



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA

PROGRESS REPORT

OCTOBER 2016

WE ARE
MIDWIVES

WE ARE COLLABORATORS

WE ARE SKILLED

WE ARE DIVERSE

WE ARE INCLUSIVE

WE ARE ADVOCATES

BCMIDWIVES.COM





In 2014, The Midwives Association of BC (MABC) released “A New Vision for Midwifery and Maternity Care in British Columbia” which identified unmet needs in BC’s maternity care system and highlighted specific policy and program improvements to address the issues. The key goal of the recommendations was to improve maternity care for women and families. MABC’s vision outlined how improved access to maternity care could be achieved by increasing midwife involved births to 35% in BC by 2020.

Not only is a target of 35% realistic, but achieving this goal would provide better care for expectant mothers and families, especially in rural and remote communities, relieve pressure on an over-burdened system and reduce costs to the Ministry of Health.

The Vision was a concerted effort by MABC to provide a framework to move forward constructively, professionally and in partnership with all parties to find the solutions we need to the challenges facing maternity care in this province.

This progress report is intended to provide an update on the advancements and achievements of MABC, the provincial government and its various agencies to date.

ABOUT MIDWIFERY

Registered midwives are primary maternity health care providers who are experts in low-risk pregnancy and birth. They have medical training that specializes in pregnancy, birth and postpartum care for mothers and babies. Midwifery is a safe, recognized and growing choice for maternity care in BC and around the world. The MABC is the professional organization representing registered midwives in BC.

Midwifery has been regulated in BC under the *Health Professions Act* since 1998. Midwives are university educated, their services are covered by MSP and are provided in both hospital and home settings.

MIDWIFERY SERVICES

- Care from early pregnancy, through labour and six weeks post-birth
- Prenatal laboratory tests
- Genetic screening and diagnostics
- Ultrasound imaging
- Procedures and medications
- Access to a full range of comfort and pain relief options, including epidurals

BC MIDWIF

BC IS LEADING THE NATION

CROSS COUNTRY COMPARISON

	# OF MIDWIVES IN PRACTICE	% OF BIRTHS WITH MIDWIVES
British Columbia	278	21%
Alberta	109	5%
Saskatchewan	14	3%
Manitoba	52	5.5%
Ontario	708	15%
Quebec	144	3.5%
Newfoundland and Labrador	0	0%
Nova Scotia	9	3%
New Brunswick	0	0%
Prince Edward Island	0	0%
Nunavut	2	15%
Northwest Territories	4	12.5%
Yukon	0	0%



ERY-BY-THE-NUMBERS

21% OF BIRTHS IN BC WERE
MIDWIFE ASSISTED IN 2015/16

18 HOURS AVERAGE REDUCTION IN HOSPITAL
STAY DURATION AFTER A MIDWIFE
ASSISTED BIRTH

12% MORE MIDWIFE ASSISTED
BIRTHS THAN THE
NATIONAL AVERAGE

278 REGISTERED
MIDWIVES
PRACTICING
IN 2015/16

42% FEWER CAESAREANS
IN MIDWIFE ASSISTED
BIRTHS THAN
THE PROVINCIAL
AVERAGE

9,175 TOTAL NUMBER
OF BC MIDWIFE ASSISTED
BIRTHS IN 2015/16

PROGRESS

WE ARE ON TRACK TO ACHIEVE OUR VISION OF 35%.

Many BC communities, such as Duncan, Campbell River, and Nelson, are already exceeding this goal. Overall, midwives working within Island Health are already involved in 35% of births and 30% of midwifery clients in the Interior Health region are choosing home births. Midwifery is a growing choice for many British Columbians.

HIGHLIGHTS OF SUCCESS

- Midwives currently assist in over 21% of births in BC, the highest rate in Canada
- The number of midwives practicing in BC has grown to almost 280, exceeding MABC's projections by approximately 20%
- The number of midwife assisted births has also grown faster than expected, exceeding MABC projections by 62%

SAVINGS TO GOVERNMENT

MABC and the provincial government have a strong, collaborative track record to build upon. The progress made in the last few years has helped BC's registered midwives improve access to care and is shaping the future of maternity care in British Columbia.

Our Vision document identified how the Ministry of Health would save money through reduced hospital stays, an increase in home births, a reduction in C-sections and other interventions by expanding access to midwifery services. To date the Ministry has saved over \$4.6 million as a result of investing in midwifery care, more than \$1.2 million above the savings projected in the Vision document.

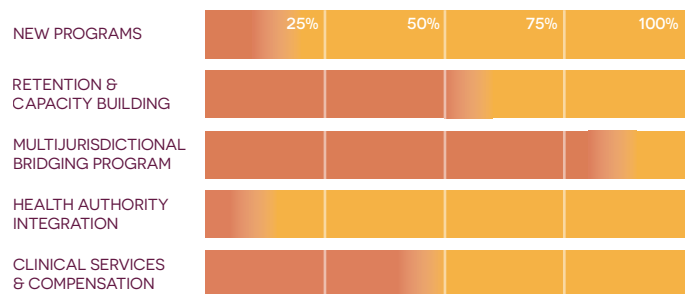
While these savings are modest to date, every penny saved can be reinvested into our health system for the benefit of all British Columbians. We remain on track to achieve the \$60 million in savings outlined in our Vision.

\$4.6 MILLION GOVERNMENT SAVINGS TO END OF 2014/15
\$1.2 MILLION ABOVE PROJECTED SAVINGS



PROGRESS ON POLICY RECOMMENDATIONS

The Vision document outlined several potential policy changes and programs* that would enhance midwifery care, provide better services to patients and lead to better outcomes. The following represent MABC's grading of the progress made to date in five key areas.



