Preamble/Introduction



We want to know about your experiences providing maternity care in your community. Please take a few minutes to complete this survey. Your answers will help to inform improvements to the way women and families are cared for locally.

Why are we asking?

The future of primary maternity care in Canada has become a topic of considerable discussion and concern in recent years. Interprofessional collaboration (IPC) has been widely promoted as an effective and efficient way to improve the quality and sustainability of primary maternity care. By enhancing access to care and quality of care, coupled with increased care provider satisfaction and retention, IPC can positively impact patient and provider experience of care, health outcomes and cost. Built on mutual respect, trust, and flexible competency-based definitions of provider roles and responsibilities IPC manifests at the point of primary care delivery.

Incredible successes have been realized in communities such as Comox who applied IPC and a needs-based approach to improve the maternity care journey. Women in Comox now have a clear pathway to care that is consistent and supported by all providers in the community. GPs and registered midwives feel more confident in consulting, making referrals and transferring care to local obstetricians as required.

The Shared Care Committee developed a Provincial Maternity IPC Initiative to improve maternity care through the development of an online community of practice and fund a cohort of communities to apply the lessons learned from communities such as Comox. Your answers to this survey will help us to develop actions locally to improve IPC and maternity care as a whole.

How do we protect your information?

We are asking for your consent to participate in this survey. Your participation will provide us with valuable information that will be used to improve the primary health care system in our community. Your responses are totally anonymous and no one will be able to link your answers back to you. It is important that you know that you may withdraw from the survey at any time. By completing this form, you are giving us consent for your data to be pooled together to inform enhanced care in your community and to identify provincial trends.

If you have any questions, concerns or comments about this survey, please contact [insert local division information here].

**ABOUT YOUR CURRENT MATERNITY PATIENTS**

1. Approximately, how many births do you attend per year?

\_\_\_\_\_births per year

1. Thinking of the number of births you attend, please select the following statement you feel is the most true for you:
* I do not attend births.
* I prefer to attend more births.
* I attend about the right number of births.
* I prefer to attend fewer births.
* I prefer to attend no births.
* Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Approximately, how many maternity patients are you currently managing? (Number and Percent of total patients)

\_\_\_\_\_Number \_\_\_\_\_ Percent of total patients

|  |
| --- |
| 1. What are the challenges with this patient group in your community? Please check all that apply.
 |
| * Volume of patients
* Time required to manage patients
* Lack of resources to effectively manage patients
* Difficulty managing complexity of mental health issues
 | * Difficulty coordinating services
* Wait time or ability to access services
* Lack of evidence-based guidelines Lack of professional education
* Lack of time/tracking systems required for regular follow-up
 | * Difficulty with detection and/or assessment
* Time required for a careful differential diagnosis
* Barriers related to the patient
* Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**MENTAL HEALTH & SUBSTANCE USE**

1. **Do you routinely screen your maternity patients for mental health issues?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, frequently
 | * Yes, sometimes
 | * Yes, occasionally
 | * No, not really
 | * Doesn’t apply to me
 |

1. Approximately, how many maternity patients require additional support for mental health issues? (Number and Percent of total patients)

\_\_\_\_\_Number \_\_\_\_\_ Percent of total patients

1. **Do you experience challenges caring for patients with mental health issues?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, frequently
 | * Yes, sometimes
 | * Yes, occasionally
 | * No, not really
 | * Doesn’t apply to me
 |

If yes, please elaborate on the challenges:

1. **Do you routinely screen your maternity patients for substance use issues?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, frequently
 | * Yes, sometimes
 | * Yes, occasionally
 | * No, not really
 | * Doesn’t apply to me
 |

1. Approximately, how many maternity patients require additional support with susbtance use issues? (Number and Percent of total patients)

\_\_\_\_\_Number \_\_\_\_\_ Percent of total patients

1. **Do you experience challenges caring for maternity patients with substance use issues?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Yes, frequently
 | * Yes, sometimes
 | * Yes, occasionally
 | * No, not really
 | * Doesn’t apply to me
 |

If yes, please elaborate on the challenges:

