



Workshop Summary

Early Pregnancy Complications and Loss Workshop: Collaboration for Innovative Solutions and Implementation Pathways to Improve Care in Ontario

November 2024



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Background

In Ontario, individuals experiencing early pregnancy complications and loss face numerous challenges in accessing timely, specialized, and compassionate care. For many individuals, the emergency department serves as the primary entry point for care. However, this setting often lacks the specific resources and emotional support needed to care for individuals through these experiences (Watson et al., 2019). The reliance on emergency departments highlights a broader gap in accessible, patient-centered care for early pregnancy complications and loss, which can further marginalize those in geographically isolated areas or without established healthcare connections (Glicksman et al., 2019).

In 2020, Ontario Health (OH), together with the Pregnancy and Infant Loss (PAIL) Network, developed [Quality Standard for Early Pregnancy Complications and Loss: Care for Adults in All Settings](#) (Quality Standard), providing healthcare professionals with a framework for delivering equitable, high-quality care (OH, PAIL Network, 2020). Yet, consistent implementation across the province remains a challenge, leaving critical gaps in access, culturally appropriate resources, and support systems. These gaps reflect an urgent need for a coordinated, patient-centered approach that ensures equitable and compassionate care for all Ontarians experiencing early pregnancy complications and loss.

On October 8, 2024, a diverse group of healthcare professionals, government representatives, and individuals with lived experience convened to participate in the ***Early Pregnancy Complications and Loss Workshop: Collaboration for Innovative Solutions and Implementation Pathways to Improve Care in Ontario***. This collaborative event held in Toronto was co-hosted by the [Provincial Council for Maternal and Child Health](#) (PCMCH), the [Pregnancy and Infant Loss \(PAIL\) Network](#), and the [Better Outcomes Registry & Network \(BORN\) Ontario](#), with the aim to bring together experts, family advisors, professionals, and partners to develop innovative recommendations to improve care across the province.

Forty-six individuals representing rural, remote and urban areas, as well as community and tertiary centres, gathered to explore the lived experiences of individuals and examine a variety of innovative care models currently in practice, with the goal of developing solutions to improve care. Presentations described how care and specific models of care align with the recommendations set forth in the Quality Standard, as well as where gaps may still exist.

Workshop Objectives

The workshop featured expert-led presentations on innovative practices, together with personal narratives, providing a comprehensive understanding of the challenges faced by individuals experiencing early pregnancy complications and loss.

Participants collaborated to brainstorm solutions and develop implementation pathways for province-wide adoption, with a primary goal in mind: to improve the quality of care for those experiencing early pregnancy complications and loss. The workshop aimed to achieve the following objectives:

- Evaluate the current state and delivery methods of care for early pregnancy complications and loss in relation to the Quality Standard.
- Assess alternative care models for managing early pregnancy complications and loss.
- Formulate solutions to ensure equitable, high-quality care systems are accessible across the province.

Summary of Presentations and Panel Discussions

Understanding the Landscape: Early Pregnancy Complications and Loss in Ontario

Key challenges in managing early pregnancy complications and loss include systemic barriers, such as limited hours and access to early pregnancy assessment clinics, scarce resources in rural settings, and an absence of patient-centered care models. Emergency Department (ED) data reveals a significant gap in accessible, specialized obstetric and gynecological care outside of regular clinic hours, affecting those experiencing early pregnancy loss (EPL). Notably, four in five individuals with EPL in Canada turn to the ED due to insufficient access to early pregnancy clinics, with 60% of Ontario hospitals lacking these services. This leaves EDs to provide follow-up care, often without essential psychological support, such as counseling. On average, EPL-related ED visits involve a four-hour length of stay, with 45% of individuals undergoing radiologist-interpreted ultrasounds, 22% requiring gynecology consultations, and an 8% admission rate. EPL also frequently results in high return visits, surgical interventions, and suboptimal patient experiences due to delays and limited specialized follow-up.

Additional challenges in providing care to those experiencing early pregnancy complications and loss include the inconsistent use of standardized terminology, which is essential for fostering clarity, accuracy, and reducing patient harm. Gaps in provider knowledge and empathy further highlight discrepancies between current EPL practices and patient needs, often leaving individuals feeling rushed, unsupported, and inadequately informed.

The Quality Standard underscores the importance of comprehensive assessment, prompt diagnosis, and a range of management options, paired with compassionate care and psychosocial support to reduce the risks of depression, anxiety, or PTSD. These standards present a valuable opportunity to develop a system designed to provide both medical and emotional support, focusing on accessible, compassionate, and timely care. Care should be delivered by the right providers, in the right place and at the right

time, with shared decision-making and an integrated approach to address physical and emotional needs. It is also important to recognize that multiple, diverse approaches can enhance the quality of care for those experiencing early pregnancy complications and loss, and local, regional, and provincial factors should be considered to strengthen this system of care.

Personal Journeys: Reflections on Experiences of Early Pregnancy Complications and Loss

Workshop participants were privileged to hear from panelists with lived experience who shared their respective care journeys. Their deeply personal reflections on early pregnancy loss provided participants with an unparalleled look at the realities of care in Ontario. Panelists described several aspects of their experiences, including access to care, communication with clinicians, courtesy and respect, getting timely relevant information, care coordination, and self-management support. Panelists especially articulated the emotional and psychological impacts of early pregnancy complications and loss, highlighting gaps in their care and the systemic challenges they encountered.

A key theme that emerged from these experiences was the absence of compassionate care from healthcare providers. They were instead met with those who largely focused on the medical aspects of care, which furthered feelings of isolation due to the lack of support.

Compassionate care is one of the cornerstones of the Quality Standard, with the goal that providers treat all individuals and families with dignity and respect, as well as provide compassionate care and information that is supportive of physical and emotional needs. Participants acknowledged the importance of provider education in order to ensure they deliver supportive care, including sharing clinical information, how they can access care, and what to expect physically and emotionally, with empathy and understanding. The panel further identified that access to community supports, and peer networks are critical resources for individuals navigating early pregnancy loss.

Technology-Driven Care Models: Ensuring Timely Access to The Right Care

Technology-driven care models are reshaping access to early pregnancy care by leveraging technology and patient-centered approaches, while addressing particular [Quality Statements](#), especially those related to compassionate, timely, and accessible care.

[Midland Midwives By the Bay](#) offers direct access to early pregnancy care for individuals through self-referral, allowing individuals to bypass the need for a referral from a provider. This addresses a critical gap by enabling individuals, especially those in rural areas, to obtain timely support without the delays typically associated with ED visits or the need for provider referrals. The program is structured to offer 24/7 pager

access, expectant, medical, and surgical management options, as well as bilingual (French/English) support. Their comprehensive approach includes point-of-care ultrasound (POCUS), lab requisitions, and care packages, reflecting a comprehensive commitment to Quality Statements 2 and 7, which emphasize timely access to compassionate and respectful care. This service empowers individuals towards autonomy and dignity in their care journey, reducing logistical barriers and aligning closely with compassionate care standards.

