

Analysis of Obstetrics Services and Workforce Alignment in Newfoundland and Labrador

Objective

To compare the level of obstetrics services in Newfoundland and Labrador (NL) to those in Tasmania (TAS) and to assess the alignment of the workforce and level of service provided in each hospital and health centre.

Practice Points

1. Low birth rate and low population density contribute to a small volume of births in several hospitals providing obstetrics services.
2. Workforce sustainability has been a problem in several sites across the province.
3. Travel distance impacts obstetrical outcomes.
4. Midwifery introduced in Gander but hasn't expanded to other locations despite demand for services.

Results

Table 1. Number of Facilities in TAS and NL Providing Each Level of Obstetrics Services

Level	Description	TAS	NL
1	Community antenatal and/or postnatal care for women and infants who have normal care needs for antenatal and postpartum care	7	0
	Outpatient and ambulatory obstetrics care		
	Capacity to provide emergency resuscitation and care for critically ill mothers and babies until transfer or retrieval takes place		
2	Antenatal, intrapartum and postnatal inpatient services for women with uncomplicated pregnancy from 37 weeks gestation	0	0
3	Services for planned normal births for women ≥37 weeks gestation where the mother and baby have uncomplicated care needs	0	0
4	Intrapartum care for low and moderately complex mothers and babies with pregnancy ≥34 weeks gestation	1	6
5	Intrapartum care for low, moderate and high complexity mothers and babies with gestation ≥32 weeks gestation	1	2
	Multidisciplinary service		
6	Capacity to manage all unexpected pregnancy and neonatal emergency presentations	1	1
	Provides all levels of care (LOC), including the highest level of complex care for women with serious obstetric and fetal conditions that require high-level multidisciplinary care		
	Clinical advice and support provided by a specialist credentialed in obstetrics 24 hours		

- There are triple the number of hospitals in NL that provide services for births compared to Tasmania even though Tasmania had almost 60% more births in 2021 than NL.

Table 2. Description of Workforce Requirements to Provide Each Level of Obstetrics Services

Level	Workforce Description
1	Registered midwives or registered nurse (RN) with access to midwifery support where registered midwives are not available
	Visiting family physician (FP)
	Access to an obstetrician via telehealth
	Access to allied health professionals including physiotherapy, social work, continence advisors, and dietitians
	Access to maternal and child health nurses and perinatal mental health services
	Access to Child Protection and Child Health and Parenting Services
	Access to lactation consultants
2	Registered midwives available on-site and on-call 24 hours
	24 hour on-site access to a FP with obstetrics/gynecology training who is able to attend within 30 minutes
3	24 hour access to a physician with credentials in anesthesiology who can attend within 30 minutes
	24 hour access to a physician credentialed to provide care to the neonate and who can attend within 30 minutes
4	Appointed FRCPC – Obstetrics and Gynecology or equivalent specialist with credentials in obstetrics on-site and on-call 24 hours who can attend within 30 minutes
	Nominated obstetric clinical leader for the service
	Obstetric residents
	On-site specialist anesthesiologist on-call 24 hours and able to attend within 30 minutes
	On-site specialist pediatrician with experience in neonatal care on-call 24 hours and able to attend within 30 minutes
	24 hour access to Level 4 or above General Surgery Service in the network
	Resident on-site 24 hours
	Registered midwives on-site 24 hours
	Access to allied health professionals as required, including physiotherapy and social work
On-site access to perinatal mental health professionals able to provide perinatal mental health assessment and support for perinatal loss	
5	Nominated midwifery clinical leader
	Access to a midwifery educator

Table 2. continued

5	Clinical leadership roles in obstetrics, midwifery, nursing and neonatology
	Obstetric residents
	Pediatrics residents
	Anesthesiology residents
	On-site allied health professionals including occupational therapy, continence advisors, dietitians, and drug and alcohol services
6	Specialist neonatologists on-site and on-call 24 hours
	Obstetricians with certification or special interest in maternal fetal medicine and obstetric ultrasound
	24 hour on-site access to specialist-level medical imaging, pediatrics, anesthesiology and adult ICU staff

- Other than Gander, no sites had midwives. Workforce levels were assigned without reference to midwives to better describe the level of other staffing but because levels are intended to have midwives this means that even if service and workforce levels align, staffing may not be appropriate.
- Most hospitals had an adequate workforce, other than midwives, for the LOS provided, with the exception of hospitals in the Labrador-Grenfell region. In some sites the call burden on the few obstetricians could be high, although the delivery numbers were small.
- Nineteen health centres provide Level 1 obstetrics services. Sixteen of these health centres had an adequate workforce, other than midwives, for this service.

Table 3. Level of Obstetrics Services and Level of Workforce Providing Obstetrics Services for Each Hospital in NL

Hospital	Service Level	Workforce Level
Eastern Health (EH)		
Health Sciences	6 (shared with Janeway)	6 (shared with Janeway)
St. Clare's	-	-
Janeway	6 (shared with Health Sciences)	6 (shared with Health Sciences)
Carbonear	4	4
Burin Peninsula	5	4
Dr. G.B. Cross	5	4
Central Health (CH)		
James Paton	4	5 (3 midwives)
Central NL	4	5
Western Health (WH)		
Western Memorial	4	5
Sir Thomas Roddick	1	1
Labrador-Grenfell Health (LGH)		
Charles S. Curtis	4	3
Labrador	4	3
Labrador West	-	2

Conclusions

1. Some NL sites report providing more complex care than they are staffed to deliver. Acute care standards are required in the province to ensure a match between staffing and service provision.

The Society of Obstetricians and Gynecologists of Canada have published such standards. (J Obstet Gynaecol Can 2019;41(5):688-696 <https://doi.org/10.1016/j.jogc.2018.12.003>.)

2. The number of sites delivering obstetric care in NL has been reviewed as part of the Health Accord NL report.