

“You can’t just be a little bit pregnant”

*A System’s view of Midwifery
Policy and Practice across
Canada*





Overview

- What are midwives & how do they practice in Canada
- What is the state of midwifery legislation & education across Canada
- Economics of midwifery
- Place of birth/Place of work



Canadian Midwifery



- Canadian midwives are primary health care providers who care for women during pregnancy and birth and up to six weeks postpartum (Canadian Institute for Health Information, 2010).
- Midwives are experts in “protecting, supporting, and enhancing the normal physiology of labor, delivery, and breastfeeding” (Rooks, 1999, p. 370).





Model of Midwifery Care

- All registered midwives in Canada are primary care providers who typically work in groups under the following criteria (CMRC, 2014b):
 - *Continuity of care*
 - *Duration of care*
 - *Choice of birth place*
 - *Quality of care*
 - *Continuity of care throughout labour and delivery*
 - *Transfer of care to a physician*

Midwifery across Canada (2012)



Province/ Territory	Legislation/ Regulation	Public funding	Employment Status	Remuneration	Registered Midwives
BC	1998	Yes	Independent contractor	Per course of care	216
AB	1998	Yes	Independent contractor	Per course of care	78
SK	2008	Yes	Employee	Salary	14
MB	2000	Yes	Employee	Salary	38
ON	1994	Yes	Independent contractor	Per course of care	680
QC	1999	Yes	Employee	Salary	146
NB	2010	Pending	Employee (pending)	Pending	4
NS	2009	Yes	Employee	Salary	9
PEI	None	N/A	-		
NL	None	N/A	-		
NWT	2005	Yes	Employee	Salary	3
NU	2009	Yes	Employee	Salary	8
YT	None	N/A	Private practice (unregulated)	Private fees	2
				Total	1198

Midwifery Education (2011)



School	Program length (years)	Degree	Language	School opened	Number of students per year
Alberta					
Mount Royal University	4	BMW	English	2011	10
British Columbia					
University of British Columbia	4	BMW	English	2002-2003	20
Manitoba					
University College of the North	4	BMW	English	2006	8 -10
Ontario					
Laurentian University	4	BHSc	English and French	1993	30
McMaster University	4	BHSc	English	1993	30
Ryerson University	4	BHSc	English	1993	30
Quebec					
Université du Québec à Trois-Rivières	4.5	B. Sc	French	1999	24

Manitoba's Cautionary Tale



- A case of stalled development, largely because of the lack of an education program – Thiessen 2014
- Projected targets*:
 - By 2005 need: Approximately 140 practising midwives in province

Actual numbers as of 2010:

- 38 practising midwives
- Midwifery-attended births = 5%
- No graduates from University College of the North





New Brunswick

- Stalled implementation
- Midwives were argued to be a **costly add-on to the system** - costing at least \$760,000
- Typical 'back of the envelope' economic analysis



