

REGIONAL MUNICIPALITY OF OTTAWA CARLETON

REPORT

MUNICIPALITÉ RÉGIONALE D'OTTAWA CARLETON

RAPPORT

Our File/N/Réf. RC
Your File/V/Réf.

DATE 16 March 1999

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **HEALTH DEPARTMENT'S RESPONSE TO THE ONTARIO
PUBLIC HEALTH ASSOCIATION'S EARLY POSTPARTUM
DISCHARGE POSITION PAPER
(RESPONSE TO OUTSTANDING MOTION CS 26(98))**

DEPARTMENTAL RECOMMENDATION

That Community Services Committee recommend Council receive the Health Department's response Ontario Public Health Association's (OPHA) Early Postpartum Discharge Position Paper.

BACKGROUND

The recommendations outlined on page 43 of the OPHA position paper on early postpartum discharge relate to providing support for mothers of new-borns in the community. The specific recommendations are identified in the attached table (Annex A). The recommendations cite the coroner's report from the Azzopardi inquest (Annex B). Clare Azzopardi was a breastfed infant who died of dehydration following early postpartum discharge. Her mother received breastfeeding advice by telephone from a poorly prepared provider. This Report will provide some background on the issue of early postpartum discharge and identify services provided by the Health Department to postpartum women and their infants.

There are approximately 10,000 births to families who live in the Region of Ottawa-Carleton each year. While some women deliver at home with a midwife, most deliver at one of five maternity care hospitals in the Region. There is a high breastfeeding initiation rate in Ottawa-Carleton and approximately 85% of new-borns are breastfeeding when they leave the hospital.

During the past five years, all of the hospitals in the Region reduced their length of stay to 48 hours postpartum for vaginally delivered women. This means recently delivered women have very little time to recover from childbirth and learn how to care for their new-born before they are sent home.

When the hospitals reduced the length of postpartum stay from 72 hours to 48, there was no transfer of resources from the hospital sector to community services. The Community Care Access Centre (CCAC) offers an obstetrical services home care program for a limited number of women experiencing severe breastfeeding difficulties where there is a risk of infant dehydration; or for wound management post caesarean section; or for women experiencing postpartum depression. However, the number of visits for this program was restricted by the CCAC in November, 1997 because of their budget restraints. At present, Public Health Nurses are the service provider for the obstetrical services home care program through the CCAC. However, as of March 31, 1999, these visits will be offered by another service provider. The volume and revenues from the CCAC are no longer sufficient to offset the Health Department cost of providing additional services seven days per week.

The reduction in the length of postpartum hospital stay with no increase, and in fact they decreased in community-based maternity services, has led to a significant reduction in support for postpartum women from the health care system. At present, there are 20 PHNs providing postpartum services for 10,000 families with new-borns in the Region each year. These PHNs offer Well-Baby and Breastfeeding Drop-In Clinics, staff the Call-Back and Parent Child Information Lines and provide home visits. Because of the demands on their time, they are only able to provide home visits to women with identified risk factors. Approximately 15% of all families with new-borns are presently receiving home visits. It is estimated that another 10% would substantially benefit from a PHN home visit.

Although breastfeeding is an important issue in the postpartum period, and many of the OPHA recommendations focus on breastfeeding, other issues are also addressed by the PHNs during a home visit. These include:

- promoting bonding and attachment between parents and the infant;
- ensuring that the home environment is safe for the baby;
- teaching the parents what to expect from their new-born;
- offering suggestions on parenting older children;
- and informing the parents of other community resources which will support them to parent their infant.

Home visits are a particularly effective way to reach out to isolated families. The visit offers an opportunity to develop a supportive relationship with the PHN. The parents are then more likely to access the resources which have been recommended.

In the Child Health Section of the *Mandatory Health Programs and Services Guidelines*, the Health Department is required in guideline # 4 to “promote and support breastfeeding”. It is estimated that the Health Department would need to increase its staff working in the Parent Child Health program by 10 Public Health Nurses in order to meet the requirements set out in the *Guidelines* from the Public Health Branch, Ministry of Health.