**ACCESS & COORDINATION**

1. **During the past six months, how often did you:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always  | Frequently  | Half the time | Rarely | Never | Doesn’t apply to me |
| Delay care or need to turn away to apatientdue to WORKLOAD capacity concerns?  |  |  |  |  |  |  |
| Provide care to apatient who experienced problems due to SUBOPTIMAL CARE COORDINATION? |  |  |  |  |  |  |
| Provide care to a patient who was UNABLE TO ACCESS CARE from another provider in a timely manner? |  |  |  |  |  |  |
| Provide care to a patient when there are NO TIMELY, LOCAL RESOURCES AVAILABLE? |  |  |  |  |  |  |
| Feel unclear about which patients needed a consultation or transfer of care to another *maternity care provider?*  |  |  |  |  |  |  |
| Feel unclear about which patients needed a consultation or transfer of care to *other care providers* (e.g. Endocrinology, Internal Medicine, Anaesthesia, Psychiatry, etc.) |  |  |  |  |  |  |
| Provide care to a patient who was unable to access care for MENTAL HEALTH ISSUES in a timely manner? |  |  |  |  |  |  |
| Provide care to a patient who was unable to access care for SUBSTANCE USE ISSUES in a timely manner? |  |  |  |  |  |  |

1. What is the average wait time for a patient with mental health issues to access services for the following areas:

|  |  |  |
| --- | --- | --- |
| Community-based services?  | \_\_\_\_ months  | \_\_\_\_ No additional services are available in my community |
| Specialist services? | \_\_\_\_ months | \_\_\_\_ No additional services are available in my community |
| Other. Please specify  | \_\_\_\_ months | \_\_\_\_ No additional services are available in my community |

**Please use this space to elaborate on any/all of the above:**

**EXPERIENCE and COLLABORATION**

1. **Thinking about your experience providing prenatal and postpartum care, how satisfied are you with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Acceptable | Dissatisfied | Very dissatisfied | Doesn’t apply to me |
| your community as a PLACE to provide prenatal and postpartum care? |  |  |  |  |  |  |
| the QUALITY of prenatal and postpartum care provided in your community?  |  |  |  |  |  |  |
| how colleagues understand each other’s roles and scopes of practice? |  |  |  |  |  |  |
| how colleagues[[1]](#footnote-1) communicate with one another? |  |  |  |  |  |  |
| how colleagues respect and support each other? |  |  |  |  |  |  |
| your relationship with other care providers[[2]](#footnote-2) in your community? |  |  |  |  |  |  |
| your experience of providing prenatal and postpartum care overall? |  |  |  |  |  |  |

1. **Thinking about providing prenatal and postpartum care, how strongly do you agree with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Doesn’t apply to me |
| I am confident managing prenatal and postpartum care for my patients. |  |  |  |  |  |  |
| I can communicate with specialists about my prenatal and postpartum patients easily. |  |  |  |  |  |  |
| I know how to access appropriate community resources.  |  |  |  |  |  |  |
| My patients can access appropriate community resources.  |  |  |  |  |  |  |
| I am aware of available resources to support my prenatal and postpartum patients. |  |  |  |  |  |  |
| I am confident providing resources/referrals to my prenatal and postpartum patients. |  |  |  |  |  |  |

**Please use this space to elaborate on any/all of the above:**

1. **Do you provide intrapartum care?**

|  |  |
| --- | --- |
| * Yes
 | * No (skip to “If you are a Family Physician who does not provide intrapartum care” or Training Opportunities)
 |

1. **Thinking about your experience providing intrapartum care, how satisfied are you with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very satisfied | Satisfied | Acceptable | Dissatisfied | Very dissatisfied | Doesn’t apply to me |
| your community as a PLACE to provide intrapartum care? |  |  |  |  |  |  |
| the QUALITY of intrapartum care provided in your community?  |  |  |  |  |  |  |
| how colleagues understand each other’s roles and scopes of practice? |  |  |  |  |  |  |
| how colleagues[[3]](#footnote-3) communicate with one another? |  |  |  |  |  |  |
| how colleagues respect and support each other? |  |  |  |  |  |  |
| your relationship with other care providers[[4]](#footnote-4) in your community? |  |  |  |  |  |  |
| your experience of providing intrapartum care overall? |  |  |  |  |  |  |

