are a key component of maintaining sustainability.

Much praise was shared with regards to the current staff and clinicians who provide maternity care at URVH. Participants appreciate the warm and high-quality care, and it is seen as a priority for many to ensure there is a robust surgical and clinical complement at URVH, with many ideas shared for how this can be maintained.

Also expressed was a need to adequately support staff and clinicians, and to foster a positive experience for both staff and clinicians as well as patients and families.

3. Collaborate with health care centres and community services to support more robust care.

A number of opportunities to collaborate with other health care centres, providers, and community services were raised by participants. This collaboration was seen as an opportunity to bolster the care that is already provided, and potentially improve sustainability.

This was heard in a number of engagement sessions and in particular the Indigenous session where participants identified opportunities for earlier referrals and a more collaborative approach to care planning.



APPENDIX

Survey Respondents Demographics – Community

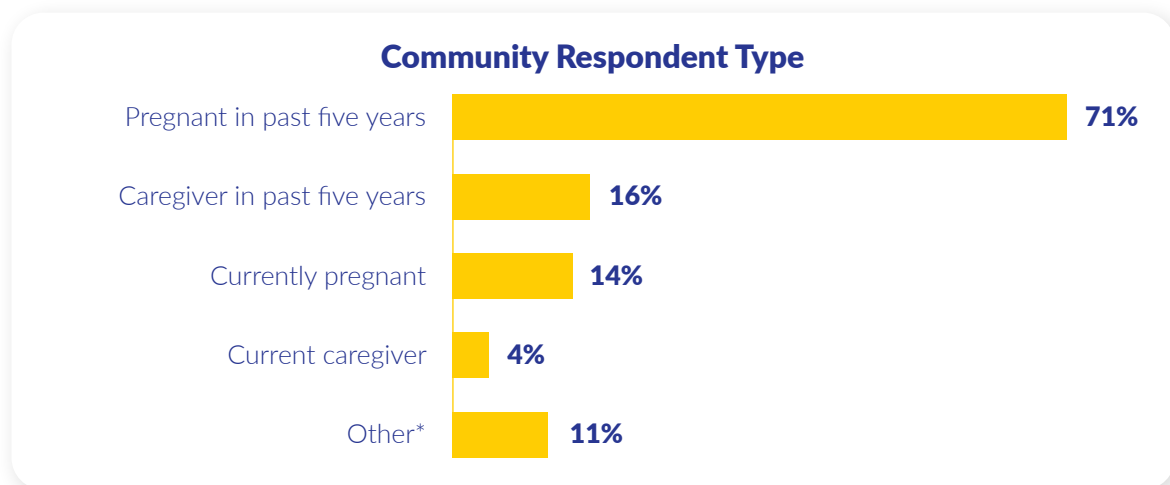
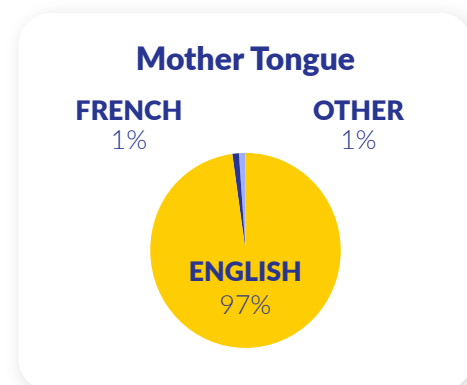
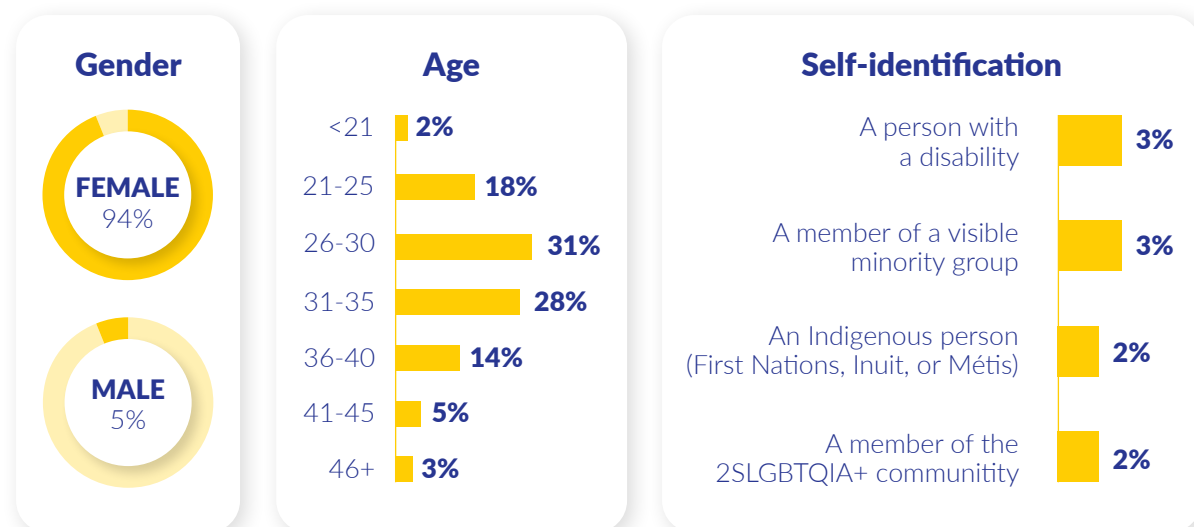


Figure 1. Community survey respondent self-identification chart with options of being pregnant in the past five years, caregiver in past five years, currently pregnant, current caregiver, or other. “Other” included some who had been pregnant more than five years ago.

