ACUTE CARE CONCERNS

ALBERTA MEDICAL ASSOCIATION

ISSUE FOUR: OBSTETRICS AND GYNECOLOGY

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Obstetrics and gynecology in Alberta – highlights

- Obstetricians and gynecologists are highly trained skilled specialists essential to women's health.
- The OBGYN designation combines two specialties: obstetrics, which provides care during pregnancy, labour and puerperium (the time directly after childbirth); and gynecology, which focuses on the health of the female reproductive system, including the diagnosis and treatment of disorders and diseases.
- Alberta's OBGYNs work in hospital settings, community clinics, private offices or academic health centres.
- OBGYNs with community practices face the same overhead costs and challenges that family physicians face while also encountering issues experienced by surgical specialists in hospitals.
- Obstetricians (and emergency room physicians) are the only specialists whose services must be available, in-house, 24/7/365, in large urban hospitals.
- Labour and delivery units often run like emergency rooms, providing urgent care for women who may be critically ill, require a cesarean, are hemorrhaging or present with any feminine health complaint or complication, pregnancy related or not. Coordinating care with ICU and other specialties is common. This is in addition to managing all patients in labour and providing support to family physicians and midwives.
- Alberta's OBGYNs are experiencing a complex range of challenges that are making it harder to deliver the expert services women need, resulting in delayed access to essential care. For example:
    - Reduced access to primary care means many women have missed out on preventative screening, chronic disease management and critically important prenatal care.
    - Some communities have experienced shortages of OBGYN specialist care – forcing many women to travel for care that should be available in their communities.
    - A lack of specialty support in acute care settings – including anesthesiologists – increases waits and forces OGBYNs to compete for limited operating room times.

The situation now

OBGYN patients don't backlog emergency rooms the way other patients do because labour and delivery is its own emergency department and ICU: Patients bypass the emergency room and go directly to OBGYN specialists. Yet, assessment rooms which adjoin labour and delivery rooms are not resourced like an ER and instead, are often viewed as outpatient areas: the care and support needs are not at all comparable. Like ERs, OBGYN units are constantly overloaded. The population increase that is straining other parts of the health care system are impacting OBGYNs, with more women delivering more babies in Alberta hospitals. This is increasing pressure on obstetricians, whose fees are among the lowest among specialists, including those who provide similarly complex care to male patients. Fewer physicians are willing to do general obstetric work due to poor remuneration, extensive after-hours work and the fact that it is the most litigious medical specialty. Recent hiring efforts at some Alberta hospitals have failed and Alberta is no longer competitive when looking to recruit obstetricians. In some communities, the situation became so dire that locum physicians were the only ones available to deliver babies, with no one available to provide prenatal or gynecological care.

Lack of clinical support, staff shortages and burnout

As with many surgical specialties, anesthesiologist shortages are a serious concern for Alberta's OBGYNs who already struggle to access limited OR time. Adding to the well-known anesthesiologist shortage, OBGYNs report losing available anesthesiologists to chartered surgical facilities (CSF), which gynecologists cannot use. OBGYNs are also experiencing a shortage of available resident physicians, which makes it impossible to support all sites for all shifts at all hours. One site has

access to only two residents per month, which means that 48 out of 60 shifts per month are not supported by a clinical provider. Whenever possible, they ask for additional help from other OBGYNs who are not onsite or on-call. This is not a sustainable solution.

OBGYNs rely heavily on skilled nurses who provide essential clinical support but are often in short supply. This severely impedes the ability to provide care in labour and delivery units, putting women and their unborn babies at risk. OBGYNS report that in some hospitals, nursing staff support can be reduced by as much as half, leaving those who are on shift to be run ragged. The results are burnout, illness, further staff shortages or even nurses who choose to leave obstetrics entirely. Without this skilled nursing support, it is almost impossible to provide women with the care they need and deserve.

The ongoing crisis in primary care has also had a significant impact on the health of Alberta women. Reduced access to primary care means many women miss out on preventative screening, chronic disease management and critically important prenatal care. Women now arrive seeking obstetrical and gynecological care with conditions that are more serious or more advanced, making it harder for OBGYNs to provide timely care to patients suffering under this care deficit. While there was recently good news about support for comprehensive family medicine in the form of a new payment model, the effects will take some time to appear.