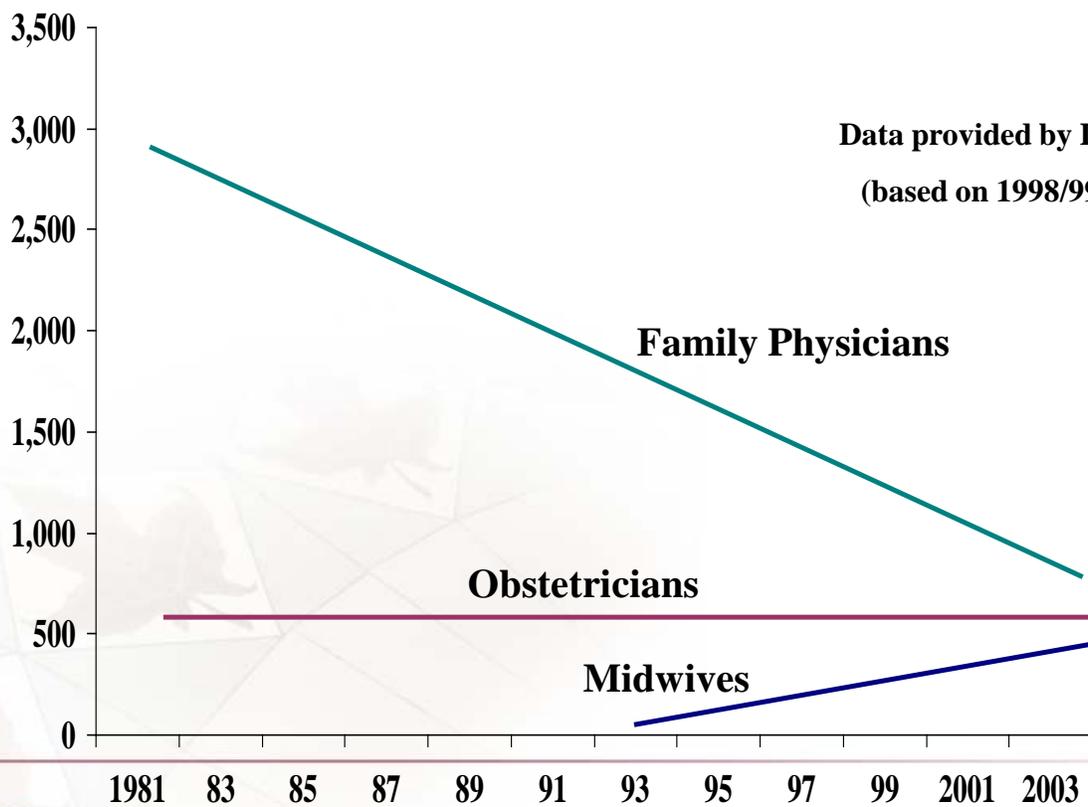
Economic of Midwifery

- *White Coat, Black Art* September 2014

*“Just once I’d like to be asked how costly it is
NOT to have midwives”*



The Case of Maternity Care (*Ontario*)





What are the consequences?

- *There are not enough midwives to take up the lack of family physician attendance; besides, family physicians tend to refer to obstetricians so **more and more obstetricians are attending low-risk childbirth.***
- *Obstetricians are trained, and trained very well, in the care of women who have high risk pregnancies. But their 'high-risk' approach to care can result in more interventions being done on women for whom the interventions are less appropriate, less effective and less evidence based.*
- ***From a system perspective, there is a growing mismatch in approach required and applied***



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**HARRY BELIEVED IN
HAVING THE RIGHT
TOOL FOR THE WRONG
JOB**



Should obstetricians be attending low-risk birth?

- *Obstetricians are trained to manage high risk pregnancies, which often require vigilance and intervention.*
- *Midwives are trained to manage 'low risk' pregnancies in a way that is vigilant but in a way that is less interventive; this can take time and patience .*
 - *The philosophy behind midwife-led care is a focus on normality and being cared for by a known, trusted midwife during labour*
 - *The emphasis is on the natural ability of women to experience birth with minimum intervention*