1. **Thinking about providing intrapartum care, how strongly do you agree with:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree | Doesn’t apply to me |
| I am confident managing intrapartum care for my patients. |  |  |  |  |  |  |
| I can communicate with specialists about my intrapartum patients easily. |  |  |  |  |  |  |
| I am aware of available resources to support my intrapartum patients. |  |  |  |  |  |  |
| I am confident providing resources/referrals to my intrapartum patients. |  |  |  |  |  |  |

**Please use this space to elaborate on any/all of the above:**

If you are a Family Physician who does not provide intrapartum care:

\_\_\_ Does not apply (skip to section called Collaboration- Open-ended questions)

* + - 1. When do you transfer uncomplicated prenatal patients to another provider?

I transfer maternity patients at \_\_\_weeks (please specify)

* + - 1. Who do you transfer uncomplicated prenatal patients to?
* Family Physician who provides prenatal, intrapartum and postpartum care
* Family Physician who does not provide intrapartum care
* Registered Midwife
* Obstetrician/Gynecologist
* Other Specialist Physician, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ - 1. **Do you have any concerns related to interprofessional collaboration for maternity care in your community/ the area where you provide maternity care?**

**TRAINING OPPORTUNITIES**

1. **Are you interested in training opportunities related to providing care for maternity patients?**
* Yes
* No

**If yes, please specify what training opportunities you are interested in?**

**COLLABORATION- OPEN-ENDED QUESTIONS**

1. **Please describe the relationships between obstetricians, family physicians, registered midwives, nurse practitioners, and nurses in your community.**
2. **What is working well for maternity care in your community/the area where you provide maternity care?**
3. **What do you need to improve collaboration for maternity care in your community?**
	1. **What is needed to improve maternity care in your community/the area where you provide maternity care?**

**DEMOGRAPHICS**

1. Gender:
* Female
* Male
* X
* Prefer not to say
1. Age (years):
* < 25
* 25-35
* 36-45
* 46-55
* 56-65
* > 65
1. Years in practice (post-residency or training): \_\_\_\_
2. What hospital(s) are you affiliated with?
3. Current role:
* Family Physician who provides prenatal, intrapartum and postpartum care
* Family Physician who does not provide intrapartum care
* Registered Midwife
* Obstetrician/Gynecologist
* Other Specialist Physician, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Current practice status:
* Provide maternity care
* Practicing but no longer provide maternity care
* Never provided maternity care
* No longer practicing
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please indicate which of the following health professionals you have on your team (who share responsibility for managing patient care):
* Family Physician who provides prenatal, intrapartum and postpartum care
* Family Physician who does not provide intrapartum care
* Registered Midwife
* Obstetrician/Gynecologist
* Other Specialist Physician, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nurse Practitioner
* Nurse, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What is your level of experience?
* Early career (less than 7 years)
* Mid-career (8-15 years)
* Later Career (more than 15 years)
1. Number of FTEs in your community providing maternity care\_\_\_\_\_
2. Do you consider your practice to be mostly:
* Urban
* Rural
* Remote
* Mixed
1. **How satisfied are you with the balance between your personal and professional commitments?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very satisfied
 | * Satisfied
 | * Acceptable
 | * Dissatisfied
 | * Very dissatisfied
 |

**Thank you for taking the time to share your voice with us. Your answers will help us improve our care of mothers and families in our community.**

1. In this section, we use the term “colleagues” to refer to family physicians, nurse practitioners, psychiatrists, mental health workers, nurses and others you work with to provide care for patients with this patient group that you work with regularly with this patient group. [↑](#footnote-ref-1)
2. In this section, we use the term “other care providers” as providers that you DO NOT work with regularly with this patient group. [↑](#footnote-ref-2)
3. In this section, we use the term “colleagues” to refer to family physicians, nurse practitioners, psychiatrists, mental health workers, nurses and others you work with to provide care for patients with this patient group that you work with regularly with this patient group. [↑](#footnote-ref-3)
4. In this section, we use the term “other care providers” as providers that you DO NOT work with regularly with this patient group. [↑](#footnote-ref-4)