FINANCIAL IMPLICATIONS

The reduction in the length of postpartum hospital stay and the decrease in the number of obstetrical CCAC visits have increased the demand for postpartum services from the Health Department especially in the area of breastfeeding support. The Health Department does not have the additional resources to adequately meet the increased needs and demands. The money saved from the decreased number of hospital days has not been transferred to community-based maternity services.

ACCOMPLISHMENTS TO DATE

PHNs at the Ottawa-Carleton Health Department have considerable expertise in providing support to mothers of new-borns. The Health Department supports postpartum women and their infants in a number of ways including:

Handout in the Hospital: All women who deliver at local hospitals receive a list of important telephone numbers from the Health Department and a sheet which identifies the times and locations of Well-Baby and Breastfeeding Drop-Ins. This sheet also describes the signs that a baby is breastfeeding well and indicates when the parents should get help for their new-born.

Call-Back Program: All women who deliver an infant in Ottawa-Carleton are called by a PHN one or two working days after discharge and offered assessment and teaching over the telephone. The PHNs use a standardised intervention and protocols to guide their telephone intervention. Many questions can be answered over the telephone and the nurse reinforces the messages on the handout given to women in the hospital on when to go for help with their infant.

Parent Child Information Line: Women are provided with the telephone number of the Parent Child Information Line both in hospital and when they are called at home. Postpartum women use this Line frequently for specific questions about their baby. The Line is open from 9 to 4 every weekday. The number of calls to the Line has increased dramatically over the past year.

Priority Home Visit: Women who are having breastfeeding problems which may adversely affect their infant, and who cannot access a Breastfeeding Drop-In, are referred for a priority home visit by a PHN. This means they will receive a home visit within two working days. The number of women who can be offered this service is limited, and it is not available on the weekend.

Breastfeeding Drop-In: There are Breastfeeding Drop-in are offered every day of the week in the Region. These drop-ins are provided in partnership with other agencies, for example the weekend drop-ins are located in hospitals and several drop-ins are in community agencies. The drop-ins offer breastfeeding support and advice for particular problems to women who have the means to access this service.

Well Baby Drop-In: There are Well Baby Drop-Ins available every day of the week across the Region. These are located in a number of different community agencies and offer support and advice by PHNs for particular questions in relation to infant care.

CONCLUSIONS

Over the past five years the Health Department has worked closely with community partners to ensure families of new-borns receive as much support as possible with the limited resources available. To meet the recommendations of the OPHA report the Health Department would need to provide the following services:

- Home visits by a PHN for every mother of a new-born who needs this support.
- A telephone information line staffed by a PHN on evenings and weekends as well as during the week.
- At least two Breastfeeding Drop-ins a week, one in the West of the Region and one in the East to meet existing demand.
- Well Baby Drop-Ins in the evening and on weekends so that partners may attend.
- Respite care where needed.
- Home help where needed.

Other provinces, particularly Saskatchewan and New Brunswick, have chosen to support mothers after a short postpartum stay with appropriate community-based maternity care. We need to continue to advocate within the health care system to ensure families receive the support they need. We have been fortunate so far in Ottawa-Carleton that we have not experienced infant deaths such as Clare Azzopardi following the reduction in length of postpartum stay.

*Approved by
Robert Cushman, MD, MBA, FRCPC*

ANNEX A**OPHA - POSTPARTUM RECOMMENDATIONS**

Recommendations: Early Postpartum Discharge Position Paper - OPHA	Recommendation s met or in process	Recommendation s not met	Comments
Form a local multi-sectoral planning body which addresses the issues of prenatal and postnatal services in their community.	✓		<ul style="list-style-type: none"> • Member c • PEPEO • Eastern C managers • Health sec • Prenatal N in Region • Promotior representa agencies i
Address local barriers to accessing service (e.g. transportation, language, child care, hours of service)		✓	<ul style="list-style-type: none"> • Services locations transporta • Services : cultural in • Services More coul • No child c
Plan and implement the recommendations from the Azzopardi coroner's inquest.		✓	<ul style="list-style-type: none"> • Please see recommen the Health
Ensure that all women seen by a health care provider (in an office, clinic, or home visit) within 48 hours of hospital discharge.		✓	<ul style="list-style-type: none"> • All famili called by : are recom early appc • Many fam time of the
Ensure that the 48 hour follow up appointment is arranged prior to hospital discharge.		✓	<ul style="list-style-type: none"> • The Healt hospital n
Ensure that breastfeeding support for women experiencing difficulties is provided seven days a week in their community.	✓		<ul style="list-style-type: none"> • Breastfeec a week, bt
Ensure that new parents be given written information about their baby (e.g. discharge weight) when discharged from hospital.		✓	<ul style="list-style-type: none"> • The Healt to develop at time of