[Call Auntie](#) is an Indigenous-led interprofessional healthcare service focused on low-barrier, wrap-around care with a strong commitment to culturally safe sexual and reproductive health justice for Indigenous Peoples. Launched in 2020, this phoneline serves as an accessible first point of contact, using virtual care technology to provide telemedicine support for care including, but not limited to, early pregnancy care, early pregnancy loss, and medical abortion. By enhancing access for individuals in remote or underserved areas, Call Auntie delivers timely medical support with an emphasis on privacy, ensuring care in a confidential and comfortable setting. This service offers culturally safe, trauma-informed care that incorporates Indigenous-led approaches and respects diverse patient needs. In alignment with Quality Statements 6 and 7, Call Auntie meets the requirements for compassionate, respectful, and private care, while providing essential support that might otherwise be inaccessible. The program stands as an inclusive model for reproductive healthcare, honoring patient autonomy and embodying compassionate care principles across diverse geographic and cultural contexts.

The [Wawa Family Health Team](#) offers comprehensive medical abortion care through culturally sensitive virtual and in-person services. Its virtual abortion program extends care to remote individuals within a 500 km radius, aiming to improve access in underserved areas. This program highlights low-touch and no-touch abortion options through telemedicine, allowing individuals to receive medication and follow up with minimal travel. This program ensures that individuals receive information on all potential management options, so they are supported to make an informed decision about their care, which is aligned with Quality Statement 6.

Technology-driven models are advancing early pregnancy care by making it more accessible, timely, and compassionate, especially in rural and underserved communities. Services like these support privacy and culturally respectful care across diverse geographic areas and help to address gaps in access for rural and remote communities, offering equitable and compassionate care. As gaps remain in ensuring all populations can access and navigate these options effectively, consideration can be given to focusing on expanding accessibility and streamlining patient navigation to ensure equitable, dignified early pregnancy care for all.

Innovative Care Models: Guiding Individuals to the Right Care, Right Place, Right Provider

As EDs are not typically designed to provide the continuity of care and compassionate support required for those experiencing early pregnancy complications or loss, individuals often experience long wait times, limited access to specialized resources, and added emotional strain. Alternative care pathways that connect individuals to timely, specialized support in the appropriate setting can help to ensure individuals receive care at the right time, in the right place, and from the right provider, while alleviating pressures the ED. These alternative care pathways particularly help to meet Quality Statements related to accessing early pregnancy assessment, diagnostic, and management services and compassionate care.

[North York General Hospital's Early Pregnancy Assessment Clinic \(EPAC\)](#), established in 2005, addresses the need for a streamlined approach to care for early pregnancy complications and loss. It serves as a one-stop assessment clinic, providing comprehensive services including assessments, blood work, ultrasounds, and prescriptions, ensuring patients are seen in the right place by the right provider. The EPAC caters to all early pregnancy complications up to 20 weeks gestation and collaborates with laboratory services, operating rooms, and diagnostic imaging. The EPAC ensures timely documentation by providing same-day letters to referring healthcare providers and general practitioners, and also includes counseling and support services, including referrals to the PAIL Network.

The [Integrated Pregnancy Program \(IPP\) at Sioux Lookout Meno Ya Win Health Centre](#) offers multiple pathways to access care. Individuals can choose to self-refer directly to the program, seek referrals from their family physicians, or access care through referrals from the ED. No matter how care is accessed, patients are streamlined to specific physicians, with tight handovers, who can direct and manage their care. This program incorporates resources from the PAIL Network and coordinates surgical and obstetric referrals with specialists in Thunder Bay and Winnipeg when needed. With integrated addiction care, mental health services, and family medicine, the IPP offers a comprehensive approach to early pregnancy care.

Sinai Health System has developed a [Virtual Wraparound Care Program](#), which aims to reduce repeat ED visits by connecting individuals to follow-up care utilizing a nurse navigator. This program emphasizes continuity of care post-ED visits, including helping individuals navigate follow-up appointments with family doctors or at early pregnancy clinics, which improves the patient experience through timely referrals and providing emotional support across the navigation and care process.

[Michael Garron Hospital's Early Pregnancy Clinic](#) is midwifery-led and exemplifies patient-centered care by combining prompt medical attention with emotional support for those experiencing early pregnancy complications. Midwives work in collaboration with

the hospital's obstetrics team, creating a comprehensive and responsive care model. A care pathway has been established for use by Community Health Centres (CHC) and midwives that care for patients who are uninsured, allowing patients to access services without incurring outpatient clinic fees. For obstetrical consultations, a system is in place that enables referring agencies to cover associated costs, ensuring equitable access to necessary care.

[Mount Sinai Fertility](#) provides integrated care that ensures comprehensive support from preconception through early pregnancy. In order to support those that experience recurrent loss, this program has implemented a new service, prioritizing continuity of care and patient-centered treatment. Patients in this program can benefit from both in-person and virtual care via phone or OTN follow-up options. These options address a significant gap in access to care for early pregnancy management and can also reduce the burden of travel. Translation services and culturally sensitive materials are also available, ensuring inclusivity and support for diverse patient demographics.

These models ensure individuals receive timely, appropriate care by offering easy, multi-point access with minimal wait times at all stages of pregnancy. Flexible scheduling, including same-day appointments and ultrasounds, allow for immediate responses to patient needs. Close follow-up and coordinated care also ensure that care is thorough and consistent.

While these innovative models demonstrate meaningful progress in guiding individuals to specialized care outside the ED, gaps continue to persist. Many regions lack access to specialized clinics, particularly for underserved populations, and culturally competent care remains inconsistent. Addressing these gaps through expanded resources and continued innovation is crucial to meeting the Quality Standard and ensuring equitable, compassionate care for all.

Co-Creating Recommendations for Implementation

To develop innovative solutions and actionable implementation pathways for province-wide adoption, participants of the workshop were divided into breakout groups to deliberate on four key areas. Each area was identified as essential to creating a comprehensive, patient-centered model of care that addresses current challenges in early pregnancy complications and loss across Ontario, directly supporting the goals set out in the Quality Standard.

Navigation – Referral and Initial Consult

Recognizing that Quality Statement 2 aims to ensure timely access to early pregnancy assessment services for individuals experiencing early pregnancy complications and loss, this session focused on enhancing the pathways through which these individuals can access necessary support. By emphasizing the importance of clear and efficient navigation, the group discussed strategies to streamline the referral process, ensuring that patients receive prompt consultations with specialists. The discussion also

highlighted the limited availability of self-referral options, which, in part, drives patients to seek care in emergency departments. Participants acknowledged that self-referral models are not widely available, which calls for a more inclusive approach to ensure timely and fair access to early pregnancy services. This discussion aimed to identify actionable opportunities to address these gaps and improve access across the system.

