

## **Maternal, Newborn, Child and Youth Strategic Clinical Network Projects – Implementation Phase – Winter 2019**

**Project Partner:** Maternal, Newborn, Child and Youth Strategic Clinical Network (MNCY), Alberta Health Services (AHS), Alberta

**Project Description:** Rapid and systematic responses to 7 timely clinical questions were developed. The topics were identified as AHS priorities and continue to inform future clinical pathways.

Academic researchers within the Knowledge Translation team and the University of Alberta, as well as clinicians with MNCY collaborated to develop and refine the topics. The Knowledge Translation team provided research services required to complete the rapid and systematic reviews for each topic, with MNCY providing some of the funding. Specialty services of a research librarian and biostatistician were used.

Patients were not involved in these projects, as they follow a structure designed by AHS to create products that will further their ability to provide evidence-based medicine.

**Project Goal:** to directly influence policy in specific health care areas including

Three pediatric care topics:

- transition from pediatric to adult health care for patients with chronic health conditions;
- optimizing pediatric bed usage in children's hospitals; and
- integrated service provision for children with complex medical needs.

Four pregnancy and childbirth topics:

- exploring factors that influence vaginal birth after caesarean section (VBAC);
- models of midwifery care for Indigenous women in Canada;
- routine Vitamin D testing during pregnancy; and
- accurate and effective tests to predict preterm delivery in symptomatic women.

### Advantages of Rapid Reviews

The MNCY projects conducted as rapid reviews required a less formal end product. Testing for preterm birth, Indigenous midwifery, and children with complex medical needs have been completed. Full systematic reviews examining factors influencing VBAC have also been completed, resulting in one accepted publication\* and one currently under review.

\*Wingert A, Johnson C, Featherstone R, Sebastianski M, Hartling L, Douglas Wilson R. BMC Pregnancy Childbirth. 2018 Nov 21;18(1):452

### Challenges of Rapid Reviews

A common challenge with these projects has been defining and refining the project scope. Determining the research questions, search criteria and screening criteria was an ongoing process for completed and current projects that required regular contact with MNCY

practitioners. This resulted in some of the projects being delayed while decisions were made or modified after significant work had been completed. This reinforced our understanding that the planning stages for these projects were vital to moving forward smoothly and that significant time and energy should be spent on carefully defining each project upfront.

### Results

Project results are being communicated to the clinical pathway developers at AHS directly through MNCY and will be used to inform new clinical pathways in each of the areas investigated.

The MNCY projects are helping to meet a KT platform mandate by:

- increasing the dissemination and uptake of patient oriented research into practice;
- helping to educate practitioner researchers on the methods for knowledge synthesis, as they are led through the process, working towards another platform goal; and
- improving the level of care patients in Alberta receive, when consulting their doctors on any of the examined conditions. Clinical pathways directed by recent, evidence-based research improve the health care system by providing doctors with up-to-date instructions on how to deal with complex health issues for maternal and pediatric patients. These clinical pathways also have the ability to streamline care by reducing unnecessary tests, which may reduce the costs of providing care in these seven circumstances.