SELF-IDENTIFICATION



Figures 2 – 5. Community survey respondent self-identification charts. From top left: gender identification, age identification, self-identification as a member of an equity-denied group, and mother tongue.

Where totals do not add up to 100%, this is due to rounding

APPENDIX (cont'd)

RESPONDENT LOCATION

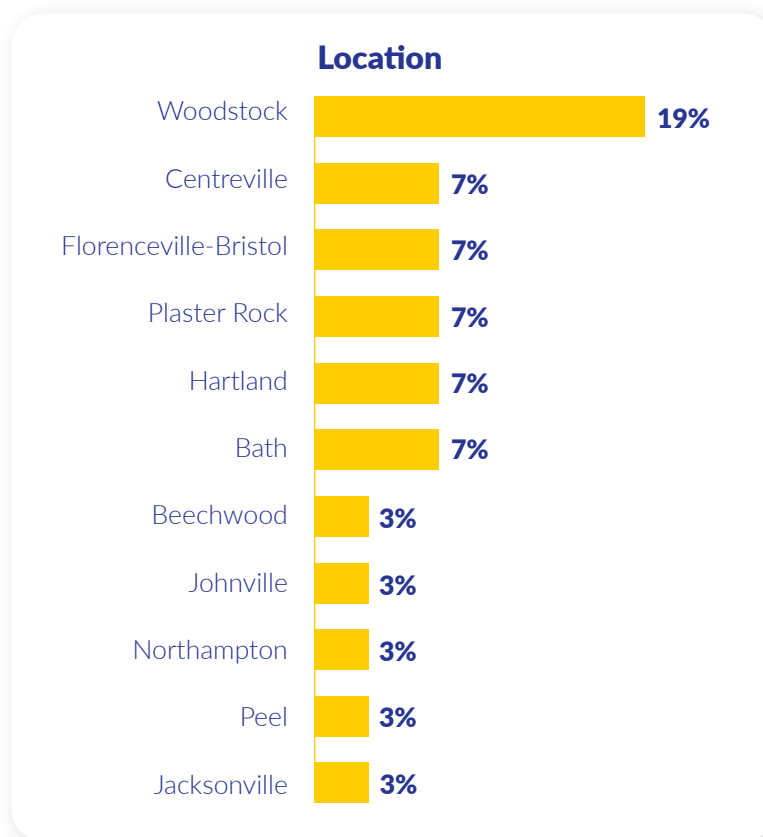


Figure 6.
Community survey respondent self-identified locations.

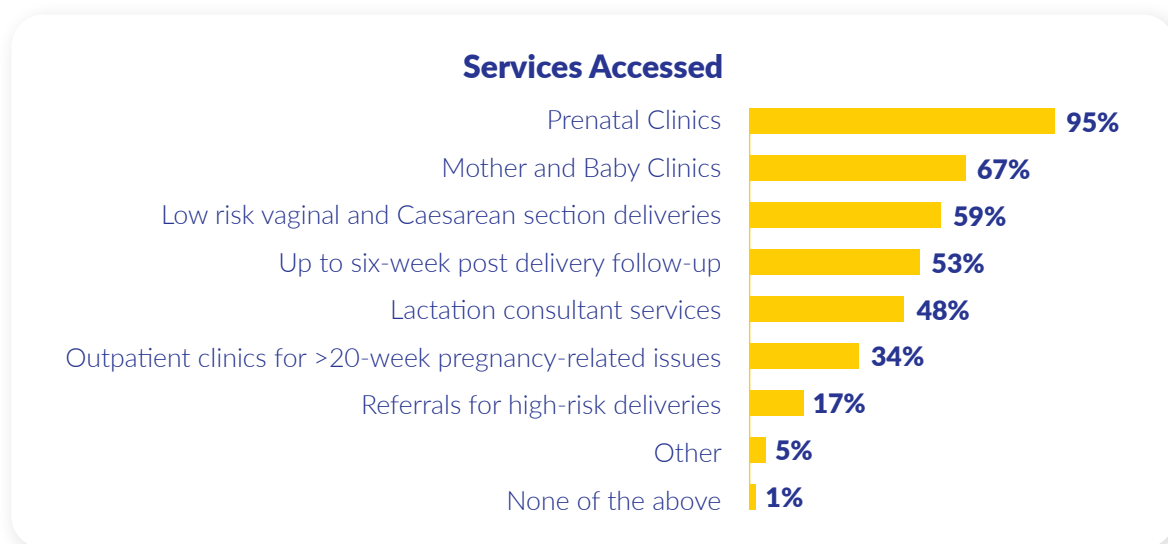


Figure 7.
Community survey responses for maternity services accessed.

