



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA

ABOUT MIDWIFERY



WHAT IS A MIDWIFE?

In a nutshell, midwives are experts in healthy pregnancy and birth.

Registered Midwives in BC offer primary prenatal and perinatal care to healthy pregnant people and their newborn babies from early pregnancy, through labor and birth, until about six weeks following delivery. What does this really mean? Midwives listen, observe, educate, guide and care. They order and interpret tests and discuss results. They screen for physical, psychological, emotional and social health. The word midwife means “with women” but midwives are with all birthing people during pregnancy, labour and birth, normal and complicated. They catch babies. They do home visits after the baby is born. They help with feeding and lactation and adjusting to life with a new baby. They work together and with other health professionals.

They practice evidence based, client-centered care for pregnant parents and newborns and are an established part of the BC health care system.

DO I NEED REFERRAL?

No referral is required.

HOW DO I FIND A MIDWIFE?

Simply look up the contact details of your local midwifery practices and give them a call. To help you find a midwife in your area, use the searchable map on our website.

ARE MIDWIFERY SERVICES REGULATED?

Midwives are registered with and regulated by the College of Midwives of British Columbia (CMBC) according to the BC Health Professions Act, the Midwives Regulation and the CMBC Bylaws. Midwives have been regulated and legally recognized as autonomous health care practitioners in BC since 1998.

ARE THE COSTS OF MIDWIFERY SERVICES COVERED IN BC?

BC Ministry of Health funding covers the cost of midwifery services for all BC residents with a valid Carecard through the BC Medical Services Plan (MSP).

WWW.BCMIDWIVES.COM



CAN I HAVE A DOCTOR AND A MIDWIFE?

The BC Medical Services Plan covers only one primary care provider for the duration of your pregnancy and birth, to six weeks following delivery for healthy pregnancies. The choice of caregiver during your pregnancy is up to you. Midwives are experts in healthy pregnancy and normal birth and consult with family doctors and other specialists such as obstetricians as the need arises. Six weeks after delivery, when your midwifery care is completed, you will be transferred back to your family doctor who will resume responsibility for the health of you and your new baby. Clients who do not have a family doctor are responsible for making arrangements for their ongoing primary care. Your midwife can provide you with more information on finding a doctor for your family.

I AM NOT COVERED BY THE BC MEDICAL SERVICES PLAN. CAN I STILL HAVE A MIDWIFE?

If you are a refugee covered by the Interim Federal Health Program (IFHP) you can call the Midwives Association of BC (MABC) at 604-736-5976 to find a midwife registered with Medavie Blue Cross in your area. If you are not a refugee your first step is to make contact with a midwifery clinic and discuss with them the option of paying for your care privately. Midwives cannot charge you more than they bill the government, however that cost does not include supplies, laboratory tests and blood work, ultrasound scans, or any hospital or physician charges including the costs associated with hospital births.

WHEN SHOULD I CALL TO MAKE MY FIRST APPOINTMENT WITH A MIDWIFE?

Contact a midwife as soon as you know you are pregnant. Midwifery practices may become full quickly depending on the community

and practice volume, however you can call at any time as spaces may become available or a practice may not be full for any given month. If you started your pregnancy in the care of a doctor and would like to transfer to a midwife, it is possible to do so but it may be difficult to find an available practice.

HOW OFTEN DO I SEE A MIDWIFE?

Midwife visits happen slightly more often than visits with doctors in pregnancy. Most visits in the first part of pregnancy are scheduled every three to six weeks and last between 30–60 minutes. In the third trimester visits are scheduled more frequently and are often every week during the last month of pregnancy. Longer visits allow for physical, emotional and social health assessments and allow time for informed decision making and the development of a trusting relationship between clients and their care providers. Visits after your baby is born usually take place wherever you are. This may be in the hospital initially after a hospital birth, and then at home once you've returned, or at home after a home birth. After the first week or two, visits usually happen in the clinic and continue for about six weeks when your care is transferred back to your family doctor. Between visits, midwives provide 24/7 call coverage for urgent care or concerns.

HOW MANY MIDWIVES WILL BE INVOLVED IN MY CARE?

