

PRESS STATEMENT

Dr. Sylvanus Nawab

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First 1,000 Days Integrated Care Pathway

Thank-you Minister Wilson and good morning.

The first five years of a child's life is the time within which their brains are developing rapidly – their brain cells are connecting to enable movement, language, emotion, and other essential functions. Brain connections needed for higher-level abilities, such as self-regulation, problem-solving, self-esteem, and communication are being made. It's also a time where their daily life experiences truly matter.

As Minister Wilson indicated, proper health care from birth into their earliest years is crucial for a child's overall health and well-being. I am pleased to share with you the findings that have come out of the First 1,000 Days Integrated Care Pathway initiative to date.

In Bermuda, maternal and child health services are spread across several providers in both the private and public sectors. Services include, but are not limited to, antenatal, pregnancy, and breastfeeding classes; doulas; OBGYNs; postnatal care; maternal health; paediatric services; immunisation; child development; and early intervention.

Through the Pathway Mapping exercise, 10 challenges were identified and are included in the final report.

1. The exchange of health-related information between healthcare providers, patients, and across various healthcare settings is ineffective and creates challenges for those receiving care.
2. Feedback from the patient interviews and community survey reflects a lack of consistency in the amount of antenatal care information provided to women across providers, which can impact patient experience. In particular, women who are under- or uninsured may not be aware that antenatal care is available at no cost through public clinics, which has led to late presentation of pregnancy – in the second and third trimesters.
3. Access to maternal and child health services remains a challenge for many. Financial constraints and the limited availability of specialised care can impede individuals' ability to receive timely and equitable healthcare services.

4. Options for affordable childcare are limited and affect women's economic opportunities. If a mother cannot afford childcare, she may be prevented from re-entering the workforce because she needs to stay home and care for her child. It can also impact a child's cognitive development – for the mother who is out working two to three jobs to cover childcare and other necessary expenses, the child is missing time with their mother and the cognitive development that comes with a result of that time together.
5. The current antenatal model of care is often perceived as outdated by both patients and providers.
6. Care is fragmented across the Island, mostly due to lack of communication between providers, both in the public and private sectors. Further, the lack of an electronic health record increases the challenge of coordinating care.
7. The current Care Pathway lacks explicit considerations for mental health concerns, both during and post-pregnancy.
8. The number of families needing access to early intervention services has risen in recent years and long delays in accessing early intervention services are prevalent. This is compounded by the effects of the Covid-19 pandemic and the limited number of human resources available.
9. Chronic diseases, such as chronic kidney disease and diabetes, have a notable impact on maternal and child health within the current First 1,000 Days Integrated Care Pathway. While once regarded as products of adult behavior and lifestyle, these diseases are now being linked to processes and experiences occurring in pregnancy or infancy.
10. Lastly, patient empowerment through information and respect throughout the care journey is not a priority in the current First 1,000 Days Integrated Care Pathway. Results from the Community Survey highlighted the difficulties women and their families face in accessing information that would support a better care experience. This includes care of premature babies, women's inability to access antenatal information and pregnancy records, and the lack of insurance coverage for antenatal, breastfeeding, and birthing classes.

Knowing the challenges that exist creates the opportunity to identify areas for improvement. Our work to date has identified 16 opportunities for improving the delivery of care and overall health outcomes for our pregnant mothers and their babies.

While detailed information on the individual recommendations can be found within the final report, the opportunities for improvement focus on the following areas:

- enhancing collaboration and reaching consensus on care;
- establishing community engagement and enhancing information sharing;
- formalising the role of health visitors and fostering integration of mental health services;
- addressing barriers to care, while strengthening communication with off-island providers;
- offering support to women from the start and ensuring clear communication on what to expect;
- enhancing the midwifery role and focusing on the early years;
- establishing a link with oral health and organizing interdisciplinary care reviews; and
- enhancing support for families and empowering patients.

The success of this work would not have been possible without the support and involvement of the working group members and the many stakeholders who were willing to share their experiences. I would like to express my appreciation for everyone involved in this work, particularly those with lived experience.

This is not work that can be done in isolation. A holistic and collaborative approach is required if we are to address the barriers to care that currently exist and optimise the health outcomes of our children both now and over the course of their lives. And they are most definitely worth it!

Thank-you.

ABOUT THE BERMUDA HEALTH STRATEGY AND UNIVERSAL HEALTH COVERAGE:

The Bermuda Health Strategy 2022 – 2027 (“The Health Strategy”) was developed as the next phase of work for the Ministry of Health as it works to achieve the vision of *“healthy people in healthy communities”*. The Health Strategy provides the frame to shift Bermuda’s health system as it works to implement Universal Health Coverage and shift to a more people-centred approach to healthcare that focuses on delivering better care that meets the needs of individuals and families today and into the future. Bermuda’s Universal Health Coverage programme is a multi-year, multi-phased initiative that seeks to ensure *“all people have equitable access to needed informative, preventive, curative, rehabilitative and palliative essential health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services and critical medicines.”*

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