

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 and Perinatal Services BC have partnered on 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 to collect demographic information.

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

Your Satisfaction

- 1. How satisfied are you with your community as a place to provide prenatal and postpartum care?**
 - Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 - Prefer not to say
 - Doesn't apply to me

- 2. How satisfied are you with the quality of prenatal and postpartum maternity care provided in your community?**
 - Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 - Prefer not to say
 - Doesn't apply to me

- 3. If you provide intrapartum care, how satisfied are you with your community as a place to provide intrapartum care?**
 - Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 - Prefer not to say
 - Doesn't apply to me

- 4. How satisfied are you with the quality of intrapartum care provided in your community?**
 - Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 - Prefer not to say
 - Doesn't apply to me

- 5. How satisfied are you with the balance between your personal and professional commitments?**
 - Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 - Prefer not to say
 - Doesn't apply to me

- 6. Overall, how satisfied are you with your relationship with other maternity care providers in your community?**
 - Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 - Prefer not to say
 - Doesn't apply to me

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

Access & Coordination

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

a. Delay care or turn away a maternity patient due to capacity concerns?

- Always Frequently Half the time Rarely Never
 Doesn't apply to me

b. Feel unclear about which patients needed a consultation or transfer of care to another *maternity care provider*?

- Always Frequently Half the time Rarely Never
 Doesn't apply to me

c. Feel unclear about which patients needed a consultation or transfer of care to *other care providers* (e.g. Endocrinology, Internal Medicine, Anaesthesia, Psychiatry, etc.)

- Always Frequently Half the time Rarely Never
 Doesn't apply to me

d. Provide care to a patient who experienced problems due to suboptimal care coordination?

- Always Frequently Half the time Rarely Never
 Doesn't apply to me

e. Provide care to a patient who was unable to access care from another provider in a timely manner?

- Always Frequently Half the time Rarely Never
 Doesn't apply to me

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

Collaboration

In this section, we use the term “colleagues” to refer to obstetricians, family physicians, registered midwives, nurse practitioners, and nurses who provide care to maternity patients.

8. For prenatal and postpartum care, please indicate how satisfied you are with the following:

a. How colleagues understand each other's roles and scopes of practice?

- Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 Prefer not to say
 Doesn't apply to me

b. How colleagues communicate with one another?

- Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
 Prefer not to say
 Doesn't apply to me

c. How colleagues respect and support each other?

- Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
- Prefer not to say
 Doesn't apply to me

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

9. For intrapartum care, please indicate how satisfied you are with the following:

a. How colleagues understand each other's roles and scopes of practice?

- Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
- Prefer not to say
 Doesn't apply to me

b. How colleagues communicate with one another?

- Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
- Prefer not to say
 Doesn't apply to me

c. How colleagues respect and support each other?

- Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
- Prefer not to say
 Doesn't apply to me

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

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

a. When do you transfer uncomplicated prenatal patients to another provider?

I transfer maternity patients at ___ weeks (please specify)

b. Who do you transfer uncomplicated prenatal patients to?

- | | |
|---|--|
| <input type="radio"/> Family Physician who provides prenatal, intrapartum and postpartum care | <input type="radio"/> Obstetrician/Gynecologist |
| <input type="radio"/> Family Physician who does not provide intrapartum care | <input type="radio"/> Other Specialist Physician, please specify:
_____ |
| <input type="radio"/> Registered Midwife | <input type="radio"/> Other, please specify:
_____ |

c. Do you have any concerns related to interprofessional collaboration for maternity care in your community/ the area where you provide maternity care?

Collaboration- Open-ended questions

1. Please describe the relationships between obstetricians, family physicians, registered midwives, nurse practitioners, and nurses in your community.

2. What do you need to improve collaboration for maternity care in your community?

3. Please share a short story about an experience where collaboration with another maternity care provider resulted in a positive impact on patient care.

Visioning

1. What is working well for maternity care in your community/the area where you provide maternity care?

2. What is needed to improve maternity care in your community/the area where you provide maternity care?

3. What would an “ideal state” of maternity care in your community/ the area where you provide maternity care look like?

- 4. Please share a short story about a patient care experience that illustrates your vision of the “ideal state” of maternity care. *Kindly ensure anonymity of your patients and colleagues.**

- 5. How can your community/ the area where you provide maternity care create meaningful opportunities for maternity care providers to improve patient care?**

Demographics

2. Gender:

- Female X
 Male Prefer not to say

3. Age (years):

- < 25 46-55
 25-35 56-65
 36-45 > 65

4. Years in practice (post-residency or training):

5. What hospital(s) are you affiliated with?

6. Current role:

- Family Physician who provides prenatal, intrapartum and postpartum care Obstetrician/Gynecologist
 Family Physician who does not provide intrapartum care Other Specialist Physician, please specify:
 Registered Midwife Other, please specify: _____

7. Current practice status:

- Provide maternity care No longer practicing
 Practicing but no longer provide maternity care Other, please specify: _____
 Never provided maternity care

8. 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 Other Specialist Physician, please specify: _____
 Family Physician who does not provide intrapartum care Nurse Practitioner
 Registered Midwife Nurse, please specify: _____
 Obstetrician/Gynecologist Other, please specify: _____

9. On average, how many births do you attend per year?

10. 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:

Please use the space below to elaborate:

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.