

Benefits of Midwifery to the Health Care System

A Case for Midwifery

See bottom of document for a list of referenced reports & studies

THE MATERNITY CARE CRISIS

Facts & Stats:

- A maternity care crisis is underway due to the high attrition rate of doctors who provide maternity care and the difficulty in attracting new practitioners to the specialty (Solving the Maternity Care Crisis - BC Centre for Excellence in Women's Health).
- In June 2006 at the Women's Health Conference, Dr. David Polkin OB/GYN called for more midwives in BC to help counter the 1000 obstetricians expected to retire over the next five years.
- Less than half of family physicians in Canada offer maternity care to their patients (Solving the Maternity Care Crisis - BC Centre for Excellence in Women's Health).
- Deliveries by midwives increased in B.C. from 4.8% to 6.6% from 2001/02 to 2004/05 for a total of 2639 B.C. women choosing midwifery care in 2005. (The BC Perinatal Database Registry data)
- Changes in practice patterns due to a decrease in family physicians attending deliveries. (CIC – Giving Birth in Canada)
- Although reports on future of health care in Canada address the shortage of health care professionals, midwifery is not mentioned as a way to increase the numbers of maternity care providers. (Solving the Maternity Care Crisis - BC Centre for Excellence in Women's Health).

RURAL MATERNITY CARE

- There is a changing climate of care because fewer obstetricians (and anesthesiologists) are available in rural communities; influencing the choice of care provider and method of delivery. Women are choosing midwives to attend delivery at home or hospital.
- Rural and remote midwives have a high burnout and attrition rate. Where resources are severely limited, midwives must limit their practice because of inadequate provisions for back-up by physicians and emergency health services. (Solving the Maternity Care Crisis – B.C. Centre for Excellence in Women's Health)
- In BC, the rural communities are experiencing a doctor shortage, a maternity ward shortage, and a midwife shortage. (Summary on the State of Rural Maternity Care in B.C.)
- A growing number of women from rural areas are being forced to deliver away from their home communities because of a nation-wide shortage of obstetrical care providers and the centralization of services due to the regionalization and system restructuring. (Summary on the State of Rural Maternity Care in B.C.)
- In British Columbia since 2000, 13 small maternity services have closed their doors and 3 others have suspended services temporarily. (BC Reproductive Care Program 2000; Summary on the State of Rural Maternity Care in B.C.)

MIDWIFERY MODEL OF CARE

- The needs of the mother and her baby are at the centre of the midwifery model of care.
- Midwives provide comprehensive maternity care to women having low risk pregnancies, based on the recognition that pregnancy is a natural, healthy process.
- Midwives build a trust relationship with their clients, work with them to make informed choices about their care, and are accessible on-call 24/7.
- According to the Canadian Institute for Health Information, pregnant women consistently give high priority to working with “known care providers.” A known care provider removes much of the anxiety from childbirth, and this often contributes to better outcomes, fewer costly interventions, reduced ER visits, and greater client satisfaction.
- Investing in midwifery is a practical way to ensure that expectant mothers and babies get the quality care they need in their communities.

BENEFITS OF THE MIDWIFERY PROFESSION – QUALITY CARE

- Around the clock care by a midwife reduces ER visits and creates savings for the health care system.
- Midwife attended hospital births reduces hospital stays, lowers re-admission rates, and lowers obstetrical intervention rates, for example, induction, forceps extraction, and c-section delivery.
- Midwives counsel, monitor and support the health of the mother from early in the pregnancy, through birth and the post-partum period. Continuity of care is an important aspect of midwifery care.
- Healthy mothers and newborns access the health care system less frequently in the weeks after birth, resulting in greater savings largely due to the care they receive from a midwife. Breastfeeding support in the early weeks after the birth ensures longer breastfeeding success.
- By regulating and publicly funding midwifery, the province has provided important support for the growth of the profession. The province now needs to focus on sustaining the profession to allow more women to benefit from midwifery care.
- Women cared for by midwives are less likely to have their labour induced or have an episiotomy; complication rates and perineal tears were also lower. Women cared for by midwives were significantly more satisfied with the care they received. (Giving Birth in Canada: Providers of Maternity & Infant Care)

COSTS OF HAVING A BABY IN CANADA (reference: Giving Birth in Canada: The Costs)

- Services such as epidurals and inductions are becoming increasingly common for complicated and uncomplicated deliveries which may have implications for the costs of obstetrical care; Inductions are more costly to the health care system.
- Rates of medical and surgical inductions rose 53% from 1991/1992 to 1999/2000 and continue to rise to reach 21.3% of all deliveries in 2003/2004.
- A vaginal delivery with no complications costs approximately \$2,700; a complicated delivery was approximately \$3,200; caesarean deliveries about \$4,600 per patient.

