

MIDWIFERY IN ONTARIO

Who's Afraid of Midwives?

New Brunswick Advisory Council on
the Status of Women

February 18, 2005

Vicki Van Wagner, RM, PhD (c)
Ryerson University
Midwifery Education Programme



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Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario



Who's Afraid of Midwives?

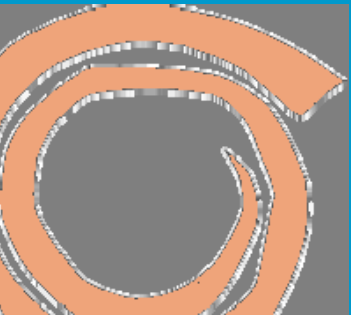
Myths, Misconceptions and Concerns

- ✿ Safety
- ✿ Training/Education
- ✿ Roles and Relationships
- ✿ Workload
- ✿ Medicolegal
- ✿ “Cleaning Up the Mess”
- ✿ Choice of birth place
- ✿ Its OK there but it won't work here



What is a Midwife?

- ✿ Registered health professional providing primary care to women and babies
- ✿ Pregnancy, birth and 6 weeks after birth
- ✿ Highly trained – Bachelor of Health Sciences Midwifery; International Midwives Pre-registration Programme
- ✿ Integrated into the health care system



Midwifery as Part of the Health Care System

- ✿ Fully funded by the Ontario government
- ✿ Group practices
- ✿ 24/7 coverage
- ✿ Members of hospital staff
- ✿ Admitting privileges
- ✿ Formal relationships with consultants
- ✿ Partners in policy making at local, regional and provincial level



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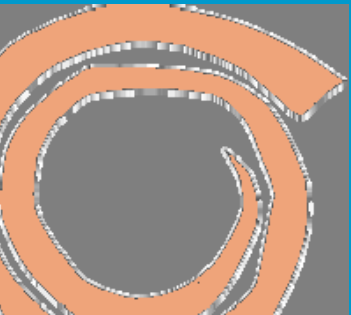
What is a Midwife?



✿ Scope of practice:

“The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the postpartum period and of their newborn babies, the provision of care in pregnancy, labour and the postpartum period and the conducting of spontaneous normal vaginal deliveries.”

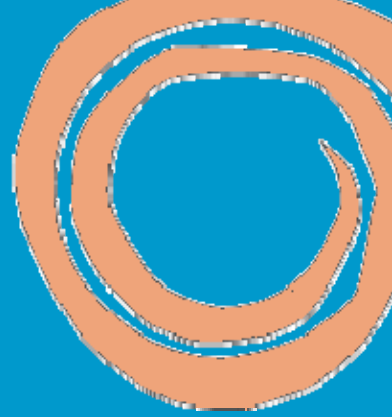
Ontario Midwifery Act



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Midwifery in Ontario

- ✿ Ontario was the first province to regulate midwifery in 1993
- ✿ Midwives are registered with and governed by the College of Midwives of Ontario
- ✿ Registration requires completing 4 year program offered at 3 universities, or 1 year bridging program for internationally trained midwives, or registration in another province
- ✿ Continuing education is required



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Midwifery Education



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Midwifery in Ontario

- ✿ Currently over 300 Registered Midwives
- ✿ In 2004, midwives attended 9,000 births, about 7% of Ontario total and an increase of 78% in 5 years
- ✿ Midwifery is the only maternity care provider group in Ontario that is growing
- ✿ Midwives cannot meet demand in most communities – only 57% of women who requested midwifery were able to be taken in to care



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Midwifery Model of Care

- ✿ Care based on pregnancy/birth as healthy: evidence-based primary care
- ✿ Access to acute care/consultation when needed: strong interdisciplinary relationships



Midwifery Model of Care

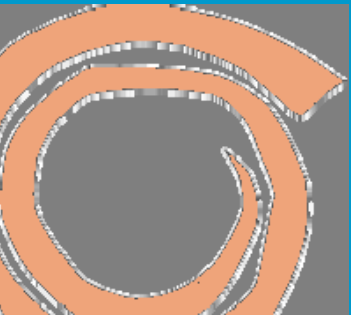
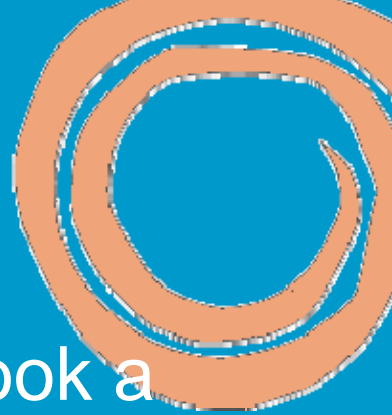
- ❖ Woman and family centred care
 - ❖ “partnership”/ based on relationship
 - ❖ Continuity of care
 - ❖ Health education and health promotion
 - ❖ Informed choice
 - ❖ Choice of birthplace
 - ❖ Judicious use of interventions



