

MATERNAL NEWBORN ACCESS TO CARE STRATEGY

September 19, 2008

The Ministry of Health and Long-Term Care is investing \$7 million in 2008/2009 to increase capacity in Ontario's Neonatal Intensive Care Units (NICUs). This year's funding will:

- Add six additional Level III NICU beds in hospitals with high occupancy rates. These beds will help the most severely ill babies in the province who require complex care.
- Fund premature labour testing, known as fetal fibronectin testing, in all Ontario delivery hospitals in order to decrease unnecessary high risk transfers to maternal transfers;
- Fund an innovative pilot program to support remote screening of a critical premature eye disease, known as Retinopathy of Prematurity.

It is expected the six additional Level III beds will be operational this Fall.

2008/2009 FUNDING ALLOCATIONS	NUMBER OF NEW LEVEL III BEDS	FUNDING
Mount Sinai Hospital	3	\$2,279,200
Hospital for Sick Children	3	\$1,845,000
TOTAL	6	\$4,124,200

This is part of a new Maternal Newborn Access to Care Strategy designed to:

- Significantly increase access to high-risk maternal and neonatal services across Ontario
- Provide high-quality maternal and newborn care as close to home as possible
- Ensure that Ontario's youngest citizens enjoy the safest health care in the world
- Develop better IT systems for efficient management, appropriate surveillance and accountability.

The ministry has also established Ontario's first Maternal Newborn Advisory Committee, under the [Provincial Council for Children's Health](#). This group has been charged with a number of pieces of important work, including a full and formal review of all maternal and newborn units in Ontario as well as convening working groups on issues such as infection control, transportation, breastfeeding, and other issues associated with high-risk pregnancy and child birth.

NEONATAL INTENSIVE CARE BEDS

Level III NICUs provide care for the most complex and severely ill babies. Most level III NICUs in Ontario are operating at occupancy levels that don't allow for sudden increases in the number of babies in need of intensive care. Adding Level III NICU beds is necessary to address these capacity issues as well as to prevent women and newborns from being transferred to other hospitals outside of the province or the country. Out-of-Country transfers increase risk to the mother and baby, inconvenience the family and are expensive to the system.

Level II NICUs are needed to provide care for babies who don't need or no longer need more specialized or intensive Level III care. Level I beds are for healthy newborns who are able to stay with their mothers.

FETAL FIBRONECTIN TESTING

Fetal Fibronectin Testing (fFT) is a screening test (performed using a cervical swab) for women with symptoms of pre-term labour. The screening test forecasts the risk of delivery / premature birth in the 7 days following the test / onset of symptoms. For example, if a woman who is 28 weeks pregnant (approx 7 months) presents to an emergency room with abdominal pain, she may or may not be in early labour / threatening to deliver a premature infant. If the test is positive, she is at high risk of progressing in her labour to delivery, and therefore requires transfer to a level III facility. If the test is negative, she is unlikely to proceed to delivery, and can safely be observed in a lower acuity facility closer to home.

When the test is positive, it helps direct a timely transfer, ensuring that preterm births happen in the setting best able to address the needs of the infants. When the test is negative, it helps avoid unnecessary, inconvenient and expensive transfers to tertiary centers for women whose pregnancies are likely to continue.

RETINOPATHY OF PREMATURITY

Retinopathy of prematurity (ROP) is a disorder that can cause blindness in premature infants. Early detection, appropriate monitoring and, if necessary timely treatment, can lead to better outcomes and potentially prevent blindness for affected children. Remote screening for ROP uses technology that allows doctors to see diagnostic images of newborn patients without the patients having to travel to a children's hospital. In other words, there is access to expert paediatric care closer to home.

INFECTION CONTROL

Sharply reducing or eliminating infection-related closures in Level II and III NICUs will dramatically increase neonatal capacity. Building on infection prevention and control practices already in place at Ontario hospitals, the Maternal-Newborn Advisory Committee will refine those best practices for highest effect in NICUs. With appropriate support, Ontario is positioned to become a world leader on infection control practices in newborn intensive care units.

OTHER INITIATIVES HELPING CARE FOR MOTHERS AND NEWBORNS

[Ontario Midwifery Program](#)

[Ontario Newborn Screening Program](#)

[Baby Vaccines](#)

Other [children's health](#) programs.

For public inquires call ServiceOntario, INFOline at 1-866-532-3161 (Toll-free in Ontario only)

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