- Total spending on health care for mothers and babies is approximately 1 in 10 dollars spent by hospitals on inpatient care. In 2002 to 2003 this accounted for an estimated \$821 million on pregnancy and childbirth services. (Giving Birth in Canada: The Costs)

MIDWIFERY ACROSS CANADA & AROUND THE WORLD

Country	Number of Registered Midwives	% of Total Births attended by midwives	Year
Canada	400	2%	2002
New Zealand	3,780	70%	2004
England & Wales	25,000	70%	2007

- Despite a scope of practice conducive to providing care for 80 to 90% of Canada's childbearing women, midwives currently attend approximately 5% of births in provinces where they are regulated and 2% nationwide. (Solving the Maternity Care Crisis - BC Centre for Excellence in Women's Health)

Province	Legislation Year	Funded	Home/Hospital/Birth Centre	Midwifery School
BC	Yes (1998)	Yes	Home/hospital	Yes
Alberta	Yes (1998)	No	Home/hospital/birth centre	No
Saskatchewan	Yes (not proclaimed)	No	Home	No
Manitoba	Yes (2000)	Yes	Home/hospital	No
Ontario	Yes (1994)	Yes	Home/hospital	Yes
Quebec	Yes (1999)	Yes	Birth centre	Yes
N.W.T	Yes (2004)	Yes	Home	No
Nun.	Partially (one pilot project)	Partially	Birth centre	No

Source: *Giving Birth in Canada; Providers of Maternity & Infant Care, pg. 11*

- Publicly funded midwifery care is only available in Ontario, British Columbia, Manitoba, Quebec and N.W.T. In Alberta, midwifery care is regulated but their services are not funded; prices vary per region but midwifery services cost Alberta families approximately \$2,500 per course of care in out-of-pocket expenses. (Giving Birth in Canada: Providers of Maternity & Infant Care)
- Canada is the last developed country to legally recognize the practice and profession of midwifery. (Midwifery in Canada: Directions for Research)
- Between 1993 and 2002, the number of regulated midwives practicing in Canada grew from 96 to 413, a 300% increase. (Giving Birth in Canada: Providers of Maternity & Infant Care)
- Ontario has 333 (2005) practicing midwives; with approximately 60-80 midwifery graduates entering into the market each year. Ontario midwives are in high demand; approximately 40% of pregnant women struggle to find and obtain midwifery care.
- Ontario's McGuinty government increased funding for midwives in 2005 by investing \$13.8 million to support the growth of midwifery and increase the number of midwives. Health and Long-Term Care Minister George Smitherman is quoted as saying "*midwives are providing important support for the government's vision for health care.*"

OBSTACLES TO SUSTAINING MIDWIFERY

- Rate of pay inadequate to meet costs of supplies, overhead and fees. (Solving the Maternity Care Crisis - BC Centre for Excellence in Women's Health)
- Financial concerns and active practice requirements, part-time practice is not feasible for many midwives. (Solving the Maternity Care Crisis - BC Centre for Excellence in Women's Health)

OTHER RELEVANT INFORMATION

Giving Birth in Canada: Providers of Maternity & Infant Care (published April 21, 2004) reports that "The government of British Columbia has earmarked \$2 million to encourage more physicians to continue delivering babies. Physicians with low obstetrical caseloads will receive a 50% bonus for up to 25 deliveries a year."

REFERENCE REPORTS & STUDIES:

- **Solving the Maternity Care Crisis: Making Way for Midwifery's Contribution** (BC Centre of Excellence for Women's Health)
http://www.bccewh.bc.ca/policy_briefs/Midwifery_Brief/midwifbrief%20v4.pdf

Canadian Institute for Health Information Reports

- **Giving Birth in Canada: The Costs** – published April 29, 2006
- **Giving Birth in Canada: A Regional Profile** – published Sept 9, 2004
- **Giving Birth in Canada: Providers of Maternity & Infant Care** – published April 21, 2004
http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_1106_E&cw_topic=1106

BC Centre of Excellence for Women's Health Reports

- **Midwifery in Canada: Directions for Research** – proceedings from a National Invitational Workshop on Midwifery Research, May 9-11, 2001, Vancouver BC
- **Midwifery: Building Our Contribution to Maternity Care** – Proceedings from a Working Symposium May 1-2, 2002, Vancouver BC
- **Pushing for Change: Challenges of Integrating Midwifery into the Health Care System** – part of the series Perspectives on Midwifery by Jude Kornelsen
<http://www.bccewh.bc.ca/Pages/pubspdflist3.htm>
- Rural Maternity Care Research: **Rural Women's Experiences of Maternity Care: Implications for Policy and Practice** - published July 2005
Principal Investigators: Jude Kornelsen and Stefan Grzybowski
<http://www.ruralmatresearch.net/>
- Rural Maternity Care Research: **A Summary on the state of rural maternity care in B.C.**
Principal Investigators: Stefan Grzybowski and Jude Kornelsen
<http://www.ruralmatresearch.net/>

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- **British Columbia Perinatal Database Registry – 2005 Annual Report**
<http://www.rcp.gov.bc.ca/newsletters/Annual%20Report%202005.pdf>
- **The University of British Columbia, Midwifery Scholarly Activities**
<http://www.midwifery.ubc.ca/scholarlyActivities.html>
- **The Midwifery Option: A Canadian Guide to the Birth Experience**
by Miranda Hawkins & Sarah Knox, published by HarperCollins, copyright 2003

Reports that cite the need for multidisciplinary teams of care providers to help with maternity crisis

- **Maternity Care Enhancement Project 2004.** Jointly funded by the British Columbia Medical Association and the Ministry of Health Services.
- **Ontario Women's Health Council: Ontario Maternity Care Expert Panel – Emerging Crisis, Emerging Solutions 2006**
- **Multidisciplinary Collaborative Primary Maternity Care Project (MCP2).** Funded by Health Canada, Primary Health Care Transition Funds, 2006.