

Tofino: Maternity Care



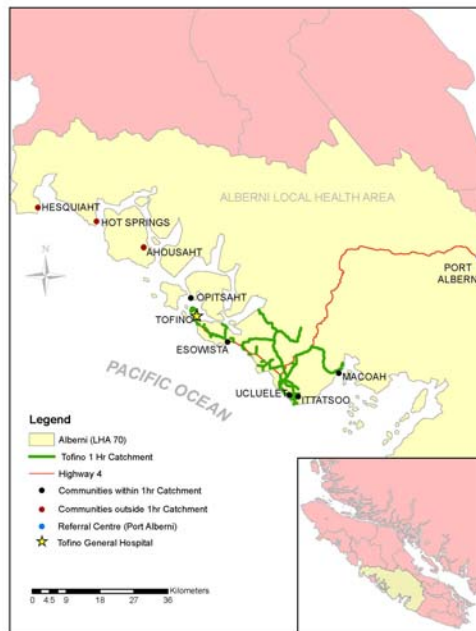
Summary of a Community Consultation

About this report

In April 2009, the Centre for Rural Health Research conducted a consultation on maternity services in Tofino and the surrounding catchment. The goal of this project was to undertake a community-based consultation with key stakeholders in the rural BC communities comprising the Tofino General Hospital catchment to determine the health service delivery conditions necessary to support sustainable local maternity services. Objectives included:

1. Determining the community's desire for local maternity care services;
2. Identifying the resources and activities that are necessary to support the needs of resident parturient women – either locally or in referral communities; and
3. Defining recommendations that support optimal and sustainable services for the women and families of the Tofino population catchment.

This summary communicates the results of the consultation and includes recommendations based on the findings from interviews and focus groups with 109 participants and informed by our understanding of sustainable models of maternity service in rural British Columbia.



Map 1: Tofino and surrounding communities

Demographics

The greater Tofino catchment has a growing population of approximately 5,900 permanent residents, while an estimated additional 20,000 tourists visit the region daily in the summer. Tofino is home to a number of Aboriginal groups, most of which are members of the Nuu-cha-nulth Tribal Council. With the growth of tourism in the region, affordable housing has become an issue, particularly for young families. Other significant issues in the region include higher than average rates of substance abuse and income assistance. Perinatal outcomes for the region are poor, with

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the teen pregnancy rate (36.4/1000 births) and infant mortality rate (10.7/1000 births) almost double the provincial average.

History

In past decades, local maternity services in Tofino were provided by family physicians and registered nurses. Twenty years ago, approximately 50-60 babies were delivered at Tofino General Hospital (TGH) annually. Local cesarean section was also available until the early 1990s, with services provided by GP Surgeons and GP Anesthetists. Local anesthetic services ceased in 1999. Local maternity capacity diminished over time due to the loss of trained physicians, attrition of nurses with midwifery training (nurse-midwives), loss of anesthetic capability, and a decreasing number of births at Tofino General Hospital due to stricter criteria for local elective deliveries. In 2007, the hospital finally issued a moratorium on local elective deliveries, which decision makers attributed to a critical nursing shortage. Prior to the moratorium, rates of local birth had been steadily declining and women had been accessing labour and delivery services outside the community (see Figure 1).

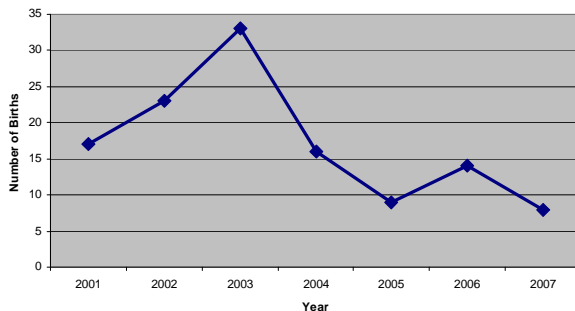


Figure 1: Deliveries at Tofino General Hospital (2001-2007)

Birth Statistics

Based on mother’s residence, from 2003-2007 there were approximately 53 births annually to women who lived within one-hour drive of Tofino General Hospital(see Table 1), while there were about 20 births each year to women living in Ahousat (see Table 2). At the time of this study, data were not available for 2008.

Community	2003	2004	2005	2006	2007	Avg.
Port Alberni	9	13	17	15	22	15
Tofino	19	14	7	9	6	11
Nanaimo	13	12	12	13	16	13
Comox	3	5	5	10	9	6
Other	4	6	6	7	12	7
Home Births	0	0	1	1	0	0.4
Total	48	50	48	55	65	53

Community	2003	2004	2005	2006	2007	Avg.
Port Alberni	6	5	7	9	6	7
Nanaimo	4	6	5	6	9	6
Tofino	11	2	2	4	2	4
Other	6	6	1	1	1	3
Total	27	19	15	20	18	20

Since the closure of maternity services at TGH, women have been encouraged to travel to a referral centre to give birth, the nearest being West Coast General Hospital in Port Alberni (120 km east). Midwifery services are available in Nanaimo (200 km east) and Comox (228 km north-east). Aboriginal women generally access care in Port Alberni. To reach all hospitals, Tofino catchment residents must drive the Pacific Rim Highway, which can be treacherous in winter conditions. Some First Nations women must additionally travel by boat or

float plane to access Tofino, and many of these women do not own a vehicle.