These challenges, and the changing complexity of patients, have led to many OBGYNs facing burnout. In urban centres, physician well-being is further disrupted by requirements for in-house obstetrical coverage that is not well-supported. The practice itself is incredibly physically demanding. Most OBGYNs have forms of workplace musculoskeletal injury related to what they do each day and night, which limits their ability to work. As a result, a growing number of OBGYNs are considering leaving the specialty.

Difficulty accessing ORs and obstetrical space challenges

Shrinking access to operating room time for gynecology-related surgeries results in unacceptably long waits for patients who are living with debilitating pain, bleeding, incontinence or pelvic organ prolapse. In some hospitals, OBGYN specialists report insufficient OR time for patient needs. Despite using 120% of their allocated OR time (meaning they use all of their allocated OR time and pick up an additional 20% which is dropped by other services for various reasons), they are regularly unable to obtain additional or consistent access. A particular concern is the frequency with which they can't obtain OR time to deal with early pregnancy complications that require D&Cs (dilation and curettage). Instead, patients are left with limited medical management options or must self-refer to local abortion clinics, which can be emotionally challenging for patients who are experiencing the loss of wanted pregnancies.

In a few facilities, some additional minor procedure space is available for procedures to be done outside of the main OR and to offer clinical procedures patients are unable to tolerate in the clinic (e.g., IUD insertions). While welcome and needed where they are available, these spaces often sit empty most of the week due to nursing staff shortages or budgetary issues. Generally, hospital obstetric capacity is shrinking and bed shortages are increasing. In one hospital with 24 beds, despite having a cap of 240 deliveries per month, they frequently hit 280 to 290 deliveries. This is due to receiving patients from rural communities or off-loading capacity from other sites. These patients all deserve the best care, but the capacity is not being provided.

Obstetrics is also often excluded from surgical analysis and budget supports available to other surgical areas. When it comes to infrastructure, despite the fact that caesarean sections and hysterectomies are among the most common surgical procedures, this care does not appear to be prioritized by planners. Although there have been commitments to build facilities dedicated to providing labour, delivery and postpartum care, construction on the once promised women's pavilion was paused due to budget restrictions. Without more space for obstetrical care, and as rural OB programs continue to experience closures, the demand will only increase.

Physician compensation

Alberta's OBGYNs are some of the lowest compensated surgical specialists in our health care system. Most operate under a

fee-for-service model, with some fees that have been stagnant for almost 20 years and not kept pace with inflation, office operating costs (staffing, space, equipment) or patient complexity. Their surgical fee codes are among the lowest of all surgical specialties. Their consultation fee for seeing a patient referred for obstetrical care is lower than the Ontario west group of provinces, and the delivery fee is not keeping pace with rates for similarly complex care provided by other specialties.

Overall, as recognized by a measurement taken by the Alberta Medical Association, OBGYNs are compensated at a much lower rate than all other surgical specialties. Already providing complex medical and surgical care, Alberta's obstetricians are not compensated for additional time offering psychosocial support for vulnerable patients who have experienced loss or trauma.

Alberta's ratio of obstetricians to population is also lowest in the Ontario west group of provinces, meaning they work harder and serve more patients per physician. Alberta's number of births is higher, as well, which combined with its comparatively younger population means Alberta's obstetricians serve a larger group of patients for lower compensation.

Patients arriving from out of country

In recent years, there has been a huge influx of women arriving from countries outside of Canada in their last weeks of pregnancy to give birth here in Alberta. While this is likely due to the excellent quality of care they receive once in Alberta hospitals, it may also be tied to fact the infant will then be a candidate for Canadian citizenship. The practice that is often known as "birth tourism" has many drawbacks.