Navigation – Follow-Up After Initial Visit and Consultation

Follow-up care after the initial visit is essential to ensure continuity and effective management, particularly for individuals experiencing early pregnancy complications or loss. In alignment with Quality Statement 3, the groups discussed the critical role of standardized follow-up protocols in fostering a supportive environment, as inconsistent practices can lead to feelings of isolation or lack of support. By identifying opportunities to improve follow-up care, these discussions aimed to identify supportive pathways to reduce the risk of individuals falling through gaps in the system.

Technology Enablers and Information Management

The integration of technology and effective information management systems is essential for enhancing care. By streamlining communication among healthcare providers and facilitating the sharing of critical information, technology ensures that individuals receive timely information, navigation and well-coordinated care. Moreover, technology enablers support all aspects of the individuals care journey, in alignment with Quality Statements 1, 2 and 3. This discussion emphasized how technology can improve accessibility and coordination, especially for individuals in rural and remote areas, by bridging geographic and logistical gaps. In addition, technology can support access to timely information and navigation for all individuals, addressing not only geographical and logistical barriers but also providing more private and convenient care options, ensuring services are accessible when and where they are needed most.

Compassionate Care

Compassionate care is crucial for enhancing individuals' care experiences. By aligning with Quality Statement 7, this discussion highlighted that healthcare providers must offer tailored support that addresses the unique emotional needs of each individual. Prioritizing compassionate care fosters better communication and ensures that individuals feel heard and understood during vulnerable times, ultimately leading to improved overall care.

Recommendations for System Design and Improvement

The following recommendations represent the collective insights, experiences, and priorities shared by participants during the workshop. These recommendations were carefully considered in alignment with the goals of the workshop and with input from key discussions. These recommendations aim to address existing gaps in care in order to

meet the Quality Standard which will build a more compassionate, accessible, and integrated system for individuals experiencing early pregnancy complications and loss in Ontario.

Development of a Centralized Information Hub of Services

Ontario should develop and implement a 24/7 accessible digital platform that includes an interactive centralized database of pregnancy care services.

Participants identified a significant gap in navigational support for healthcare providers and individuals, noting that information related to the types and locations of pregnancy care services in Ontario is not readily available, or easily accessible. This lack of clarity often leads to delays and missed care opportunities as individuals struggle to locate appropriate services outside of EDs. A database such as this would allow both individuals and providers to easily access real-time information on EPACs, care locations, service details, and appointment availability. A visual, interactive map would further help individuals locate appropriate services across the province, ensuring equitable access. This centralized resource would reduce delays, enabling informed decision-making, prioritizing timely access to appropriate care.

Capacity Building to Improve Access to Ultrasound and Lab Tests

Ontario should expand access to diagnostic tools and ensure timely lab testing to bolster the healthcare system's capacity to deliver appropriate, high-quality care.

An essential component of improving access to care involves capacity building to increase the availability of ultrasound and lab tests. Some providers, if given training and have the competency to perform point-of-care ultrasound (POCUS), could significantly expand the resources available to meet patient needs. This approach would not only enhance the diagnostic capabilities in settings where access to imaging is limited but also reduce delays in care. Addressing these gaps represents a critical opportunity to improve care delivery, particularly in underserved areas. Building capacity in this area would help to meet Quality Statements 1-5, where those experiencing early pregnancy complications and loss have timely access to early pregnancy assessment services and could therefore be supported in making informed decisions on the most appropriate management approach, based on their diagnosis, clinical situation, values, and preferences.

Streamlined Referral Mechanisms, Including Opportunities for Self-Referral

Ontario should develop and implement a digitized referral system that can be completed by care providers or patients to streamline access to facilities that are

appropriately resourced with care providers, tests, and labs to ensure individuals receive timely, appropriate care.

Fragmented and complex referral systems were identified as causes of delayed care and added barriers, especially for those in rural or remote areas. Further, the lack of ability for most individuals to self-refer to care has limited individuals to promptly access appropriate, specialized care in the right place, at the right time, by the right provider. Implementing this recommendation would offer a comprehensive and streamlined approach, reducing delays in care and improving the patient experience. The Quality Statements associated with assessment and diagnosis, management, and follow-up, would be addressed and ultimately would foster a more compassionate, efficient healthcare environment.

Expand Early Pregnancy Care Options Outside of the Emergency Department

Organizations and providers in Ontario should create mobile and alternative care locations for individuals experiencing pregnancy loss outside of EDs, whether internal or external to hospitals, where care is specifically designed for this purpose.

Recognizing that the ED is not an optimal environment for those experiencing early pregnancy complications or loss, expanding options for assessment and diagnosis would allow individuals to promptly access appropriate, specialized care in the right place, at the right time, by the right provider.

Mobile and dedicated care spaces would facilitate prompt access to appropriate, specialized care by allowing for both scheduled appointments and walk-in services, thereby minimizing long wait times. Implementing 24/7 on-call services would further ensure that individuals can receive immediate consultation and guidance when needed.

These approaches would alleviate congestion in EDs and align with Quality Statements for assessment, diagnosis, and follow-up care. Clear entry points and standardized practice guidelines would enhance accessibility, especially for those in rural and remote areas. Additionally, integrating counseling and mental health services as part of post-care, ensuring timely access to diagnostics like labs and ultrasounds, and establishing a standardized follow-up protocol with virtual and in-person options would support continuity of care. The introduction of patient care navigators would also help guide individuals through the healthcare system, providing essential support as they navigate their care options.

Compassionate Care Integration through Improved Initial Contact

Organizations involved with the care of pregnant individuals in Ontario should offer training programs for providers focused on trauma-informed care to ensure

all are equipped with emotional, psychological, and cultural sensitivity skills for empathetic initial interactions.

To address the critical need for compassionate care in early pregnancy experiences, particularly during pregnancy loss, it is essential to enhance the initial point of contact between healthcare system and the patient. Individuals often experience distress during pregnancy loss, and a supportive connection can mitigate this emotional burden. Additionally, when patients have inadequate access to health information, this can lead to repeated ED visits and unmet needs. Therefore, integrating compassionate practices at the initial point of contact, is vital for creating a positive care experience.

Organizations and providers involved with the care of pregnant individuals in Ontario should consider creating appropriate care spaces, separate from traditional maternity services, or using virtual care options, to deliver compassionate care at initial contact.

