Collaborative Model of Intrapartum Care

A. Interview guide for focus groups or in-depth interviews with health care providers (doctors and nurses), hospital coordinators and managers

Interviewer: Hospital e Maternidade Santa Joana is going to implement interventions to reduce unnecessary caesarean sections. One of these interventions is the Collaborative Model of Intrapartum Care.

The Collaborative Model of Intrapartum Care is a model of staffing where obstetric nurses on duty (part of the in-house team in the labour and delivery ward) will take a more active role. In this Model, obstetric nurses will provide most labour and delivery care for all low risk parturients admitted in spontaneous labor at term (Robson groups 1 and 3) managed by the in-house team, with 24-hour support and supervision of an OB-GYN from the in-house team on duty at the labour and delivery ward.

Now I will ask you some questions about this Model of Care.

1. What is your opinion about the Collaborative Model of Intrapartum Care?

2. How would you feel about the idea of implementing a Collaborative Model of Intrapartum Care at HMSJ for low risk Groups 1 and 3 women managed by the in-house teams?

3. Would you, and other healthcare professionals (doctors/obstetric nurses), accept the implementation of the Collaborative Model of Intrapartum Care at HMSJ? Why or why not.

4. Do you think that, currently, there are clearly defined rules about who is the primary professional (OB-GYN or obstetric nurses) in charge of performing each of the activities involved in caring for women in labour/delivery managed by the in-house teams at HMSJ?

5. How would you describe the current relationship between the OB-GYNs and obstetric nurses who work in the in-house teams at HMSJ?

6. What activities related to the care of women in labour/delivery do you think that the obstetric nurses of the in-house teams can start doing right now? Explain why.

7. Do you think that the obstetric nurses at HMSJ can/are capable of doing vaginal deliveries in Robson 1 and 3 low-risk women? Why or why not.
8. Do you think that the **women and families** managed by in-house teams at HMSJ would accept the Collaborative Model of Intrapartum Care? Why or why not.

9. Imagine that HMSJ will start a process of implementing this Model of Care:
   a. **What would be essential** for the successful implementation of the Collaborative Model of Intrapartum Care at HMSJ?
   b. **Who would need to support** this initiative in order for it to be successful?

10. In your opinion, what would be the main **barriers** to the successful implementation of this Model of Care at HMSJ?

11. Do you think the implementation of the Collaborative Model of Care at HMSJ may change:
   a. Caesarean section rates especially in low-risk women (singleton, cephalic nulliparas or multiparas without a previous CS, admitted in spontaneous labour at term) managed by the in-house staff? Why or why not.
   b. Maternal or perinatal health outcomes of these patients? Why or why not.

12. Do you have any other comments or suggestions about the Collaborative Model of Intrapartum Care?

**B. Interview guide for focus groups with pregnant women**

*Interviewer:* The focus group is about Models of Care for women who want to have a vaginal delivery and are admitted to this hospital to deliver under the care of the in-house team. There are different ways (models of care) that obstetric nurses and doctors organize the care given to women during labor and delivery. We will discuss two main Models of Care: the Physician-led model and the Collaborative model.

In the Physician-led model of intrapartum care, an OB-GYN is main person in charge of caring for all women during labor and for doing all vaginal deliveries. In the Collaborative model of care, a nurse specialized in obstetrics is the main person in charge of caring for all healthy women during labour, and for doing their delivery; but an OB-GYN is available nearby at all times to support and supervise the work of the obstetric nurse who is taking care of the woman.
Now I will ask you some questions about what you think about these two Models of Care.

1. Imagine that you and your baby are healthy and everything is perfect for you to have a vaginal delivery. Imagine that you wanted to go into labour and to have a vaginal delivery at HMSJ under the care of the in-house team. If the hospital offered you the possibility of choosing, what model of care would you prefer?

- The Physician-led model of intrapartum care, where a doctor would be the main care provider, and obstetric nurses would only do minimal tasks. Would you prefer this model? Why or why not.
- The Collaborative model of care, where you would be cared for by a team consisting of a qualified and experienced obstetric nurse and an OB-GYN. The obstetric nurse would be the main person in charge of taking care of you during labour and delivery, but she would keep the doctor informed about how you and the baby are doing, and the doctor would be nearby at all times to support and supervise the nurse’s work. Would you prefer this model? Why or why not

 Probe: What made you chose your preferred Model of Care?

2. What do you think your husband, mother or other family member, would feel if you chose the Collaborative Model of Care?

   a. Would they accept your decision? Why or why not
   Probe: What would be their main concerns or fears?

3. In your opinion, what would be some possible advantages or benefits of the Collaborative Model of Care?

4. In your opinion, what would be some possible disadvantages or inconveniences of the Collaborative Model of Care?

5. Do you have any other comments or suggestions about Models of Care during labor and delivery?