

Why we need to “push” (for regulated midwifery)

International Day
of the Midwife
May 5, 2005

Kerstin Martin RM MA

The maternity care crisis

- Sharp decline in # of FPs doing deliveries, many OBs retiring
- Lifestyle, litigation & remuneration issues = shortage of providers
- Maternity services reduced or “on the brink” in some areas, especially rural communities
- OBs providing primary care = acute care model applied to healthy pregnancy & birth

The changing birth culture

- A “risk epidemic” = increasing anxiety and fear in obstetrical practice
- Rising tide of medical/surgical interventions and associated costs
- Loss of confidence in normal childbirth (parents as well as care providers)
- Cesarean section becoming normalized, regarded as "easier"

Current maternity care trends

CIHI Report 2004

- 3/4 of Canadian women have some form of medical/surgical intervention during childbirth

RCP Nova Scotia 2002

- 27.2% of NS women had a cesarean
- 27.9% of NS women had labour induced
- 38.9% of first-time mothers had an episiotomy

IWK 2005

- 31% cesarean section rate

Listening to Mothers Survey (USA)

- virtually no "natural" births
- wide array of interventions including:
 - continuous electronic fetal monitor in labor (93%)
 - IV infusion (85%)
 - artificial rupture of membranes (67%)
 - oxytocin to start or stimulate labor (63%)
 - bladder catheterization (41%)
 - episiotomy (35%)
- less than 1% of mothers gave birth without at least one of these interventions
- <1% "natural birth" group gave birth at home

The vulnerability of pregnant women

- Fear of any possible harm to their babies
- Fear of trauma or damage... prolapse, incontinence, impaired sexual function etc.
- Cultural messages that childbirth is (or will end up as) a medical emergency

The essence of midwifery: confidence in and respect for the normal process

- Fundamental principle that childbirth is (or should be) a healthy life process for most women
- Midwifery = a specific skill set to facilitate/ support the normal process, i.e. active work to keep pregnancy and birth normal

The essence of midwifery: confidence in and respect for women's abilities

- Confidence in/respect for the normal process means trust in women's abilities to give birth
- Midwifery = active work to communicate confidence (vs “communicating risk”), i.e. inspiring parents' sense of competence and trust in themselves

Outcomes of midwifery care: safety + fewer interventions

- Consistently lower rates of interventions (epidurals, EFM, induction, episiotomy, forceps, cesareans...)
- BC midwifery study / c-section rates:
 - Midwives (home) 6.4%;
 - Midwives (hospital) 11.9%
 - Family physicians (hospital) 18.2%
- Quebec birth center transfers to hospital for an epidural (maternal request): 4%

Women's experiences: confidence

"My midwives made me feel strong and able to do this confidently."

"The midwives reassured me that my disability had no bearing on childbirth and that I was fully capable of giving birth naturally.... It was a beautiful experience; the midwives instilled me with confidence..."

– Quoted in Hawkins & Knox (2003): The Midwifery Option

Women's experiences: empowerment

"My body and I were in harmony and powerful together. I'll never forget being that powerful in all those elements of myself."

"I feel so strong and powerful and it's probably the most liberating experience of my life... it was the most important experience of my life."

- Quoted in Moon, Breikreuz, Ellis & Hansen (1999): Midwifery Care: Women's Experiences, Hopes and Reflections