There is recognition that patients experiencing early pregnancy complications or loss are often in environments that lack sensitivity, privacy, and respect. Consideration can be given to creating private and respectful environments where individuals feel emotionally supported throughout their unique experiences. Consideration could also be given to leveraging technology, such as expanding e-consult tools and virtual care options, for the first interaction in order to build trust and reduce distress. Technology such as this could also be utilized to provide continued psychosocial support, facilitate timely follow-ups, and reduce unnecessary ED visits.

Conclusion and Next Steps

The insights gathered during this workshop will be instrumental in shaping an actionable plan to effectively implement the Quality Standard, with an emphasis on empathy, accessibility, and equity. Recommendations informed by participants, grounded in expertise and lived realities, will be put forward to the Ministry of Health to shape system-level changes that can drive improvements in care for those experiencing early pregnancy complications and loss. In addition, PCMCH, the PAIL Network, and BORN Ontario will determine priority actions within their respective organizations to support the implementation of these recommendations.

Acknowledgements

PCMCH, the PAIL Network, and BORN Ontario would like to thank the speakers and participants for their invaluable contributions to the workshop. Their insights and collaborative spirit were instrumental in shaping the discussions and advancing our shared goal of improving care for individuals experiencing early pregnancy complications and loss in Ontario. We also extend our gratitude to the facilitators for guiding the sessions with expertise and ensuring meaningful and productive dialogue throughout the event.

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Appendix A: Quality Standard Statements: Early Pregnancy Complications and Loss (OH, PAIL Network, 2020)

Quality Statement 1: Comprehensive Assessment

People with signs or symptoms of early pregnancy complications receive a comprehensive assessment that includes a transvaginal ultrasound and serum beta-hCG measurement.

Quality Statement 2: Early Pregnancy Assessment Services

People experiencing early pregnancy complications and loss have access to early pregnancy assessment services.

Quality Statement 3: Pregnancy of Unknown Location

People with a pregnancy of unknown location (not visible in the uterus or adnexa, on ultrasound) receive two serial serum beta-hCG measurements taken 48 hours apart. They are followed until a final diagnosis is made or until Beta hCG returns to zero.

Quality Statement 4: Diagnosis of Intrauterine Early Pregnancy Loss

Pregnant people who experience intrauterine early pregnancy loss receive this diagnosis as quickly as possible based on transvaginal ultrasound. While waiting to learn whether or not the pregnancy is viable, they receive information on who to contact, where to go, and how long it should take to receive a diagnosis. A diagnosis of early pregnancy loss is also communicated to the person's primary or other relevant care providers.

Quality Statement 5: Management Options for Intrauterine Early Pregnancy Loss

People with intrauterine early pregnancy loss receive information on all potential management options (expectant, medical, and surgical) and are supported in making an informed decision on the most appropriate management approach for them, based on their diagnosis, clinical situation, values, and preferences.

Quality Statement 6: Management Options for Tubal Ectopic Pregnancy

People with a confirmed tubal ectopic pregnancy receive information on all potential management options (expectant, medical, and surgical) and are supported to make an informed decision about their care. They have access to their preferred management option. Health care professionals closely monitor signs and symptoms and arrange appropriate access to follow-up care.

Quality Statement 7: Compassionate Care

People and families experiencing early pregnancy complications and/or loss are treated with dignity and respect, and receive support in a sensitive manner, taking into account

their individual circumstances and emotional responses, no matter where they receive their care.

Quality Statement 8: Psychosocial and Peer Supports

People who experience an early pregnancy loss and their families are offered information about psychosocial and peer support services and organizations.

Appendix B: Agenda Package

Early Pregnancy Complications and Loss Workshop: Collaboration for Innovative Solutions and Implementation Pathways to Improve Care in Ontario



Early Pregnancy Complications and Loss Workshop

Collaboration for Innovative Solutions and
Implementation Pathways to Improve Care in Ontario

SickKids Patient Support Centre

175 Elizabeth St, Toronto, ON M5G 2G3

Level 4 – Innovation Room, Inclusion Room and Integrity Room

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Land Acknowledgment

We would like to begin by acknowledging our sincere gratitude for the opportunity to work and live on this beautiful land that has been occupied by First Nations since the beginning of time. This land, on which this workshop is being hosted, is the traditional territory of the Haudenosaunee, Wendat and Anishinaabe Peoples. Today, Toronto is covered by the Toronto Purchase, Treaty No.13 with the Mississaugas of the Credit. Toronto is now home to Indigenous Peoples from across Turtle Island.

We recognize that Indigenous practices of health and well-being have been in place in this territory since time began and are maintained to this day. We are committed to honoring and improving our knowledge on these practices. We recognize the harms and mistakes of the past and we take meaningful steps toward reconciliation by recognizing our responsibility for building and improving relationships with First Nations, Inuit and Métis peoples.

Introduction

In Canada, most pregnancy losses occur in the first trimester, often before many pregnant individuals have a healthcare provider, whether obstetrical or otherwise.

As comprehensive perinatal care offered by family physicians is less common, patients experiencing early pregnancy complications like bleeding or pain may not know to seek help from their family physicians, and instead are frequently directed by telehealth providers to visit the nearest emergency department.

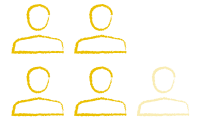
This situation not only leads to negative patient experiences but also compromises patient safety.

In Ontario, there are some care models, frequently known as Early Pregnancy Assessment Clinics (EPACs), that are equipped to care for those experiencing complications and/or loss. Unfortunately, these are few and far between, and consequently, four in five people in Ontario with symptoms of pregnancy loss seek care in an emergency department (ED).

While EDs provide critical services, they are not the optimal environment for the sensitive and specialized care required in these situations. Consequently, patients' needs for privacy, information and compassionate care often remain unmet, and many individuals report feeling unsupported, stigmatized, and lacking proper follow-up care,