Recommendations from the Azzopardi Inquest

The following recommendations are quoted directly from the coroner's inquest report following the death of Clare Azzopardi. The Health Department's actions follow each recommendation in italics.

We wish to make the following recommendations:

- I. We recommend to the Women's Health Bureau of the Ministry of Health, to the Ontario Hospital Association, to hospitals province-wide, to the Ontario College of Family Physicians, to the Chief Medical Officer of Health for Ontario, to all Public Health Units in Ontario, to the Registered Nurses Association of Ontario, to the Ontario Medical Association, to the Ontario Association of Midwives, to the La Leche League, to the Victorian Order of Nurses, to all professional associations of Lactation Consultants, to the College of Physicians and Surgeons of Ontario, College of Nurses of Ontario:

That all pre-natal instruction to parents, including classes for parents in the prenatal period include information for parents about the importance and necessity of observation of breast feeding by a qualified professional 24-48 hours after discharge from hospital. Signs of successful breast feeding and infant hydration and nutrition should be taught.

Instructors at the prenatal classes offered by the Health Department teach the signs of successful breastfeeding and infant hydration and let parents know about the importance of early assessment of the infant after hospital discharge.

That breast feeding new-borns discharged from hospital be evaluated in person to assess infant hydration and infant breast feeding within 24-48 hours of discharge from hospital either by a physician, Public Health Nurse, Breastfeeding outpatient clinic, or another arrangement which ensures that a qualified professional examines the baby and the breastfeeding. We the jury reiterate that the person assessing the mother and baby within the 24-48 hour period must be adequately qualified and experienced in all aspects of breast feeding. That follow-up for new-borns and mothers after hospital discharge include an examination of the new-born and the mother while breast feeding the new-born, and if necessary, the obtaining from prior care-givers of any relevant history. Evaluations over the telephone should be discouraged because of the potential for miscommunication.

The Health Department does not have sufficient staff to have every breastfed new-born observed during a feeding by a PHN. However, the telephone intervention is conducted by a well-trained PHN who uses standardised protocols to guide her practice. If the PHN identifies a concern she has the option of referring the family for a priority home visit, to the CCAC obstetrical services program or to a Breastfeeding Drop-in Clinic where a PHN can assess the baby breastfeeding.

That the first appointment for the breast-feeding new-born to see the doctor after delivery be within the first seven days of life. A visit within the first seven days of life must not preclude the routine visit to a doctor 10 to 14 days after the first visit.

The PHN who calls the mother does encourage an early physician visit.

- II. We recommend to the Chief Medical Officer of health for Ontario that the Public Health Nurse visiting patients in hospital be permitted and encouraged to chart his/her visit with mother and baby on the hospital chart and whether the Public Health Nurse plans a home visit and has the mother's agreement for the visit. We also recommend that the Ontario Hospital Association permit all Public Health Nurses to chart visits with mother and baby in the hospital record. Should the OPHA grant this approval, the decision should be relayed to all Public Health Units in Ontario. Some portion of the hospital chart should be altered to provide ample space for the Public Health Nurse's comments.

The Health Department does not have sufficient resources to have PHNs visit mothers in the hospital.

- I. We the jury are concerned that all health professionals involved with the mother and baby receive adequate information about both the progress of mother and baby during the hospital stay and about who will be conducting the follow-up visit. We recommend that some mechanism be set up to inform those doing the follow-up visit of the detailed progress of the hospital stay.

In Ottawa-Carleton, mothers sign a consent to release referral information to the Health Department while they are still in the hospital. This information is faxed to the Department when the mother and new-born are discharged.