Thematic Findings

Key themes from interviews and focus groups regarding sustainable maternity care for the greater Tofino catchment include:

- Local birth is important to community sustainability, culture, and hospital morale;
- Women want the option of local birth;
- Women value continuity of care and often opt for midwifery services;
- There are significant social and financial costs to women, particularly Aboriginal women, of leaving their community to give birth;
- Women struggle to find accommodation, transportation, childcare, and financial support when leaving to give birth;
- Women want social and financial assistance in planning for birth in a referral community;
- Some women refuse to leave the community to give birth and will arrive at TGH in labour.

Participants also shared their thoughts about some of the challenges to sustainable maternity care:

- Physicians who had provided maternity care experienced unsustainable call schedules;
- Locums with maternity skills are hard to come by;
- Historically, there has been a critical nursing shortage;
- Currently, it is hard to provide 1:1 nursing care for women in labour;
- Some nurses lack confidence and competence in maternity care, causing them stress;
- All care providers want upgrades to their maternity skills;

- Historically, the loss of nurse-midwives and cesarean section services contributed to service instability;
- Community-based midwives would be a good option for local women, but nurses and physicians concerns about interprofessional collaboration with midwives, particularly around home birth.

Discussion

Thematic findings emphasized that there is an overwhelming level of interest from hospital and community members to have the “choice” of local maternity care provided by well-trained and supported staff. The Centre for Rural Health Research has calculated Rural Birth Index scores for the region, which align the optimal level of service based on population birth numbers, social vulnerability, and geographic isolation. These objective scores have been calculated for all communities in the province.¹ In comparison to like-sized communities in BC, to optimize the sustainability of services and population outcomes, Tofino General Hospital should offer local elective birthing services (see Table 3).

Table 3: Rural Birth Index Scores for Tofino Region

Community	PBS	APV	Nearest C-section Service	Travel Time	Isolation Factor	RBI Score	Recommended Service
Tofino	5.3	1.3	Port Alberni	90 min	2	8.9	Local services without C/S
Ahousat	2.0	1.3	Port Alberni	4+ hrs	4	6.6	No local birthing services

¹ Grzybowski S, et al. Planning the optimal level of local maternity service for small rural communities: A systems study in British Columbia. *Health Policy*. 2009 Apr 8. (Online)

Population need is likely too small to support local cesarean section services at this time. For detailed Rural Birth Index calculations see the full report.

Recommendations

Local low-risk labour and delivery services should be reinstated at Tofino General Hospital within a sustainable, multi-year timeline and with consideration of the current challenging fiscal climate. Specifically, we recommend in the short term 1) Strengthening the current model by enhancing supports for women who birth away and ensuring emergency delivery maternity skills training for local care providers; and in the next one-two years 2) Reinstating local intrapartum delivery care provided by family physicians with support from obstetrically trained nurses. In the long-term, if there is sufficient growth in the local birthing population we would recommend considering the feasibility of 3) Introducing low risk surgical services (GP Surgery, GP Anesthesia) and community-based midwifery. A summary of recommendations are listed below.

1) Strengthen current model

- **Improve support for women who must travel to give birth** by improving inter-hospital communication, post-partum follow-up, facilitating access to safe accommodations, and resources for travel arrangements;
- **Improve local emergency delivery services** through the strengthening of Tofino General Hospital procedures for emergency delivery, transport, and neonatal resuscitation;
- **Enhance maternity skills for care providers** through formal training for nurses (in high-volume settings and potentially facilitated by

a rural-urban nurse “swap”) and BCMA-funded training for physicians;

- **Enhance local nursing capacity**, when nursing vacancies occur, by prioritizing hiring nurses with perinatal or midwifery skills and training.

2) Reinstatement of maternity service

- **Reinstate local elective labour and delivery services** through a family physician 1:4 call rota;
- **When vacancies occur, hire hospital-based, generalist nurses with perinatal/midwifery skills** to participate in the general nursing rotation and be available for labour and delivery;
- **Continue maternity skills maintenance** through on-site, team-based education (ALSO/ALARM);
- **Enhance criteria and guidelines for local low-risk elective deliveries;**
- **Provide the community with formal notification** that elective maternity services have been reinstated;
- **Update policies and procedures manual** for low-risk obstetrical care at Tofino General Hospital.
- *Note:* With the reintroduction of labour and delivery services, it is anticipated that 30-50% of women will deliver at Tofino General Hospital, for an average of 16-26 local births per year.