With Woman

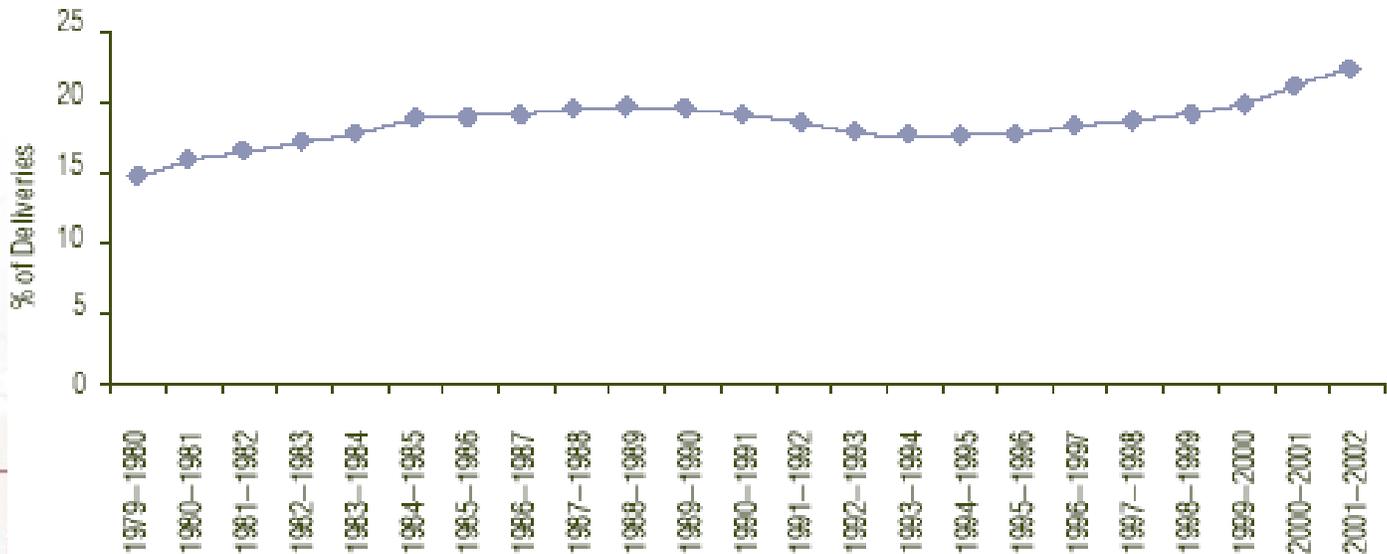


Consequences?

Caesarian Section Rates (*Canada*)

Canadian Caesarean Section Rates

Except for a dip in the early 1990s, Canada's caesarean section rate has increased in the last two decades. It reached an all-time high of 22.5% of in-hospital deliveries in 2001–2002.

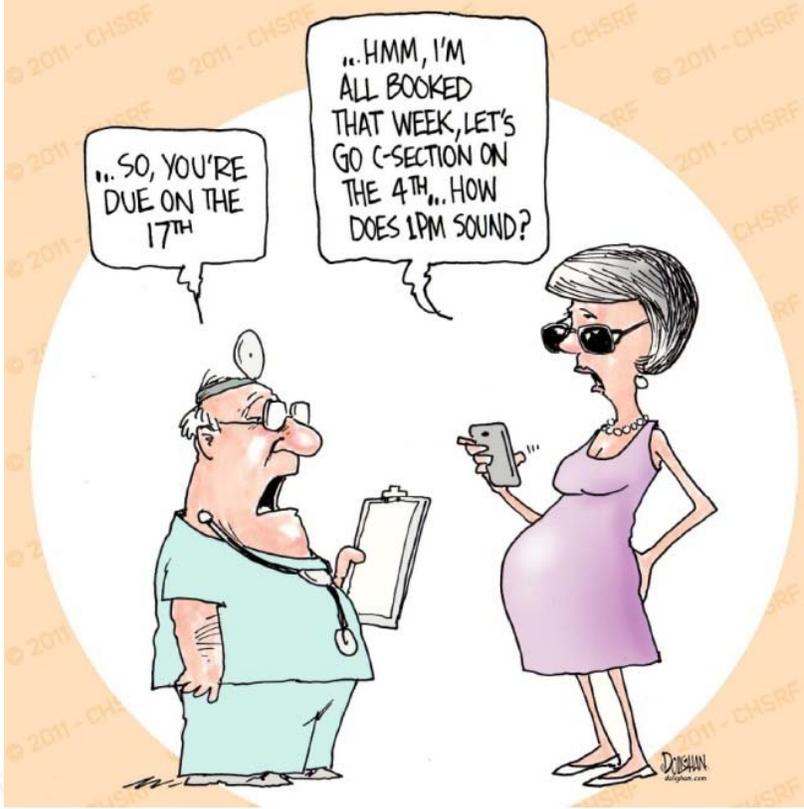


Sources: Statistics Canada (1979–1980 to 1993–1994); Hospital Morbidity Database, CIHI (1994–1995 to 2001–2002)

Top 5 reasons for inpatient surgeries in 2012–2013:



- **C-section delivery: 100,686 surgeries**
- Knee replacement: 57,829 surgeries
- Hip replacement: 47,297 surgeries
- Hysterectomy: 40,127 surgeries
- Coronary artery dilation: 40,074 surgeries



***Myth:** C-sections are on the rise because more mothers are asking for them*

***Fact:** Clinical practice guidelines are not consistently implemented (Labour induction, VBAC, dystocia)*

CHSRF  FCRSS

 uOttawa


CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Development of MSH-CARES



□ Problem:

- Rising C/S and induction rates (25% in 2005; 29.7% in 2009/10) at MSH (Toronto, Central LHIN)
- Inappropriate inductions
- Very few women choosing VBAC despite high success rate

