“Made-in-Muskoka” Does Not Preserve Obstetrical Services at South Muskoka Memorial Hospital

Prepared by
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The Save South Muskoka Hospital Committee (SSMHC) identifies that the Muskoka Algonquin Healthcare (MAHC) Stage 1.3 Functional Program, entitled “Made-in-Muskoka”, does not include comprehensive obstetrical services at the future South Muskoka Memorial Hospital (SMMH). Specific citations from the Stage 1.3 Functional Program[i] and the associated negative implications for access to care for South Muskoka mothers, newborns and families are addressed below.

MAHC’s Public Commitment to the Preservation of Obstetrical Services

On April 8, 2024, MAHC announced changes to the redevelopment plans for SMMH that were a direct result of public consultation on its proposed regional service model, including:

- **Preservation of Obstetrical Service at SMMH Site:** Obstetrical services will remain at the SMMH site, supporting families expecting babies in our community.[ii]

The context of this statement from MAHC is important as in April 2024, there was a dedicated obstetrical unit operating at SSMH. The terms “preservation” and “services will remain” would be understood by the public to mean that the then-existing level and scope of obstetrical services would continue to be reflected in the planning for the future hospital.

MAHC also reaffirmed its commitment in a July 2024 press release entitled, “Investment in Obstetrical Care Reinforces Commitment to Service in Two Sites.”[iii] In this release, MAHC again committed to broad obstetrical services at both hospital sites, including in the planning for the future. Again, the public would have understood this to be an affirmation of MAHC’s commitment to have dedicated obstetrical services based at each site in the future.

Future SMMH Allocated a Labour Birthing Recovery Post Partum (LBRP) Room

The Stage 1.3 Functional Program includes a Labour, Birthing, Recovery and Postpartum (LBRP) room at the future SMMH, indicating capacity for deliveries at the site.[iv] However, the inclusion of an LBRP room should not be equated with the continuation of a dedicated

obstetrical program. Obstetrical services comprise a specialized area of clinical practice requiring dedicated facilities, specialized equipment, appropriately trained physicians and nursing staff, and sufficient patient volumes to maintain clinical competence and support high-quality care. These services extend well beyond labour and delivery alone. A comprehensive obstetrical program encompasses prenatal assessment and care, labour and birth, operative deliveries where required, postpartum maternal care, newborn assessment and stabilization, lactation support, and follow-up maternal and newborn services.

The Stage 1.3 Functional Program identifies several material changes to the organization, management, and delivery of obstetrical services. Those changes, and their implications for healthcare delivery and access to care in South Muskoka, are discussed below.

1. Planned 15%-20% Reduction in Births in SMMH: Elective C-section Deliveries at HDMH

The Stage 1.3 Functional Program states that elective Caesarean deliveries (C-sections) will be performed at Huntsville District Memorial Hospital (HDMH) rather than at SMMH.[v] Based on MAHC birthing statistics, together with the statement that approximately one-half of all C-sections are elective, this change results in approximately 15%-20% of all births being redirected out of South Muskoka.[vi] From the perspective of expecting families in South Muskoka, this change represents a meaningful reduction of local access to care.

However, the significance of this change isn't limited to reduced access or delivery numbers alone. Elective C-sections are scheduled procedures that allow physicians, specialists (anesthesiologists), nursing staff, and operating room resources to be coordinated. They represent an important component of maintaining a comprehensive obstetrical program and provide a predictable clinical activity that helps sustain physician practice, nursing expertise, and the overall viability of an obstetrical services program.

Redirecting these deliveries to HDMH transfers a significant portion of obstetrical practice away from SMMH. This will reduce patient volumes at SMMH and limit opportunities for physicians and clinical staff to maintain a broad obstetrical practice in South Muskoka. Over time, reduced clinical volume will make recruitment and retention of obstetricians and qualified support staff more challenging and will further reinforce the concentration of obstetrical services at HDMH.