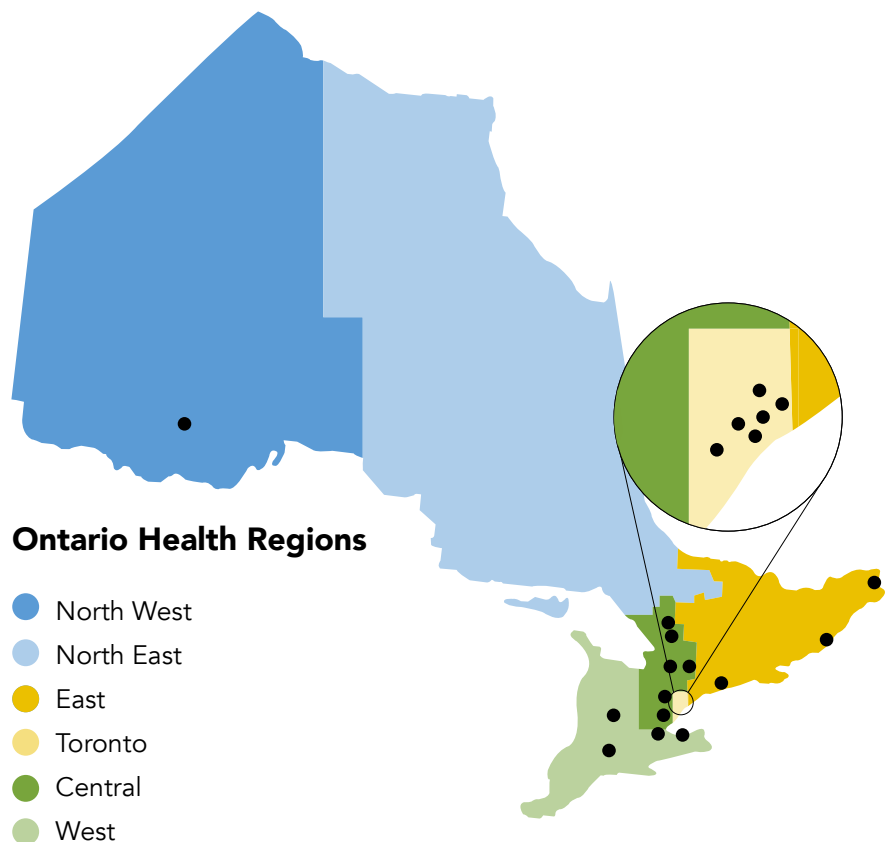
particularly those whose losses occur in early pregnancy.

In 2020, Ontario Health and the PAIL Network released *Early Pregnancy Complications and Loss Quality Standard: Care for Adults in All Settings*, which aims to address care for people experiencing pregnancy complications and loss. While this Quality Standard helps healthcare professionals know what care they should be offering, there is still work to be done to ensure a high-quality, equitable system of care is available across the province.



4 in 5
people in Ontario
with symptoms
of pregnancy
loss seek care
in an emergency
department (ED)

Early Pregnancy Assessment Clinic (EPAC) Locations in Ontario



Ontario Health Regions

- North West
- North East
- East
- Toronto
- Central
- West

Workshop Objectives

Early pregnancy complications and loss are significant issues experienced by many in Ontario, with an estimated 20% of pregnancies ending in miscarriage.

Nearly 80% of these occur in the first trimester, often before individuals have an established obstetrical care provider. The Provincial Council for Maternal and Child Health (PCMCH), the Pregnancy and Infant Loss (PAIL) Network, and Better Outcomes Registry & Network (BORN) Ontario have organized an Early Pregnancy Complications and Loss Workshop in order to bring government partners, healthcare professionals and those with lived experience together from across the province. This workshop will allow all to collaborate on the development of innovative solutions and implementation pathways for province-wide adoption with a single goal in mind: to improve the quality of care for those experiencing early pregnancy complications and loss.

Through presentations and panel discussions from experts and those with lived experience, in combination with breakout session exercises, the workshop aims to achieve the following objectives:



Evaluate the current state and delivery methods of care for early pregnancy complications and loss against the *Quality Standard for Early Pregnancy Complications and Loss*.

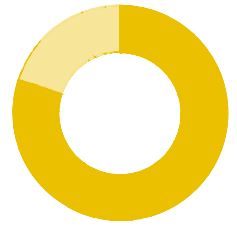
[READ THE REPORT](#)



Assess alternative care models for managing early pregnancy complications and loss.



Formulate solutions to ensure equitable, high-quality care systems are available across the province.



Nearly
80%
of miscarriages
occur in the first
trimester

Insights

56.5%

of ED visits for EPCL were made by patients between 25 and 34 years of age.¹

Almost half

of ED visits for EPCL were for hemorrhage in early pregnancy and threatened early pregnancy loss, while the next most common reasons for EPCL ED visits were for spontaneous and missed abortion, and ectopic pregnancy.¹

More than
30,000 patients

who visited the emergency department (ED) were diagnosed with an early pregnancy complication and/or loss (EPCL).

These patients returned for a total of

48,307

emergency department visits.¹

Almost 90%

of patients with EPCL were discharged home after their ED visit, with a small percentage leaving without being seen or treated by a service provider.¹

Repeat ED visits for any condition after an initial visit for EPCL were

higher in younger age groups.²

Those living in lowest-income neighbourhoods had

more repeat ED visits

for any condition within 30 days of an initial visit for tubal ectopic pregnancy and complications.²

Workshop Agenda

Workshop Agenda

8:00 a.m. NETWORKING AND BREAKFAST

9:00 a.m. WELCOME AND OPENING REMARKS



Sanober Diaz,
Provincial Council for Maternal
and Child Health (PCMCH)

9:10 a.m.

KEYNOTE ADDRESS

Understanding the Landscape:
Early Pregnancy Complications
and Loss in Ontario



Dr. Catherine Varner,
Sinai Health System



Dr. Modupe Tunde-Byass,
North York General Hospital

9:30 a.m.

Reflections From Almost 20 Years of Leading
an Early Pregnancy Assessment Clinic (EPAC)
at North York General Hospital (NYGH)



Dr. Modupe Tunde-Byass,
North York General Hospital

9:40 a.m.

Group Introductions and
Workshop Expectations

9:55 a.m.

**UNDERSTANDING EARLY PREGNANCY
LOSS AND COMPLICATIONS**



Michelle La Fontaine,
Pregnancy and Infant Loss
(PAIL) Network

10:00 a.m.

Personal Journeys: Reflections on
Early Pregnancy Complications and Loss



Facilitation by Brandon Drouillard,
Pregnancy and Infant Loss
(PAIL) Network



Isabel Paola Jaramillo



Nicole Leijh





Sarah Rogers

10:30 a.m.

BREAK

| | | |
|-------------------|---|--|
| 10:45 a.m. | TECHNOLOGY-DRIVEN CARE MODELS: ENSURING TIMELY ACCESS TO THE RIGHT CARE | |
| 10:45 a.m. | Easing the Burden of Accessing Care: Midland Midwives by the Bay Self-Referral Model for Early Pregnancy Assessment |  Lynne-Marie Culliton, Midland Midwives By The Bay |
| 11:00 a.m. | Call Auntie: Strengthening the Wellbeing of Indigenous Communities |  Cheryllee Bourgeois, Seventh Generation Midwives Toronto |
| 11:15 a.m. | Virtual Medical Abortion Care in Ontario |  Tricia Provost, Lady Dunn Health Centre and Wawa Family Health Team |
| 11:30 a.m. | Panel Discussion | |
| 11:45 a.m. | LUNCH | |
| 12:30 p.m. | INNOVATIVE CARE MODELS: GUIDING PATIENTS TO THE RIGHT CARE, RIGHT PLACE, RIGHT PROVIDER | |
| 12:30 p.m. | Integrated Pregnancy Program (IPP) at Sioux Lookout Meno Ya Win Health Centre |  Dr. Lianne Finn, Sioux Lookout Meno Ya Win Health Centre |
| 12:45 p.m. | Virtual Wraparound Care after an Emergency Department (ED) Visit: Improving Education and Follow-Up Care Coordination with an ED Nurse Navigator |  Dr. Catherine Varner, Sinai Health System |
| 1:00 p.m. | Midwifery-Led Early Pregnancy Clinic (EPC) at Michael Garron Hospital |  Shezeen Suleman, Michael Garron Hospital |
| 1:15 p.m. | Mount Sinai Fertility: A Program to Support Patients Experiencing Early Pregnancy Complications and Loss |  Dr. Vanessa Bacal, Sinai Health System |
| 1:30 p.m. | Panel Discussion | |