- II. We recommend that upon discharge a detailed record go home with the client so that both the mother and those doing the follow-up would have access to the information. The record should provide space for the mother to chart the baby's progress at home and provide details about how to ensure that baby is feeding properly. The forms provided by the Wellington-Dufferin-Guelph Health Unit, "Baby's First Days" - Exhibit 24 and the sample chart, "Breastfeeding" on page 134 of Exhibit 22, are excellent examples.

Health Department staff has developed a Baby Passport with hospital partners and the Perinatal Education Program of Eastern Ontario.

- III. We recommend to all persons giving phone advice about breast feeding new-borns to make a record of the concerns prompting the call, the information received and elicited and the advice given on a standardised telephone assessment form. We believe that the La Leche League's "Leader's Telephone Log", Exhibit #20, is an excellent example for such a standardised form, and could serve as a model for other standardised forms.

PHNs do chart their telephone intervention.

- IV. We reiterate that anyone giving phone advice about breast-feeding new-borns be adequately qualified in breast-feeding.

In addition to the five certified Lactation Consultants working at the Health Department, other PHNs receive training on breastfeeding and use well-established protocols to guide their practice.

- V. We recommend that information provided to mothers of new-born infants make it clear that volunteer organisations which provide support to breast-feeding mothers are not a substitute for professional health care advice or assessment.

Mothers of breastfed infants are directed to the Breastfeeding Drop-in Clinics if they are experiencing difficulties breastfeeding.

- VI. We recommend that all mother baby units of all Ontario Hospitals require that charting of breast feeding include a notation about whether the feed being charted was observed by the nurse or reported to the nurse by the mother and that focus charting of breast feeding problems/observations include the time of the feed referred to in the focus chart note. We emphasise that all hospital staff should use all the provided notations and use exactly the same notations on all hospital charts.

This is a hospital issue.

- VII. We recommend to the medical schools in Ontario that medical students receive more training in breast feeding of new-borns including evaluation of infant hydration and efficacy of breast feeding.

For the past four years a PHN from the Health Department has taught medical students 50 minutes of lecture time on breastfeeding. She also suggests other reading which could be done and provide hand-outs. Health Department staff agree it is very important to increase physician knowledge on how to support breastfeeding women.

- VIII. We recommend that professionals providing lactation education, assistance and evaluation be encouraged to have their practical skills assessed as well as their theoretical skills.

New PHNs at the Health Department participate in the Breastfeeding Drop-ins to learn practical skills to support breastfeeding women.

- IX. We endorse the recommendations of the Canadian Paediatric Society and the Society of Obstetricians and Gynaecologists of Canada in their policy statement of December 1996 entitled Early Discharge and Length of Stay for Term Birth. We recommend that these guidelines be distributed to all physicians, nurses, midwives and lactation advisors (volunteer) and lactation consultants (professional) providing obstetric and neonatal care in the province of Ontario together with an outline of the facts of this death to emphasise the importance of following the guidelines.

The Health Department follows these guidelines in their own standardised protocols and works with other sectors to promote their use.

- X. We are particularly concerned that the recommendations of number 11 be implemented by every region in the province before another similar death occurs. As a result, we recommend that the Canadian Paediatric Society and the Society of Obstetricians and Gynaecologists of Canada to form a working group or committee to monitor implementation of the policy statement of December 1996 entitled Early Discharge and Length of Stay for Term Birth.

- XI. We recommend that mothers receive practical advice and emotional support whether they choose to breast feed or formula feed their baby. Infant breast feeding should be encouraged but not to the exclusion of practical information about supplementation for infants who are not breast feeding well.

We support this recommendation. Supporting breastfeeding includes ensuring infants receive adequate nutritional intake.

- XII. That the Guelph General Hospital be recommended for establishing a breast feeding clinic, and that all Ontario hospitals providing obstetrical services be encouraged to establish breast-feeding clinics in their hospital. We also recommend that every hospital in Ontario have at least one Lactation Consultant on staff. To facilitate the spread of breast-feeding expertise, hospital administration's should provide some financial assistance for nursing staff to upgrade their breast-feeding credentials.

Local hospitals do have at least one certified lactation consultant on staff.