



SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE

APPENDIX B

OBSTETRICS

In the official **Stage 1.3 Functional Program** technical documents, the specific term "nesting bed" is **not used as a formal clinical label** for a department. Instead, it is a term that has emerged from the **clinical planning sessions and MAHC's public engagement "frequently asked questions"** to describe the *function* of the single obstetrical space in Bracebridge.

Here is the breakdown of how the language appears in the actual documents vs. the terminology used in discussions:

1. The Formal Document Language

In the **Volume 2: SMMH Part B (Functional Program)**, the room is officially categorized under:

- **"Emergency Department - Obstetrical/Neonatal Resuscitation Room"** * Or listed as **"1 LDRP (Labour, Delivery, Recovery, Postpartum) Room"** within the 46-bed allocation.

The document specifies that this room is intended for "emergent births" and stabilization before transfer to the regional hub.

2. Where "Nesting" Comes From

The term **"nesting"** was used by MAHC leadership and clinical consultants during the "community chats" and stakeholder meetings (January–March 2024) to explain the compromise. It was a way to describe a room that "nests" or sits within the Emergency Department or the 46-bed Acute Care wing, rather than being part of a stand-alone, 24/7 staffed Obstetrics Department.

3. Why the term is controversial

For our committee, the distinction is vital:

- **In the documents:** It looks like one (1) birthing room.
- **In practice (the "Nesting" concept):** It means there are **no dedicated OB nurses** on site. If a birth happens in that "nesting bed," the staff used will be ED nurses or doctors who happen to be on shift, rather than the specialized maternity team that exists in the current hospital.



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Based on the **Stage 1.3 Submission (Nov 2024)** and the accompanying technical documents for the **South Muskoka Memorial Hospital (SMMH)** redevelopment, here is the complete breakdown of the obstetrics (OB) "footprint" for the 2031/32 opening.

1. Physical Allocation & Location

In the new hospital at **300 Pine Street**, obstetrics is no longer a standalone department. Instead, it is integrated into the **Emergency Department (ED)** and **Acute Inpatient** footprints.

- **Quantity: One (1) dedicated Obstetrical/Neonatal Resuscitation Room.**
- **Square Footage:** The room is allocated approximately **32.5 net square meters (~350 sq. ft.)**.
- **Location:** The architectural layout places this room directly adjacent to the **Emergency Department core**. This allows ED staff to provide immediate stabilization for "imminent" births while awaiting transport.
- **Flexibility Strategy:** The Stage 1.3 plan suggests that in an "overflow" situation (more than one birth at a time), a standard **Medical/Surgical (Med/Surg)** room from the 46-bed wing would be used. However, Med/Surg rooms are typically not equipped with specialized gas lines or infant resuscitation equipment.

2. Surgical Capabilities for OB

One of the primary concerns for our committee regarding "safety" is the ability to perform an emergency C-section.

- **Surgical Access:** There are **two (2) Operating Rooms (ORs)** planned for the Bracebridge site.
- **The Conflict:** While the physical ORs exist, the model is built around **Day Surgery**. To perform a C-section, the hospital would need a 24/7 on-site **obstetrical surgical team** (Anesthesia, OB-GYN, and specialized Scrub Nurses).
- **The Reality:** The Stage 1.3 plan does not fund a dedicated 24/7 OB surgical team for Bracebridge. If a C-section is required, it must either be performed by the general surgery/anesthesia team on-call (if they have the specific credentials) or the patient must be transferred to the **Regional Birthing Centre in Huntsville**.



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3. OB Service Comparison (2031/32)

<u>Feature</u>	<u>SMMH (Bracebridge)</u>	<u>HDMH (Huntsville)</u>
Department Status	Emergency Contingency	Full Regional Department
Dedicated Rooms	1 (ED Integrated)	4+ (Standalone Unit)
Specialized Nursing	No (ED/Med-Surg Staff)	Yes (Dedicated OB Team)
C-Section Readiness	On-Call / Emergency only	24/7 Specialized Team
Pre/Post Natal Care	Community-based only	Hospital & Community

4. Key "Finds"

- **The "March 2025" Factor:** Although the new hospital doesn't open until 2032, MAHC has already "temporarily" moved labor and delivery to Huntsville as of **March 11, 2025**. The Stage 1.3 infrastructure (with only 1 room in the ED) effectively locks in this "temporary" move as a permanent design choice.
- **Lack of "Postpartum" Beds:** There are **zero** dedicated postpartum beds in the 2031/32 Bracebridge plan. This confirms that even if a mother delivers in the "nesting" room, she and the baby will likely be transferred to Huntsville for the recovery period (stays typically lasting 24–48 hours).

Strategic Summary: The "Obstetrics" presence in the future Bracebridge hospital is effectively a **room**, not a **program**. It is designed for stabilization and transfer, not for the "Choice of Birth" experience currently available to South Muskoka residents.