| | | | |
|------------------|--|---|--|
| 1:45 p.m. | BREAK | | |
| 2:00 p.m. | WORLD CAFE BREAKOUT DISCUSSION: ADDRESSING PROVINCIAL GAPS – RECOMMENDATIONS FOR IMPLEMENTATION | | |
| 2:00 p.m. | <ol style="list-style-type: none"> 1. Navigation – Referral and Initial Consult 2. Navigation – Follow-Up After Initial Visit and Consultation 3. Technology Enablers and Information Management 4. Compassionate Care | | |
| 3:15 p.m. | Prioritizing Recommendations and Report Back |  | Brittney Masters |
| 3:45 p.m. | Closing Remarks |  | Alicia St. Hill, Better Outcomes Registry and Network (BORN) Ontario |
| 3:55 p.m. | Strong Woman’s Song |  | Joanna Diindiisikwe Simmons, Pregnancy and Infant Loss (PAIL) Network |

Speakers

Speakers

Patient and Family Advisors



Isabel Paola Jaramillo

Elementary School Teacher and Pregnancy and Infant Loss (PAIL) Network Volunteer

She first connected with PAIL in December 2018, a month after the loss of her son Sawyer at 18 weeks pregnant. Since then, Paola has experienced two more pregnancy losses and undergone fertility treatments. After a high-risk pregnancy, she welcomed her son Rafa, nearly four years after losing Sawyer. Paola began

participating in family panels to prevent others from facing similar heartbreak and to honour Sawyer's memory. After a break during her pregnancy with Rafa, she was eager to continue her volunteer work. Outside of PAIL, Paola enjoys reading, music, travel and spending time with Rafa before he starts daycare.



Nicole Leijh

Registered Social Service Worker and Pregnancy Loss and Complication Taskforce, Women and Children's Health Network (WCHN)

She shares her home with her loving husband and their young son. Nicole has endured the loss of three babies, an experience that has deeply shaped her perspective and commitment to helping others. Nicole's journey has fueled her passion for supporting others through similar challenges and advocating for greater awareness

and understanding of these issues. She feels fortunate to be part of the Women and Children's Health Network and their Pregnancy Loss and Complication Taskforce, where she plays a vital role in educating and supporting the community about pregnancy loss.



Sarah Rogers

Executive Director, Victim Services of Peel, and Pregnancy and Infant Loss (PAIL) Network Volunteer

Sarah holds a Master of Social Work Degree from the University of Windsor, is a Registered Social Worker, and a Certified Yoga Instructor. She is passionate about women's issues and addressing the gender-based violence epidemic, having served in the victim services sector for close to 20 years. Sarah has been an active Family Panelist Volunteer with the Pregnancy and Infant

Loss Network (PAIL) for the past five years after experiencing 1.5 years of infertility and two traumatic back-to-back early pregnancy losses in 2017 and 2018. Sarah envisions a healthcare system where all loss parents are informed, supported, and treated with compassion, dignity and respect throughout their loss and beyond.

Speakers

Keynote Speakers



Dr. Catherine Varner

Emergency Physician, Mount Sinai Hospital and Associate Professor, Department of Family and Community Medicine, University of Toronto

She is the Deputy Director of the Schwartz / Reisman Emergency Medicine Institute (SREMI) and Deputy Editor of the *Canadian*

Medical Association Journal (CMAJ). Her research focus is pregnancy and postpartum care in the emergency department.



Dr. Modupe Tunde-Byass

Obstetrician and Gynaecologist, North York General Hospital (NYGH) and Associate Professor of Obstetrics and Gynaecology, University of Toronto

Dr. Modupe Tunde-Byass is a Fellow of the Royal College of Obstetricians and Gynaecologists of the UK and The Royal College of Surgeons of Canada. She is also the inaugural President of the Black Physicians of Canada (BPC) where her work focuses on advocacy, mentorship of Black learners, community building, leadership, and collaboration with key national organizations. She is

passionate about maternal mortality, morbidity and birthing experiences in the Black population. Dr. Tunde-Byass is a fierce advocate of access and care of pregnant individuals with early pregnancy complications and loss having completed her residency in the UK when the concept of Early Pregnancy Assessment was being developed. She founded the EPAC at NYGH in 2005.

Speakers

Panelists



Lynne-Marie Culliton

Registered Midwife, Midland Midwives By The Bay

She has been offering midwifery services in the Midland area since 2008, when she founded Midwives Nottawasaga. A graduate of McMaster University's Midwifery Education Program in 2002, Lynne-Marie has practiced as a rural midwife in Owen Sound, Collingwood, and now Midland. Recognizing the need for a dedicated midwifery practice in

the Midland community, she worked to establish Midland Midwives by the Bay, which officially launched in 2018. Currently, Lynne-Marie is focused on providing care through the Georgian Bay Women's Clinic, which offers comprehensive sexual and reproductive health services, including first-trimester care and all its outcomes.



Cheryllee Bourgeois

Métis Midwife, Seventh Generation Midwives Toronto

Cheryllee is a Mother of three, Aunty to many and a Metis Midwife at Seventh Generation Midwives Toronto. She graduated from Toronto Metropolitan University Midwifery Education program in 2007 and worked as a Registered Midwife for 11 years before giving up registration to work under the authority of the Indigenous community under the Ontario exemption clause for Aboriginal

Midwives. Cheryllee sits on the Core-Leadership Circle of the National Aboriginal Council of Midwives and has been involved in multiple projects supporting Indigenous communities to bring birth closer to home. She worked as Co-Lead in the establishment of the midwife-led, and Indigenous-governed, Toronto Birth Centre where she continues to serve as President of the Board.



Tricia Provost

Nurse Practitioner Lady Dunn Health Centre and Geraldton District Hospital

Tricia Provost is an award-winning Nurse Practitioner (NP). She graduated from Lakehead University in Thunder Bay. She has been working as a rural NP since 2015. Her interests lie in ER and medical abortion care, and she currently works in the ED at Lady Dunn Health Centre and Geraldton District Hospital.