* For a full list of all the recommendations and programs identified, please refer to pg 11-12 of the Vision document. Available at www.bcmidwives.com



CONCLUSIONS AND RECOMMENDATIONS

Midwifery in BC has seen positive growth since our Vision was released in 2014. This growth is in large part due to the commitments made by the provincial government to expand UBC's midwifery program and invest in programs to recruit and retain midwives in BC. MABC is thankful for the support the provincial government has demonstrated in its commitment to improve access to maternity care.

Based on the progress made to date, MABC strongly encourages the provincial government to maintain its commitment to midwifery services and continue to look for new ways to expand the service offerings. There are four specific recommendations MABC has to help continue to drive change forward:

- 1. APPROVE SCOPE OF PRACTICE CHANGES**
Proposed by the College of Midwives of BC, these changes will support midwives to provide essential health care in underserved communities.
- 2. IMPLEMENT PROVINCIALY FUNDED ALTERNATIVE PAYMENT MODELS (APM) IN RURAL AND REMOTE COMMUNITIES**
APM's will improve access to perinatal care and support long term, sustainable practice.
- 3. IMPROVE HEALTH AUTHORITY INTEGRATION OF MIDWIVES**
Integration will support collaborative, interdisciplinary, community and patient centered care.
- 4. INCLUDE MIDWIVES IN E-HEALTH PLANNING**
This will ensure all maternity care is safely integrated at local, regional and provincial levels and provide funding to enable midwives to access electronic medical records systems.

MIDWIVES WERE INVOLVED IN
21% TOTAL PREGNANCIES



MIDWIVES ASSISTED IN
12% MORE BIRTHS
THAN THE NATIONAL AVERAGE

CLOSING THE
**MATERNITY
CARE GAP**

**REGISTERED
MIDWIVES ARE**

**HIGHLY
TRAINED**
& UNIVERSITY EDUCATED

COVERED
**WITH A BC
CARE CARD**



MIDW



MIDWIVES
of BRITISH

BY INCREASING

MIDWIFE ASSISTED BIRTHS TO **35%**

\$60 IT WOULD RESULT IN APPROXIMATELY
MILLION IN SAVINGS

BETWEEN NOW & 2020



THE WORLD HEALTH ORGANIZATION
RECOGNIZES THAT MIDWIVES HELP ENSURE THE
**HEALTH & WELL-BEING
OF WOMEN & BABIES**

35%

HIGHEST
PERCENTAGE OF
MIDWIFE-INVOLVED

**BIRTHS
WERE ON
VANCOUVER
ISLAND**

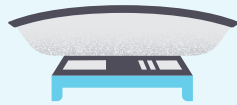
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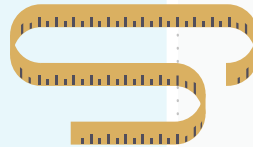
BRITISH COLUMBIA MIDWIVES INFORMATION

GENERAL MIDWIFE INFORMATION

MIDWIFERY HAS BEEN
**REGULATED AS A
 PROFESSION IN BC**
 UNDER THE HEALTH PROFESSION ACT
SINCE 1998



MIDWIVES ATTENDED MORE THAN
9,000 BIRTHS



FEWER
 PRENATAL, NEWBORN
 & POSTPARTUM HOSPITAL
ADMISSIONS

MIDWIVES

IMPROVED
 HEALTH OUTCOMES



**42%
 FEWER
 CAESAREANS**

IN MIDWIFE-ASSISTED
 BIRTHS THAN THE
 PROVINCIAL AVERAGE



MILLIONS SAVED
 IN HEALTH CARE SPENDING

SHORTER
**HOSPITAL
 STAYS**



**REDUCED
 PRETERM**
 BIRTH RATES

INCREASED
**BREAST FEEDING
 SUCCESS RATES**

REDUCED RATES
 OF MEDICAL INTERVENTIONS

ASSOCIATION
 COLUMBIA

MIDWIVES PROVIDE
WEEK POSTPARTUM CARE
 AT HOME & CLINIC

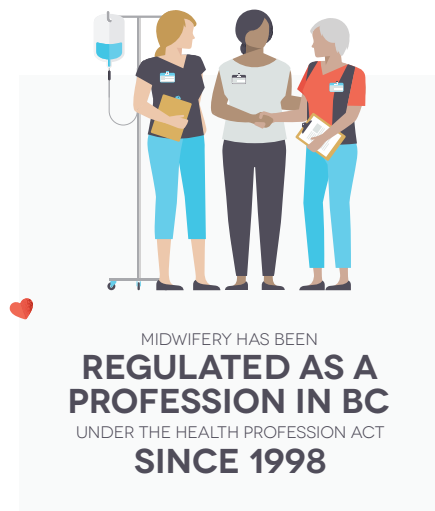




COLLABORATIVE CARE

MABC has been working with stakeholders, such as the First Nations Health Authority and regional health authorities, to develop practice models to better support maternity and newborn care in rural and remote communities. One example is the new two-midwife model of maternity care in Haida Gwaii. In February 2016, many stakeholders came together to celebrate this new interdisciplinary and community centred model of care. The new model offers an appropriate compensation structure to allow for more sustainable practice while supporting the midwives, physicians, health care workers and facilities to better meet the needs of their communities.

MABC is committed to addressing locally identified health care issues to help bring care closer to home. Innovative solutions can be found and show what is possible when communities lead the way. Now is the time for the agencies of the provincial government and all BC's maternity care providers – physicians, obstetricians, nurses, nurse



practitioners and midwives – to find new and better ways to work more collaboratively. By working together to identify and meet the needs of BC's families, we will improve access to care and achieve better health outcomes.