It increases financial and workload pressure for the specialists who deliver women's health care in our province and also extends to the neonatal and pediatric specialists tasked with caring for the infants once born. Often women arrive having received substandard prenatal care, which can lead to adverse outcomes for both the mother and baby. At a time when Alberta labour and delivery beds are already over capacity, the additional influx of complicated patients further burdens the system. There is also the reality that these patients are often unable to pay for the care they receive. Our provincial government does not pay for their care, which means OBGYNs often do not receive compensation for the care they provide. While no physician wants to turn a patient away, they simply cannot continue to work for free.

Some zones have come up with a means of connecting out-of-country patients with a third-party billing agent that sets patients up with private healthcare insurance, but this process has not yet been scaled up to other zones across the province. Notably, this system will only capture those patients presenting with financial means and desire to fairly pay for medical services but will do nothing to address the many patients who will simply show up in labour and cannot be turned away. This is an issue that clearly affects obstetricians disproportionately and must be recognized.

Under-resourcing of women's health

Women's health typically garners fewer resources and less attention in our health care system than care for men – whether through available programs, research, resources or compensation for providing their care. This is the case across all specialties of medicine, but disproportionately affects the surgical specialty that is predominantly female and cares for predominantly female patients. Many OBGYNs express that they are exhausted by having to advocate for women's health including our province's decision to opt out of federal programs that would have made birth control free to those who need it.

OBGYNs also provide care for gender-diverse individuals. In recent months, Alberta has garnered international attention and sometimes condemnation for its approach to gender-affirming care. Alberta's gynecologists have expressed their deep concern for how this will impact their vulnerable, often marginalized patients – many of whom are dealing with issues that are exacerbated by social determinants of health. Some OBGYNs have noted that they are often waiting months for payment on gender-affirming procedures.

Additionally, many OBGYNs are concerned about current grassroots public discourse that has called into question the sanctity of bodily autonomy, as well as access to abortion, birth control, sex education/contraception and even the necessity of C-section. All of these issues disproportionately impact OBGYN patients with potential to make it harder to provide care to Albertans. There is also a lack of public health education that is creating new crises, including an alarming rise in syphilis and HIV cases throughout the province.

What must change

Alberta's OBGYN specialists need immediate action from government to increase the staffing and facility capacity needed to provide the safe, timely obstetrical and gynecological care Albertans need. The AMA's Acute Care Stabilization Proposal will not solve all issues noted below, but is a good start, particularly regarding out-of-hours and on-call remuneration that is needed to keep the OBGYN specialists we have, while attracting more to our province.

Specifically, OBGYNs are asking that the province:

- Expand funding and training for women's health, improving care for patients and making more clinical support available for OBGYNs.
- Increase the number of minor procedure rooms available to allow for more procedures to be done.
- Increase OBGYN access to OR time for major procedures.
- Increase access to GP anesthesiologists or nurse-led sedation to address the ongoing shortage of anesthesiologists across the system.
- Scale up initiatives that exist in some parts of the province to help address issues with payment from out-of-country patients.
- Address remuneration issues for OBGYNs to recognize the complexity and importance of the care they are uniquely qualified to provide:
    - Increased funding for gynecologic surgeries to equal payments received for similar surgeries on male patients.
    - Financial recognition that most obstetrical care occurs after hours.

Resources for patients and the public

Pregnancy, Labour & Delivery, & Post-Pregnancy Care
https://www.albertahealthservices.ca/info/Page10276.aspx

Your Guide to a Healthy Pregnancy
https://www.canada.ca/en/public-health/services/health-promotion/healthy-pregnancy/healthy-pregnancy-guide.html

Labour 101
https://www.pregnancyinfo.ca/birth/labour/labour-101/

Delivery
https://www.pregnancyinfo.ca/birth/delivery/

Caesarean section (C-section)
https://www.pregnancyinfo.ca/birth/delivery/caesarean-section/

Gender Affirming Care Services in Canada by Province/Territory
https://www.cbrc.net/gender_affirming_care_services_in_canada_by_province_territory

SOGC Statement on the Growing Threat of Misinformation in Women's Health
https://sogc.org/en/content/featured-news/SOGC-Statement-on-the-Growing-Threat-of-Misinformation-in-Womens-Health.aspx