



For Immediate Release

Midwives Part Of The Nova Scotia Health System?

May 13, 2005— Leading experts in the field of midwifery are calling on the Nova Scotia government to make midwives a central part of health services across the province.

“Our focus is to improve maternity and newborn care services for women and their families. An integral part of improving these services is for women to have access to publicly funded services of midwives,” says Dr. Christine Saulnier, Senior Research Officer and Coordinator, Midwifery and Women’s Reproductive Health, with the Atlantic Centre of Excellence for Women’s Health.

Dr. Saulnier was one of four panelists who gave an overview of the current status of midwifery in Nova Scotia and the long-range goals of those seeking change. The public panel, “The Final Push: Making Midwives Part of the Nova Scotia Health System,” was part of worldwide celebrations for International Day of the Midwife.

At present, midwives in Nova Scotia have no formal or legal standing and are able to work only in a private, fee-for-service manner. Most of the births they attend are at home but some do occur in hospital where midwives must take a supportive, rather than care management, role.

Over the past 15 years, two governments have failed to move forward on recommendations to integrate midwife services in the province. Last June, the government convened The Working Group on Primary, Collaborative Maternity Care to explore, once more, how that can be accomplished. The mandate of this group ends in June 2005.

“Women choose midwives because they want to be able to make fully informed choices and to be the primary decision-maker around their own care,” says Kerstin Martin, Vice-President of the Canadian Association of Midwives. “These choices include where to give birth, whether that is in a hospital, in a birthing centre or at home. Research also indicates that women under midwives’ care are happier with their childbearing experiences and more successful with breastfeeding.”

Currently midwives are legislated and regulated in Quebec, Ontario, Manitoba, Alberta, British Columbia, and the North West Territories—and publicly funded in each of these areas except Alberta. There are 450 practicing midwives in Canada. The standard of education is a four-year university degree available in Ontario, Quebec and British Columbia.

“We are hopeful that Nova Scotia will join the mainstream and accept midwives as part of Nova Scotia’s health care system — and covered by MSI,” says Octavia James, Co-Chair of the Midwifery Coalition of Nova Scotia, and a consumer of midwifery.

“Research indicates that midwives’ care is as safe as physician’s care, and requires far few medical interventions,” she notes.

This means lower rates of cesarean sections, less vacuum and forceps deliveries, and fewer episiotomies (surgically enlarging the vagina at birth). Subsequently, health care costs are reduced.

Midwives and their supporters throughout Nova Scotia remain cautiously optimistic that the government will announce plans to introduce midwifery legislation this coming year, says Dr. Saulnier.

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BACKGROUND

WHAT ARE MIDWIVES?

- Midwives are autonomous, primary health care professionals, experts in normal pregnancy, labor, birth and care of the newborn. Midwives care for healthy women throughout pregnancy, conduct deliveries on their own and continue follow-up of the mother and baby for six weeks after birth.
- Midwives have the knowledge to detect abnormal conditions, to collaborate with physicians and other health professionals and to execute emergency measures in the absence of medical help.
- Midwives are an essential component of most maternity services and the senior attendant at 70% of the world's births. Canada was the only developed nation to exclude midwives from its health care system but has experienced a midwifery renaissance in the last decade.
- In Ontario, for instance, there are now 266 midwives delivering 9000 babies each year.

WHY DO WOMEN WANT MIDWIVES?

- Women most often choose midwives for their expertise in supporting normal birth. Midwives regard childbirth as a natural physical function of a woman's body, something women do well when adequately supported.
- Women also choose midwives to receive continuity of care so that women get to know the midwife who will help them deliver their baby and who will provide on-going home visits for postnatal and breastfeeding support.
- Women who choose midwives, then, want to give birth with little or no medical intervention, in the environment where they feel most comfortable, attended by familiar and trusted care givers to create a birth experience that is joyful, empowering and safe.

WHY INTEGRATE MIDWIVES INTO NOVA SCOTIA'S HEALTH CARE SYSTEM?

- Midwives' care is safe, and offers the added benefit of reducing the number of medical interventions. For instance, in Ontario, midwives have the same outcomes as family physicians but a 30% lower rate of cesarean section, 50% less vacuum and forceps deliveries, and perform 50% fewer episiotomies (a surgical enlargement of the vagina at birth).
- New Ontario mothers have twice the rate of early discharge and 65% fewer re-admissions to hospital with midwives.

- The Ontario Minister of Health recently stated that a midwives' course of care is, on average, \$800 cheaper per hospital birth and \$1800 cheaper per home birth, due in part to lower rates of intervention and higher rates of early discharge from hospital.
- A study in British Columbia comparing a similar low-risk population of women giving birth in hospital, found that midwives have a cesarean section rate of 12% while GP's had a rate of 18%. Among those women planning to give birth at home, the rate of cesarean section was a low 6.5%.