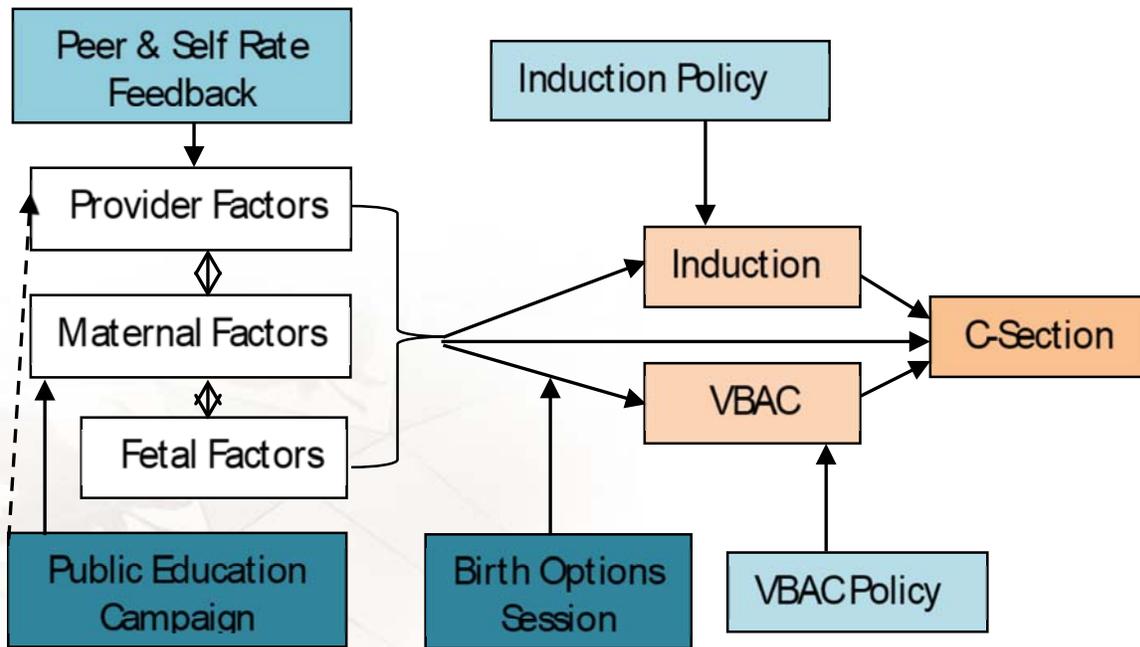
□ Context:

- Increasing annual birth volume (10% increase in births from 2004/05 to 2011/12; 3100 births/yr)
- No projected increase in funding



