



BC Midwives Start Contract Talks with Ministry of Health

Vancouver, BC (March 5, 2007) – Midwives play an essential role in B.C.'s maternity care system and are calling for a contract that recognizes their contribution and value in the health care system. The midwives' contract with the Ministry of Health expires on March 31, 2007.

Midwives provide comprehensive maternity care to women having low risk pregnancies - spending 45-60 minutes on each prenatal appointment, continuous one-to-one care during labour and delivery, making visits to hospital or home several times over the first week postpartum and continuing care until six weeks after delivery.

With a maternity care crisis underway (a high attrition rate of doctors who provide maternity care) and fewer obstetricians and anesthesiologists available in rural communities, midwives deliver a cost-effective and critical component to the health care system.

“More B.C. women should have the option to use midwifery services but are hindered by long wait lists in some areas and limited number of midwives practicing in others,” says Midwives Association of B.C. president Elizabeth Andrew. “Midwives can ease the burden of the doctor shortage and midwife deliveries cost the system less money for more care. In order to build a quality network of professional midwives, B.C. needs to provide the same benefits and funding that other medical professions possess. B.C. has largely been ignoring and under-funding the midwife option.”

Midwives deliver 6.6% of babies born in B.C. each year (2,639 in 2005). There are 102 midwives currently practicing in B.C.; each one is licensed to care for 40 clients a year. All services provided by Registered Midwives are covered by the Medical Services Plan and funded by the Ministry of Health.

Midwives have been regulated by the government and publicly funded since January 1998. 2007 marks the 10th Anniversary of this regulation.

In November 2005, the provincial government announced a new negotiating framework for all public sector employees which included an early signing incentive package. Since that time 139 (97%) public sector agreements have been ratified, there are however, a remaining 3% who like the BC Midwives have yet to sign their agreement.

MABC president, Elizabeth Andrew and chief negotiator, Neil Patton have identified these **key priorities for bargaining**:

- Health benefits package that will help recruit and retain midwives in BC
- Rural incentives
- Increased opportunities for funding and professional development

Select Maternity Care Facts, Midwifery Benefits and Care Costs

- A growing number of women from rural areas are being forced to deliver away from their home communities because of nation-wide shortage of obstetrical care providers and the centralization of services to the regionalization and system restructuring.
- In B.C. since 2000, 13 small maternity services have closer their doors and 3 others have suspended services temporarily.
- Midwife attended hospital births reduces hospital stays, lowers re-admission rates, and lowers obstetrical intervention rates (induction, forceps extraction and c-section delivery)



- A vaginal delivery with no complications costs approximately \$2,700; a complicated delivery is approximately \$3,200 and caesarean deliveries about \$4,600 per patient.
- The rates of medical and surgical inductions are more costly to the health care system.

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For more information, see support documents, which are available upon request:

- BENEFITS OF MIDWIFERY TO THE HEALTH CARE SYSTEM – A Case for Midwifery
- MIDWIFERY IN BRITISH COLUMBIA

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