She provides outpatient abortion care to the surrounding communities. She is also faculty at Northern Ontario School of Medicine (NOSM). When not at work she enjoys fishing, swimming, hiking, and travelling, all while raising her four children in Wawa.



Dr. Lianne Finn

Family Physician, Integrated Pregnancy Program (IPP) Sioux Lookout Meno Ya Win Health Care

Lianne Finn has had the privilege of living and working in Sioux Lookout, Ontario since 2010, which serves as a healthcare hub for the 33 Anishinew, Ojibway, and Cree First Nations in Northwestern Ontario. After completing her training in Family Medicine at McMaster University, she spent a year specializing in obstetrical care before moving to Sioux Lookout where she joined the Meno Ya Win Health Care Centre OB team, now known as the

Integrated Pregnancy Program (IPP). She is the family physician in Wunnumin Lake First Nation, and also works in Emergency Medicine and Addictions Medicine. Her primary work is in Obstetrics and Addiction care at the IPP. Lianne's three children were all born in Sioux Lookout, and she is deeply grateful for the ways this remarkable community has shaped both her personal and professional life.



Shezeen Suleman

Registered Midwife, Michael Garron Hospital

Shezeen graduated from Toronto Metropolitan University's Midwifery Education Program in 2011. Before pursuing midwifery, she worked with immigrant youth and families in a variety of capacities for several years. Shezeen is currently a Co-Lead of South Riverdale Community Health Centre's MATCH (Midwifery and Toronto Community Health) Program, where she provides labour and birth care at Michael Garron

Hospital (MGH) and staffs the Early Pregnancy Clinic. In addition to her clinical work, Shezeen serves as the Co-Chair of the Health Network for Uninsured Clients and Co-Chair of the East Toronto Health Partners' (ETHP) Working Group on Uninsured Health Access. She brings her passion for community-rooted work to the provision of perinatal care.



Dr. Vanessa Bacal

Reproductive Endocrinology and Infertility (REI) Specialist, Mount Sinai Fertility Assistant Professor, Department of Obstetrics and Gynaecology, University of Toronto

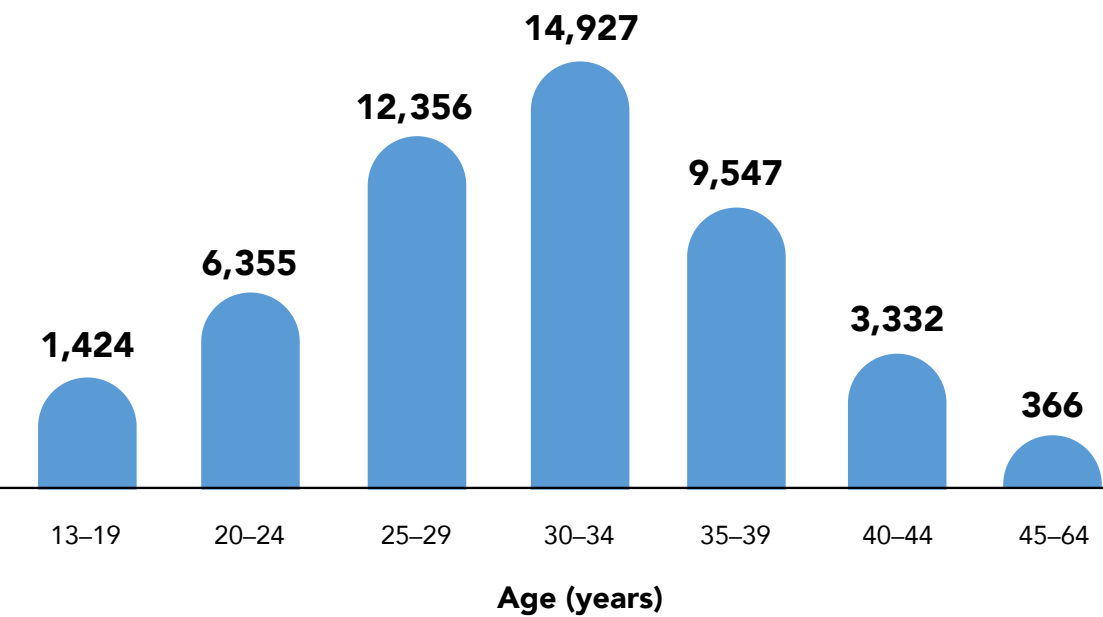
She completed her medical training at McGill University, Obstetrics and Gynaecology residency and Masters of Science in Epidemiology at the University of Ottawa, and REI fellowship at the University of Toronto. Dr. Bacal's

main clinical and research interests include management of early pregnancy loss and recurrent pregnancy loss, evaluating reproductive outcomes after fertility treatments, and improving data quality.