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Midwifery Program Review

- ✿ In 2003, the Ontario Government undertook a comprehensive review of midwifery
- ✿ Program review was an opportunity to assess and compare midwifery outcomes and cost-effectiveness
- ✿ Key findings were that midwifery creates significant savings, has good clinical outcomes, and very high rates of client satisfaction



Program Review Findings

- ✿ Midwife assisted hospital birth saves system \$800
- ✿ Midwife assisted home birth saves \$1800
- ✿ Savings are due to:
 - Lower rate of obstetrical interventions
 - Lower ER/hospital readmission rate
 - Shorter hospital stays
- ✿ Government survey found client satisfaction rate was 98.7%



MOHLTC Evaluation Findings

Indicator	<i>Ontario Midwives</i>	Ontario Family Physicians
C-section	12.7%	20.6%
Forceps/Vacuum	5.4%	14.4%
Episiotomy	7.2%	16.6%
Hospital Stay <48 hours	74.2%	34.6%
Breastfeeding at six weeks	90.7%	71.5%



AOM data 2003-4

Consultation and Transfer of Care

% (primip/multip)	Consultation	Transfer of Care
Antenatal	27	10 (11.5-8.8)
Intrapartum	27.4	21.5 (33-13.4)
Postpartum – mother	8.3	2.2 (2.9-1.7)
Newborn	12	9.4 NICU 8.6



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Home and Hospital Births



- ✿ 50/50% home and hospital births in 1993
- ✿ 25/75% in 2002-3
- ✿ Transfers from home to hospital 21%
- ✿ Transfers by ambulance <2%
- ✿ Further research needed to identify:
 - rates of intervention in home and hospital cohorts
 - Rates of transfer from home to hospital in primiparous women as compared to multiparous women



Issues re Consultation and Transfer

- ✿ About 12% of consults required by hospital vs by CMO guidelines
- ✿ Further research needed to clarify % of transfers not required by CMO
- ✿ Current work to improve integration may reduce % of consults and transfers

eg. GBS antibiotics

induction and augmentation

epidural

narcotic pain relief



Benefits to Women, Babies, Families

- ✿ Midwifery is a success story in woman/family-centred and community based care
- ✿ Midwifery model of care is driven by the needs of women, their newborn babies and their families
- ✿ Pregnant women consistently give high marks to working with known care providers
- ✿ Community based approach provides an important option in meeting the demand for quality maternity care

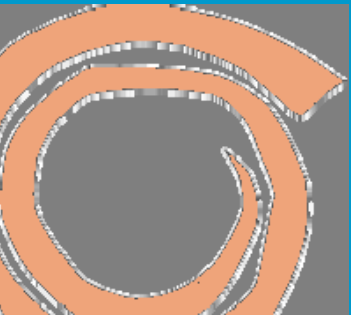




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Benefits to Health Care System

- ✿ Significant potential for savings
- ✿ High quality of care including health promotion, potential long term health benefits
- ✿ Clear potential for growth provides response to maternity care crisis
- ✿ Community based approach reduces demand for hospital services
- ✿ Fit with move to strengthen primary care system



Current Issues in Midwifery

- ✿ Primary care reform and transformation agenda
- ✿ Maternity care crisis and demand for midwifery services
- ✿ Rural and remote maternity care
- ✿ Sustainability: recruitment and retention
- ✿ Growth and expansion
- ✿ Collaboration: strengthening interdisciplinary relationships and creating new models of care



Midwifery in Remote Areas

Nunavik, Quebec

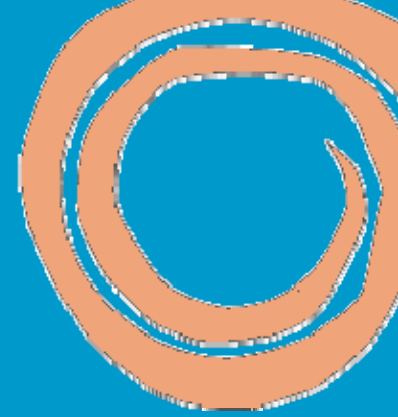


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Conclusion

- ❖ Midwifery is increasingly playing a central role in the delivery of maternity care in Ontario/Canada
- ❖ Midwives provide high quality, cost effective care with excellent client satisfaction
- ❖ Midwifery is a model for primary care reform initiatives
- ❖ Midwifery and maternity care should be prioritized on government agendas
- ❖ With support, midwifery has the potential for growth/sustainability





In August, 2004, Ontario Health Minister George Smitherman said:

“What better way to invest our precious health care dollars than in support of the midwives”



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BEING BORN IS IMPORTANT

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