THE MONTFORT POSTNATAL CARE AT HOME PROGRAM
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Thursday, May 23, 2019

THE MONTFORT POSTNATAL CARE AT HOME PROGRAM: A NEW DIRECTION FOR HEALTH CARE
GAPS IN POSTNATAL HEALTH CARE SERVICES

BACKGROUND RESEARCH

- Literature review
- Low risk criteria
- Chart audit

CMNRP’s Postnatal Hospital Discharge Experiences Workgroup Report identified key gaps in care delivery (Feb. 2017):

Parents feeling:

- Overwhelmed with the information given to them
- Underprepared to care for their newborn after discharge
- A lack of breast feeding services and support
MPCH PROGRAM: A NEW WAY OF ORGANIZING AND DELIVERING POSTNATAL CARE

The four components of the program are:

1. A prenatal information session that helps prepare expectant parents for the transition from hospital to home following childbirth and breastfeeding;
2. Discharge from hospital as early as 6 hours following a vaginal birth and at 24 hours following a cesarean section;
3. 2 to 3 home visits and telephone support tailored to meet each mothers’ individual needs by a midwife from the program;
4. 24/7 on-call access to the MPCH Program midwives during the first week postpartum.

At one week postpartum, mothers and newborns are discharged from the MPCH Program back to their usual primary care provider for ongoing care.

MPCH PROGRAM

First in Canada

- First to provide this innovative program to families in Canada;
- Launched mid-September 2018;
- 144 dyads to March 2019;
- Now running at capacity/high demand;

hopitalmontfort.com
PRELIMINARY OUTCOMES

- Attendance at our information session increased significantly and sessions are now at full capacity;
- All dyads without primary healthcare providers have been paired with an ongoing primary care provider;
- Exclusive breastfeeding rates are high
- Patients, families and providers report exceptional experience and satisfaction.

PRELIMINARY OUTCOMES

<table>
<thead>
<tr>
<th>Participants in the telephone survey (28 mothers)</th>
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<tbody>
<tr>
<td>Type of Birth</td>
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<tr>
<td>Planning to exclusively breastfeed for 6 months</td>
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<tr>
<td>Babies exclusively breastfeeding at 2 weeks</td>
</tr>
<tr>
<td>Babies exclusively breastfeeding at 6 weeks</td>
</tr>
<tr>
<td>Mothers reporting helpful information about self care</td>
</tr>
<tr>
<td>Mothers reporting helpful information about newborn care</td>
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<tr>
<td>Mothers would recommend this program to their family and friends</td>
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NEXT STEPS

• Obtained $75,000 from the L’institut du savoir Montfort to conduct research comparing outcomes between MPCH program and usual care
• CIHR submission for further research

PATIENT TESTIMONY

Dear [Name],

Thank you so much for your expertise and care. You have been such a support and guidance throughout my treatment. Your dedication and commitment to my recovery have been invaluable. I am grateful for all the time and effort you have invested in my care.

Thank you again for everything you have done for me. I am truly blessed to have had you by my side. Your support and encouragement have been a constant source of comfort and motivation.

With all my gratitude,

[Patient’s Name]
WE WELCOME QUESTIONS

LOW RISK ADMISSION CRITERIA

**MOTHER**
- Resident of Ontario
- Age 17+ (if mother is a patient of a family physician)
- Age 20+ (if mother is a patient of an obstetrician)
- Speaks French and/or English or someone is available to translate at home 24/7
- 37 weeks gestation or more
- If gestational diabetic: protocol complete
- If GBS+: received adequate prophylaxis during labour; membranes ruptured less than 18 hours
- Spontaneous vaginal delivery or cesarean after 24 hours
- Perineal repair - 3 (a) degree tear or less
- Afebrile
- **No** pre-existing hypertension or gestational hypertension, **No** chorioamnionitis, **No** postpartum hemorrhage, **No** pharmacological treatment for depression or anxiety

**BABY**
- Eligible for OHIP
- Newborn exam done by most responsible provider & no concerns for early discharge
- APGAR At 5 MINUTES: 6 or higher
- Coombs negative
- Coombs positive with normal bilirubin at 12 hours, at the family doctor’s or pediatrician’s discretion (please advise midwife on call)
- IF AGA or LGA and hypoglycemia protocol completed
- **No** small for gestational age
- **No** hypoglycemia
- **No** risk factors for sepsis: vital signs every 4 hours and/or CBC at 12 Hours of life
- If CAS or SW consult is required, patient seen and no concerns for early discharge