Evidence Based Interventions

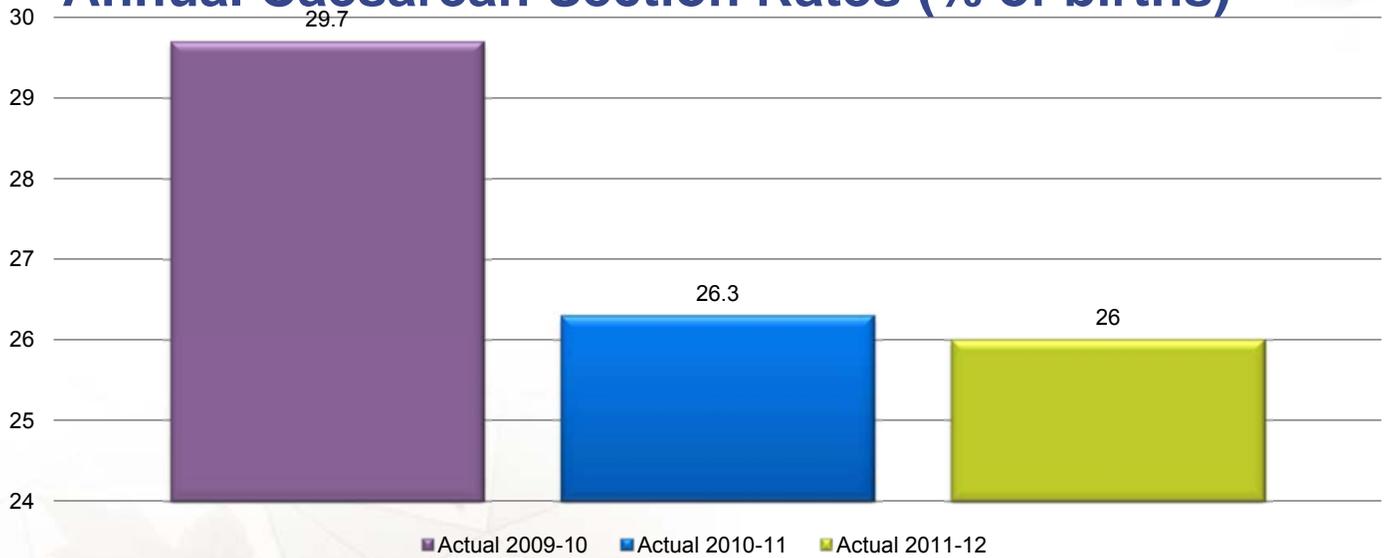
MSH-CARES Targets and Outcomes



Promising Results



Annual Caesarean Section Rates (% of births)



For more information:
www.pushingforthebestchoice.ca





Cost of C-Sections

- C-sections are more costly than vaginal births, because they require more resources like operating room space, anesthesiologists and nursing care, as well as a longer hospital stay.
 - a C-section costs \$4,600, compared with \$2,800 for a vaginal birth (CIHI 2006).
- Pulling back the curtain on rising c-section rates:
<http://healthydebate.ca/2014/05/topic/quality/c-section-variation>

Economic of Midwifery



- *Evaluations of the specific model of care in Canada/Ontario found that midwifery care resulted in fewer obstetrical interventions compared to services provided to low-risk women by family doctors:*
 - *a 38% lower c-section rate,*
 - *62% fewer instrument-assisted births,*
 - *double the number of women discharged within 48 hours of birth, and*
 - *lower maternal/newborn hospital readmission rates.*

Economic of Midwifery



- Cochrane review:
<http://www.cochrane.org/reviews/en/ab004667.html>
 - Midwifery care is associated with fewer instrument-assisted births, lower C-section rates, and reduced hospital stays (Hatem, Sandall, Devane, Soltani, & Gates, 2008).
 - most women should be offered midwife-led models of care



Economic of Midwifery



- Hospital-based midwife deliveries are reported to save the Ontario health care system \$800 per birth and home deliveries to save \$1,800 (AOM, 2007).





Place of Birth

- Midwifery in hospital & midwifery led hospital units
- Safety of Home births
 - CAM Position on Home Birth
 - “The best available evidence from North America and international studies demonstrates that midwife attended home births are associated with optimal labour and birth outcomes. Midwife attended planned home births in Canada are associated with fewer obstetrical interventions and no increase in maternal/fetal/neonatal mortality or morbidity compared to births planned to be in hospital.”
 - <http://www.canadianmidwives.org/DATA/TEXTEDOC/CAMACSF-HomeBirthPS-FINAL-2013ENG.pdf>
- The option of Birth Centres





Birth Centres

- Quebec
 - 17 Maisons de naissance
- Ontario
 - Toronto Birth Centre
 - Ottawa Birth Centre
- Manitoba
 - Women's Health Clinic
- Alberta
 - Arbour Birth Centre in Calgary
 - Lucina Birth Centre in Edmonton



Aboriginal Midwifery Practices



Name	Year Opened
Quebec:	
Inuulitsivik Health Centre, Nunavik	1986
Tulattavik Health Centre, Nunavik	2009
Nunavut	
Rankin Inlet Birthing Centre (RIBC)	1993
Cambridge Bay Birth Centre	2010
Northwest Territories	
Fort Smith Health and Social Services Midwifery Program	2005
Manitoba	
Kinosao Sipi Midwifery Clinic, Norway House Cree Nation	2006
Ontario:	
Seventh Generation Midwives Toronto	2005
Tsi Non:we Ionnakeratstha Ona:grahsta' Six Nations Maternal and Child Centre	1996
Kontinenhanónhnha Tsi Tkaha:nayen, Tyendinaga Mohawk Territory	2012
Neepeeshowan Midwives, Attawapiskat	2012
K'Tigaaning Midwives, Powassan	2013
Ionteksa'tanoronhkwa "child-cherishers" Homebirth Midwives, Akwesasne	2013



Place & Value of Work

- Must acknowledge start up costs – for a new profession and a new work locale
- Important to not cut costs in the system on the backs of midwives
 - What they do/don't do
 - Not who they are
- Pay Equity/Retention
 - “Caring Dilemma”

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For more information, copies of reports & update on progress please go to:

www.ivylynnbourgeault.com

Thank you