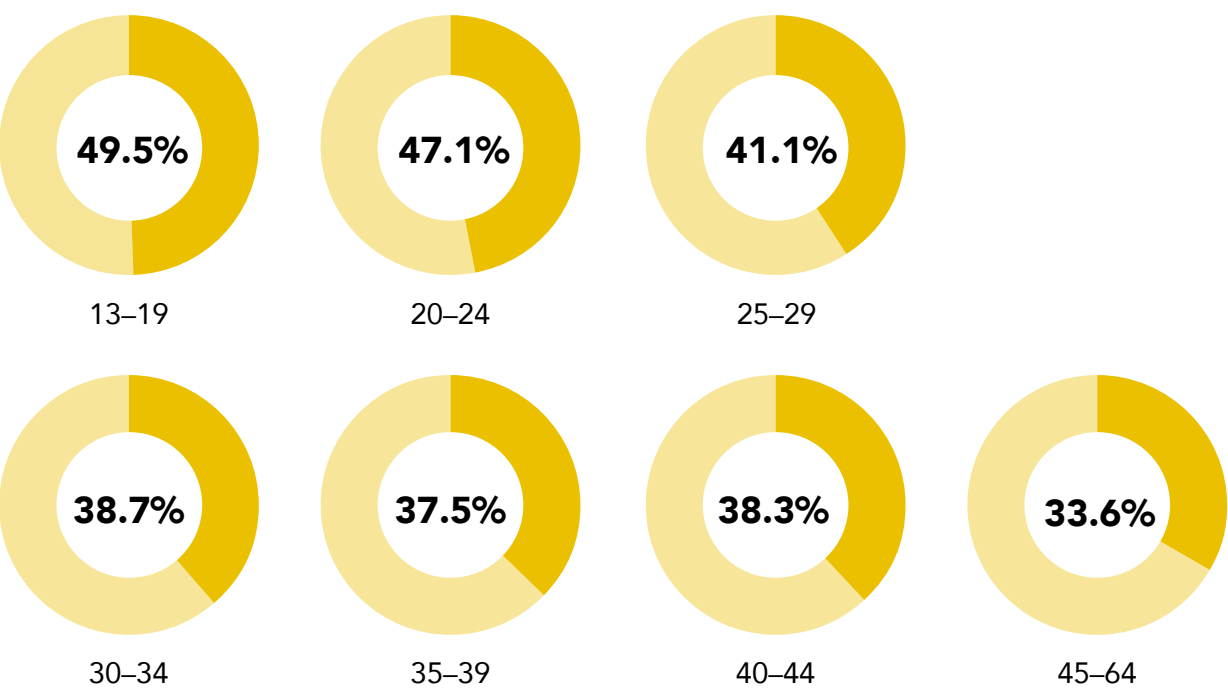
Appendix

Data

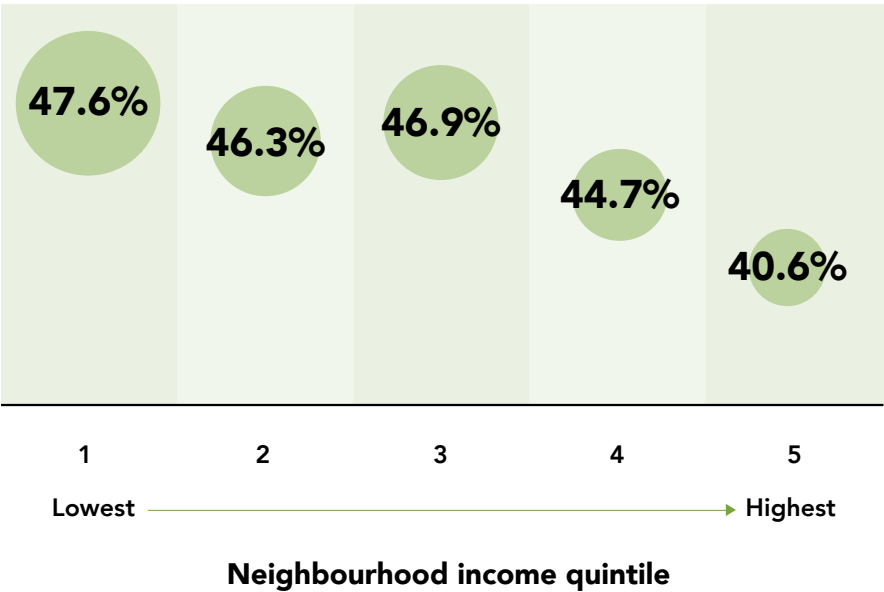
Number of ED visits for patients with an EPCL diagnosis in Ontario by age group, 2017/18¹



ED revisit for any condition within 30 days of initial visit in ED for EPCL in Ontario by age group, 2017/18²

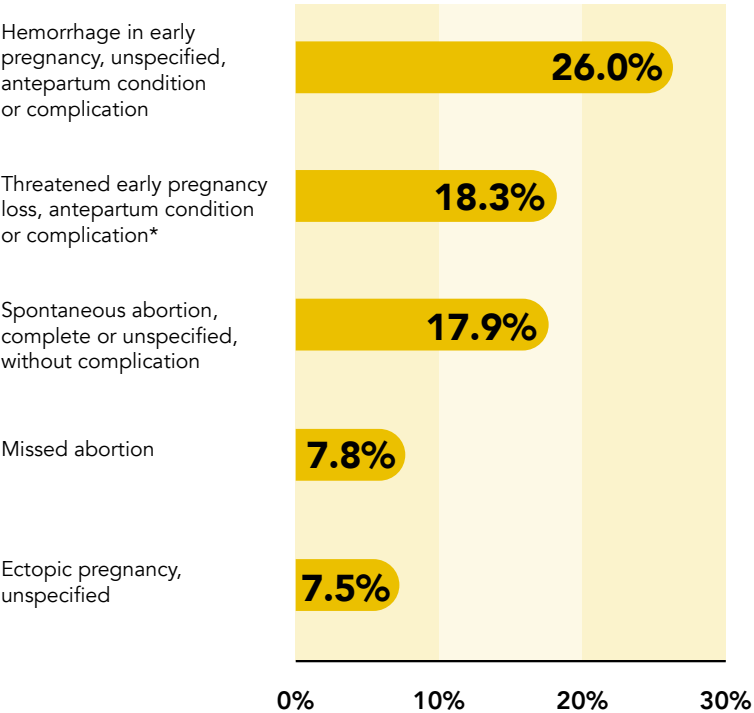


ED revisit for any condition within 30 days of initial visit in ED for tubal ectopic pregnancy and complications in Ontario by neighbourhood income quintile, 2017/18²

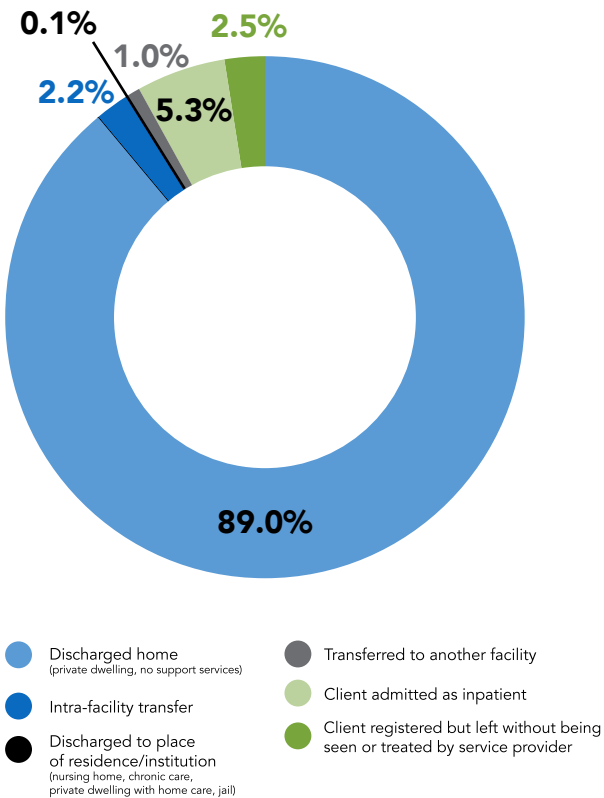


Proportion of all ED visits with EPCL as main problem diagnosis, by diagnosis type (top 5) in Ontario, 2017/18¹

Proportion of visits (N = 48,307)



Disposition status for EPCL ED visits in Ontario, 2017/18¹



1. 2017/18 Source: National Ambulatory Care Reporting System (NACRS), accessed using IntelliHealth Ontario
2. 2017/18 Source: National Ambulatory Care Reporting System (NACRS), provided by Institute for Clinical Evaluative Sciences (ICES)

See also: [Early Pregnancy Complications and Loss Quality Standard](#)

