**Sites Present**

BORN Ontario Salus Global Corporation

Humber River Regional Hospital Southlake Regional Health Centre

McMaster University St. Michael’s Hospital

Mount Sinai Hospital Sunnybrook Health Sciences Centre

North York General Hospital Trillium Health Partners

Rouge Valley Health System William Osler Health Centre

Royal Victoria Hospital

*Dr. Jon Barrett*

**Where We Came From**

* 1. Deliverables:
		+ Structured meetings – forum to discuss issues pertinent to high quality obstetrical practice
		+ Stronger connections between OBs practicing in academic and community hospitals
		+ Guideline development to improve standards of patient care
		+ Develop a robust connected research and data collection platform
	2. Funding and Commitments
		+ $: University of Toronto, Sunnybrook Hospital, CMICR, Network Member Hospitals
		+ Commitments from: UofT, BORN, MORE–OB
	3. BORN Dashboard
		+ Local GTA dashboard
		+ Powerful collaboration tool
	4. Common Protocols
		+ Gestational Diabetes Mellitus
	5. Communication
		+ Page on UofT’s ObGyn website

**Where We Are Going**

1. Secure Funding
* Teaching hospitals 5k/yr; Community hospitals 3k/yr
* UofT 20k/yr
1. Wider Linkages
* GTA-OBS Network + McMaster = Southern Ontario Obstetric Network (SOON)
* SOON + PCMCH = Provincial Reach
* Connect with similar networks like Champlain Maternal Newborn Regional Program or Southwestern Ontario Maternal, Newborn, Child and Youth Network
1. Quality Projects
* PPH
* Shoulder Dystocia
* OASIS tears
* Pre Term Birth
1. Collaboration with Salus Global
* Obstetrical Hemorrhage Bundle Implementation Project
* QI Initiative
1. Research Initiatives (see below)

**Research Initiatives**

*Dr. Nir Melamed*

**GTA-OBS Dashboard**

* Goal: continuous quality improvement
* 6 quality indicators

1. Rate of admission to NICU at term

2. Rate of CS at 2nd stage

3. Rate of anal sphincter injuries

4. Rate of PPH

5. Rate of Shoulder dystocia

6. Rate of CS in low-risk primiparous women

- Available online at GTA-OBS Network website: <http://www.obgyn.utoronto.ca/gta-obs-network>

- Wide variation between sites

* Provides an opportunity to learn and improve care
* Possible reasons for differences:
	+ - Definitions
		- Diagnosis rate
		- Population
		- Protocols
		- Differences in clinical practice
* Planned interventions
	+ - Shoulder dystocia
		- Anal sphincter injury
		- PPH
* Discussed un-blinding sites and sharing data 🡪 most agreed this would be beneficial with consent and approval from appropriate persons

*Dr. Michael Geary*

**Shoulder Dystocia Initiative**

1. Research proposal
	1. Get baseline data on SD and BPI
	2. Roll out SD training across the GTA
	3. Step-wise cluster randomization
	4. Reassess rates after 18-24 months
2. SD Force Monitoring Training
* Bluetooth technology – simulator
* Measures force on baby’s head – found trainees tended to over-exerted force, proper training was helpful to resolve this
* 4-5 training sessions with all nurse educators, attended by some midwives and lead Obs
* Started in St. Mike’s, currently at SBH and Trillium
* Proforma developed
1. Perineal Tears
* Episiotomy
* Anal sphincter tears
* Wide variation in practice of episiotomy technique and management of 3rd degree tears
1. Episiotomy
* Midline vs. RML
* Lower anal sphincter damage with midline
* How do you do an RML?
* Not all practitioners performing or teaching correctly
* Angle of episiotomy is critical: 50% RR in risk of 30 tear for every 6o away from midline that epis was cut
* Make the angle as large as possible
1. No SOGC guidelines for 3rd and 4th degree tears
2. Research: GTA survey of technique, management and education
* Survey residents & faculty on current management strategies for 3rd & 4th degree tears
* Outcome: Episiotomy
* RML most frequent (88.8% faculty, 95.1% residents)
* Midline less common, but still used by 8.8% faculty and 3.3% residents
* When shown diagrams of 45⁰ RML, 60⁰ RML, and 45⁰ right lateral episiotomy, faculty were almost equally likely to choose first two responses (40.2% vs. 43%)
* Residents most likely to choose the 60⁰ (60.7%)
* Outcome: Repair Technique
* Residents (73.8%) were most likely to choose end-to-end sphincter repair
* Faculty responded with similar rates of overlapping (37.4%) and end-to-end (49.5%)
* Discussion
* Should it be proforma for all hospitals? Very positive response
* Debrief before and after lessens litigation

*Dr. Howard Berger*

**CIHR Grant: Non-communicable diseases in obstetrics: Improving quality of care and maternal-infant outcomes through an obstetrical research network**

* Objective: study the impact of DOH on pregnancy outcomes using an obstetrical network, the Greater Toronto Area Obstetric Research Network (GTA-OBS)/Southern Ontario Obstetric Network (SOON)
* Strategy
	1. What’s happening in Ontario?
	2. Use BORN & ICES data to:
		+ assess risks (short term MF outcomes, adjusted & quantified for each DOH component/combinations)
		+ assess potential modifiers
	3. Use data to intervene & perform individual studies based on risk & modifiers
* Resources
* $1.5M over 5 years
* $750,000 of which is contributed by SMH, UofT, Sunnybrook & McMaster
* Hired a high level data analyst housed at BORN
* Will hire 1 research coordinator, 3 RAs & additional ad hoc support as needed
* Collaboration
* Mechanism for non-team grant GTA-OBS/SOON researchers and trainees to initiate & participate in additional projects
* Must adhere to grant structure

*Dr. Barrett*

**Discussion & Final Notes**

* Initiate annual SOON Rounds (like UofT grand rounds)