2. Purpose-Built "Maternal Newborn Unit" at HDMH With Outpatient Services

The Stage 1.3 Functional Program describes a staffed, purpose-built "Maternal Newborn Unit" operating at HDMH, including a detailed list of outpatient maternal and newborn services.[vii] This is presented as part of an overall program that is intended to support care both before and ongoing after delivery.

By contrast, there is no comparable description of dedicated maternal–newborn services at SMMH within the Stage 1.3 Functional Program. Instead, SMMH is noted to receive "accommodation for deliveries", with no accompanying detail regarding availability of other obstetrical services including ongoing outpatient assessment or monitoring.[viii]

This asymmetry in planning detail is significant. Where the HDMH model sets out an integrated continuum of inpatient and outpatient maternal-newborn services supported by a purpose-built unit, dedicated staffing and a defined program structure, the SMMH description is limited to the description of a LBRP delivery space. There is no indication that SMMH will retain any structured or staffed outpatient maternal-newborn function to serve South Muskoka mothers, newborns and families.

3. LBRP will be Managed by a Maternal Newborn Manager Based at HDMH

The management of the LBRP will be performed by a Maternal Newborn Manager located at HDMH.[ix] SMMH will not have direct managerial oversight on the operation of the LBRP. The absence of on-site management reduces direct day-to-day operational oversight, reduces opportunity for important local advocacy for resources, presents a challenge for SMMH-based services to be adaptable to operational or staffing issues and to adjust for the needs of the South Muskoka community.

Taken together, these elements indicate a model in which HDMH is intended to function as the primary site for both inpatient and outpatient maternal-newborn care, while SMMH retains a limited delivery capacity. These changes are difficult to reconcile with MAHC's public commitment to the "preservation" of obstetrical services at SSMH. Over time, this concentration of more robust services and support at HDMH will reduce the breadth of obstetrical practice at SMMH and further reinforce a shift of patient volume and clinical activity toward the Huntsville site. Overall, this change in the distribution of obstetrical services between the two sites will have implications for continuity of care, service integration into SMMH operations, and the ability of SMMH to advance an obstetrical service within this regional system.

Broader Implications on Healthcare Delivery for South Muskoka

SSMHC also notes the broader impact that these changes will have on healthcare delivery in South Muskoka: Without robust OB services at SMMH, physicians will be reluctant to offer obstetrical services at the SMMH site. These proposed changes - including the lack of dedicated or comprehensive obstetrical services and the concentration of management and resources elsewhere – will make it more difficult to recruit and retain family physicians and specialist obstetrical providers to South Muskoka. General practitioners who seek both a rural setting and opportunities to maintain a broad scope of practice, including obstetrics, also want to know that they will be supported by a stable clinical team in the local hospital intended to serve their patients.

These changes will undermine the sustainability of SMMH over the longer term in a two-hospital regional model with a self-reinforcing cycle: diminished services make recruitment more difficult, recruitment challenges further reduce the viability of the service, and the reduced viability is then used to justify additional service reductions.

NOTES

[i] Based on the version obtained by SSMHC through a Freedom of Information request and available on the SSMHC website, *Promises versus Reality*. https://www.ssmh.ca/foi

[ii] Muskoka Algonquin Healthcare. (2024, April). *MAHC Announces Changes to Future Hospital Plans – Made-in-Muskoka Healthcare*. https://madeinmuskokahealthcare.ca/news-updates/2024/04/08/mahc-announces-changes-to-future-hospital-plans/

[iii] Muskoka Algonquin Healthcare. (2024, July). *Investment in Obstetrical Care Reinforces Commitment to Service in Two Sites*. https://www.mahc.ca/news/post/investment-in-obstetrical-care-reinforces-commitment-to-service-in-two-sites/

[iv] Muskoka Algonquin Healthcare. (2024, November). *Stage 1.3 Functional Program*. Volume 2, page 42 and page 61. ("Functional Program")

[v] Functional Program. Volume 2, page 42.

[vi] Functional Program. Volume 2, page 38 and Volume 3, page 224.

[vii] Functional Program. Volume 3, pages 215-243.

[viii] Functional Program. Volume 2, page 36.

[ix] Functional Program. Volume 2, page 39.