

TWO BIRTH EXPERIENCES IN ONTARIO

Wide variation

exists in the use of interventions during labour and birth across Ontario hospitals.

Some variation is due to the level of care needed to support safe birth when complications arise. However, for healthy pregnant women with no labour complications, birth experiences should be similar. **KATIE** and **JULIA** are both expecting their first child, have similar healthy, low-risk pregnancies and give birth in a hospital with over 500 births/year (n=57 in Ontario). **How different are their births?**

INDUCTION

Medication and other techniques are sometimes used to initiate contractions when labour doesn't start on its own. In lowrisk pregnancies, induction should only be used when the pregnancy continues beyond 41 weeks of gestation.

CESAREAN BIRTH (C/S)

A cesarean section is a surgery in which a baby is delivered through an incision in the mother's abdomen. When not medically necessary, cesarean delivery should be avoided to reduce postsurgical complications and reduce the likelihood of needing a cesarean delivery in a future pregnancy.

EXCLUSIVE BREASTFEEDING (EB)

Breast milk is the best food for babies. It helps with brain development and helps protect infants from infectious illness. Hospitals should support and encourage new mothers to initiate exclusive breastfeeding so that it is well-established by the time mothers and babies are discharged from the hospital.

Lower rate is better

Lower rate is better

Higher rate is better

KATIE: Hospital A KATIE gives birth at the *highest-performing* hospital. The likelihood that she will have these experiences is: 9.5% 10.5% 94.7% Top 10% range in performance Induction: (9.5% to 17.8%) C/S: (10.5% to 14.9%) EB: (86.1% to 94.7%) JULIA gives birth at the lowest-performing hospital. The likelihood that she will have these **JULIA: Hospital B** experiences is: 42.4% 33.0% 35.5% Bottom 10% range in performance Induction: (31.9% to 42.4%) C/S (24.0% to 33.0%) EB: (35.5% to 48.3%)

Why does this matter? Hospitals and health care providers are often unaware of how their practices compare to current evidence. **AUDIT AND FEEDBACK** can address this by providing information on practice performance. Over 140,000 babies are born in Ontario each year, presenting many opportunities to ensure high quality care through monitoring and quality improvement.

BORN ONTARIO is the pregnancy, birth and childhood registry and network. Established to collect, share and rigorously protect critical data about each birth in the province, **BORN ONTARIO** manages an advanced database that delivers comprehensive information on maternal and child care to hospitals and care providers.

In 2012, BORN ONTARIO launched an innovation for Ontario hospitals - the MATERNAL NEWBORN DASHBOARD. This online AUDIT AND FEEDBACK system tracks performance on six clinical issues, allowing maternal-newborn care centres to identify when best practice is not occurring. This is the first step towards quality improvement.

MATERNAL NEWBORN DASHBOARD (MND)

KPI 3:

KPI 4: Elective repeat cesarean delivery prior to 39 weeks of gestation (lower rate is better)



The proportion of infants delivered to low-risk women not in labour via elective repeat cesarean delivery prior to 39 weeks of gestation remains well above the ideal performance target of 12%. However, the rate has been decreasing over time, particularly since the **MND** began providing real-time audit and feedback.

Check your hospital's MND by logging into the BIS!



Rate of formula supplementation at

discharge (lower rate is better)

Nov2009 Jul2010 Mar2011 Nov2011 Jul2012 Mar2013 Nov2013 Jul2014 Mar2015

The rate of formula supplementation of newborns from birth to hospital discharge for mothers who intended to exclusively breastfeed has shown little change over the past 5 years, and the rate remains well above the ideal performance target of 20%. Ontario is currently investing in the Baby Friendly Initiative to try and improve breastfeeding outcomes.

Did you know?

100 hospitals in Ontario provided maternal newborn services in 2013–2014



≤1,000 births = 1,001-2,499 births = 2,500-4,000 births = ≥4,000 births

Birth volume by level of care 11.4% 18.0% 70.6%



- 42 Level II hospitals delivered 70.6% of all infants
- Just over one-third (35.4%) of all infants were born in a hospital that delivered between 2,500 and 4,000 babies a year