APPENDIX (cont'd)

SURVEY RESPONDENT DEMOGRAPHICS

Health Care Providers

HEALTH CARE PROVIDER LOCATION AND PROFESSION

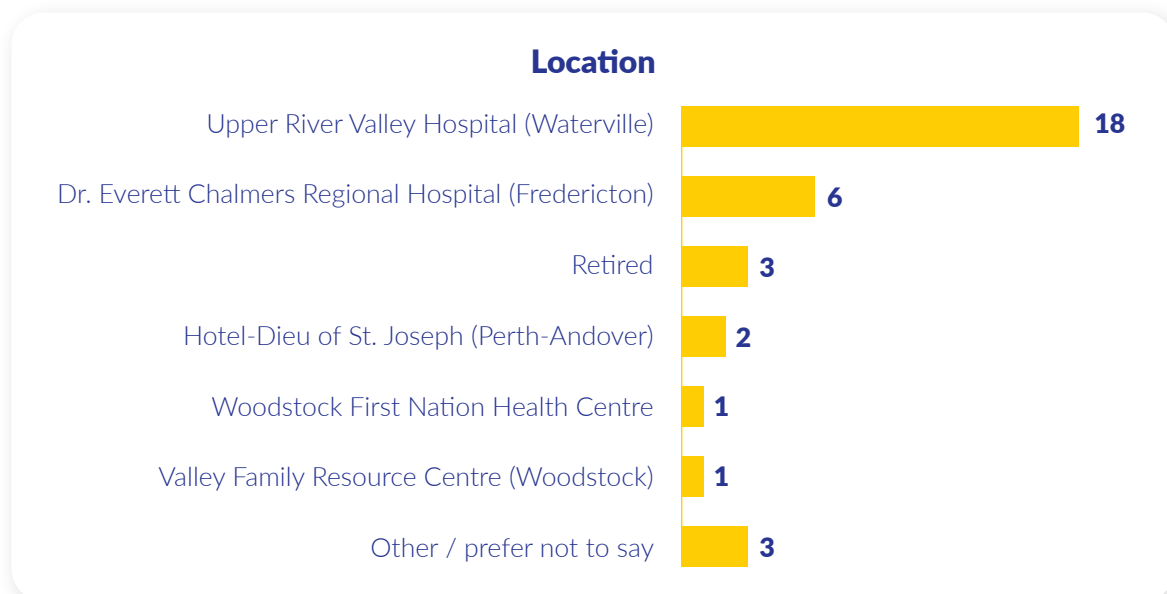


Figure 8.
Health care provider survey respondent work location

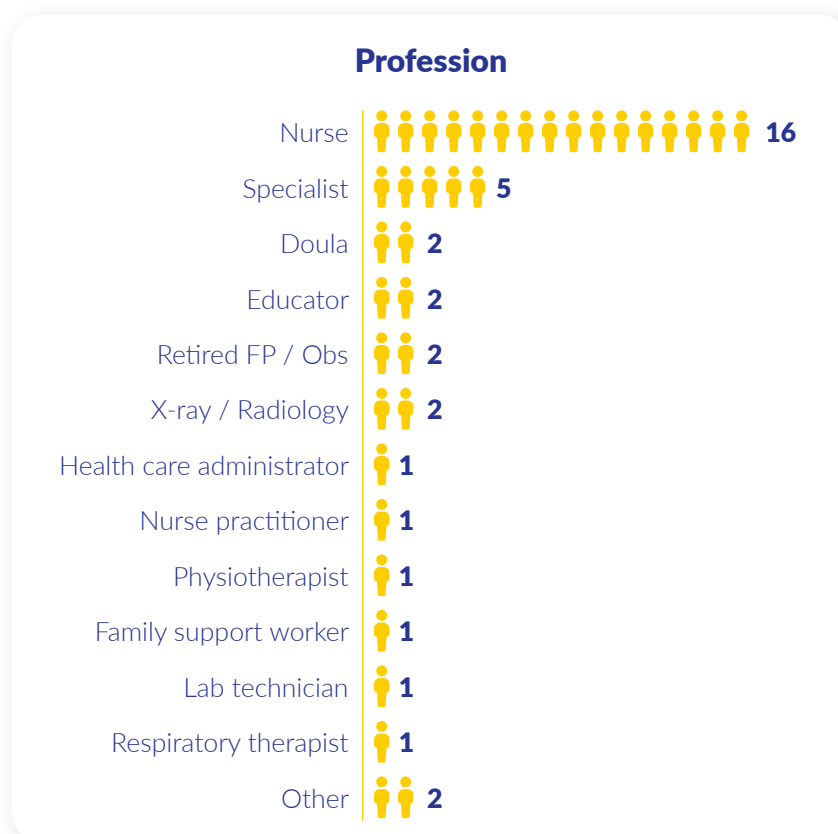


Figure 9.
Health care provider survey respondent profession.