Midwives often work in groups of two or three, but may also work as solo providers or in interdisciplinary teams with other care providers such as doctors or nurses. 24/7 call coverage will always be offered. In small group practices most clients will have met all of the midwives in the group by the time labour begins. The CMBC Midwifery Model of Practice document highlights the concept of continuity of care in providing safe, individualized care.





WHAT IS THE WORKING RELATIONSHIP BETWEEN MIDWIVES AND OBSTETRICIANS?

Midwives consult with family doctors, obstetricians, pediatricians and other specialists as the need arises. A transfer of care could arise with more urgent scenarios. Unless the complication arises early in pregnancy midwives often remain involved in a supportive role, with care sometimes transferred back once the complication has resolved. In these cases midwives nearly always remain involved in the care provided.

WILL I HAVE ACCESS TO THE SAME TESTS AND PRESCRIPTIONS THAT I WOULD HAVE HAD WITH A DOCTOR?

Midwives offer a complete panel of prenatal laboratory tests, genetic screening and diagnosis options, ultrasound imaging and many other tests and procedures for pregnant people and

newborns. A midwife's scope of practice includes the use of many medications that may be indicated in pregnancy, during labour including emergency situations or pain medication, and for client or baby following birth. If medication or testing is required outside of this scope of practice, midwives consult with and refer to doctors as indicated for more specialized care.

COULD COMPLICATIONS RULE OUT MIDWIFERY SERVICES?

This is possible depending on your personal circumstances. During your initial visit, the midwives should be able to give you an idea of whether or not the care you need is covered by their scope of practice. Should complications arise while in a midwife's care at any time, the CMBC website offers a guideline that will help inform the decision to consult with or transfer care to the appropriate doctor or other specialist. Individual hospitals also often have policies on when consultation or transfer may take place.

CAN I CHOOSE WHERE I GIVE BIRTH: AT HOME OR IN HOSPITAL?

Midwives offer the choice of birthplace to those who are healthy and low risk, based on the principles of informed decision making. On average, 70% of births attended by midwives occur in hospitals. This number varies by practice and community. For more information on home birth in BC read the CMBC *Place of Birth Handbook for Clients*. A large study on homebirth in British Columbia is available on the Canadian Medical Association website. Also, *Home Birth: An annotated guide to the literature* is available through the UBC Division of Midwifery.

WHAT PAIN RELIEF OPTIONS ARE AVAILABLE FOR ME?

Midwives offer a range of natural and pharmaceutical pain relief options, including access to epidurals. It is paramount in midwifery care that clients have access to the information necessary to make informed decisions about the use of pain relief options. These options are discussed during prenatal visits as well as during prenatal classes should you choose to attend classes in your community.

WHAT HAPPENS IF I HAVE TO HAVE A C-SECTION?

Midwives have a 42% lower cesarean section rate than the provincial average. However, in certain circumstances a cesarean birth

may be recommended as a safer option than physiological birth. In most situations midwives are involved in the decision making process whether in labour or prenatally, and will usually be present during cesarean births and for healthy baby care afterwards. Hospital stays are longer after a cesarean section birth; therefore, midwives visit families and their babies in hospital until they have returned home.

WHAT IF I HAVE A PROBLEM UNRELATED TO PREGNANCY?

Clients continue to see their family doctor, or other specialist physician, for health issues unrelated to pregnancy.

WHAT IS THE DIFFERENCE BETWEEN A MIDWIFE AND A DOULA?

Doulas do not provide medical care and do not deliver babies. Midwives are trained to provide all the necessary medical care and to monitor the health and well-being of you and your baby. Doulas work as a part of the team, with a midwife or doctor and nurse. Doulas provide continuous emotional and physical support to the labouring person and their partner, and are a positive addition to the birth team for couples who want extra support. For more information about doulas, please visit the BC Doula Services Association.

I ♥ BC
MIDWIVES

More information about midwifery in BC, and tips on how to find a midwife can be found at www.bcmidwives.com

Midwives Association of British Columbia

Phone: 604-736-5976 Fax: 604-736-5957

www.bcmidwives.com office@bcmidwives.com