

Healthy Babies

Healthy Moms

Healthy Families



A New Vision for Midwifery and Maternity Care in British Columbia

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Midwives Association
of British Columbia

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Registered midwives are primary maternity health care providers who are experts in low-risk pregnancy and birth. They have extensive 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. Universal access to midwifery services is an essential part of health care in BC.

The Midwives Association of British Columbia (MABC) is the professional organization representing registered midwives in BC.

Our mission is to:

- Expand access to midwifery services in BC
- Promote the role, development and sustainability of midwives and midwifery services in BC
- Advocate for women and women’s health issues

Midwifery Today



EXPERTS IN HEALTHY PREGNANCY, BIRTH AND NEWBORN CARE

Midwives do more than deliver babies. Registered midwives are highly trained, university educated healthcare professionals who are experts in healthy pregnancy and birth – the foundation for new and growing families. Midwives provide care and expertise from early pregnancy throughout labour and birth until approximately six weeks after delivery for both mom and baby.

Midwives offer a full range of maternity care services, including:

- Prenatal laboratory tests
- Genetic screening and diagnosis options
- Ultrasound imaging
- Procedures and medications
- Access to a full range of comfort and pain-relief options for labour

Midwives offer 24-hour service for BC families, providing care in clinics, hospitals and homes. Midwifery services are publicly funded and covered by MSP.

Maternity care provided by midwives is evidence-based and follows a regular schedule of prenatal clinic or home visits similar to what women experience with a family physician or obstetrician in BC. In addition to offering at-home labour assessment and support, one-on-one care in labour and the option of home or hospital births, midwives provide postpartum home visits including breastfeeding support to help families adjust to life with a new baby.

Midwifery has been regulated as a profession in BC under the *Health Professions Act* since 1998.

MIDWIFERY IN BC BY-THE-NUMBERS

192 – Number of registered midwives practicing in 2012/13

7,360 – Number of midwife-assisted births in 2012/13

16% – Percentage of midwife-assisted births in 2012/13

17% – Percentage of midwife-assisted births that are planned home births

83% – Percent of midwife-assisted births that occur in hospitals

18 hours – Average reduction in hospital stay duration after a midwife-assisted birth

42% – Fewer births by caesarean section in midwife-assisted births than provincial average



“The SOGC believes midwives should be integrated members of the maternity care team in the community and hospital.”

– Society of Obstetricians and Gynaecologists of Canada, Policy Statement on Midwifery, July 2009

IMPROVING HEALTH OUTCOMES

A significant body of scientific research demonstrates that midwives improve health outcomes for women and babies. Women receiving care from midwives:

- Have a lower rate of preterm births
- Have a lower rate of c-sections
- Are less likely to require obstetrical interventions
- Are less likely to be hospitalized prenatally
- Require less time in the hospital

By improving health outcomes for BC families, midwives reduce costs and free up resources in our health care system, which is facing considerable cost pressures.

It's Time for A New Vision

At the same time, our health care system faces a growing shortage of maternity care providers. Fewer family physicians are assisting with births and a significant number of obstetricians will soon retire, creating a widening gap in maternity care, especially in rural and northern communities.

Given the health and other benefits of midwifery, coupled with the increasing need for more maternity care providers in our province, we believe it's time to consider a new vision for maternity care.

Expanding midwifery services and ensuring midwives are fully integrated in the health care system will:

- Increase access to quality maternity care
- Improve health outcomes
- Reduce pressure on family physicians in underserved communities
- Decrease the cesarean rate
- Close the growing maternity care gap
- Make better use of scarce health care dollars and deliver cost savings

Midwifery Around the World

British Columbia has taken significant steps to make midwifery services available for BC families in recent years. However, we can continue to improve maternity care and health outcomes for mothers and babies by adopting best practices, such as innovative collaborative care models.

In many developed nations, midwifery is a mainstream health care service. In countries like Britain, New Zealand and the Netherlands, the majority of births are attended by midwives. On average, at least 70 per cent of births in BC are considered low-risk, making these births amenable to midwifery care. The remaining births require a higher (i.e., specialized) level of care by physicians and obstetricians. In 2012/13, registered midwives were involved in 7,360 or 16 per cent of the total number of births in BC.

Ontario anticipates growing from 700 midwives today to 1000 midwives by 2017, a 43 per cent increase.

DIVERSITY IN MIDWIFERY SERVICES

As the number of new Canadians in our province increases, so does the demand for culturally sensitive, high quality midwifery care. But many women who are new to BC are often not able to access a midwife who can provide culturally appropriate care in a familiar language due to a shortage of internationally-trained midwives.

Canadian midwifery regulators and university partners began working together in 2003 to develop a national strategy to assess internationally-educated midwives who wish to work in Canada. Initially funded by the federal government, this work led to the Multi-jurisdictional Midwifery Bridging Program (MMBP) which is designed to prepare and bridge internationally-educated midwives into Canadian provinces.

Through the MMBP at UBC, internationally-trained midwives had successfully graduated into practice in BC until 2012 when funding for the program was discontinued. They accounted for approximately 30-35 per cent of the province's new midwives. Currently only Ontario and Manitoba offer options for internationally-trained midwives to train for registration in Canada.

Bridging program graduates tend to be experienced midwives that offer a full scope of practice and culturally diverse care. They cost the province significantly less in both time and resources than locally-trained physicians or midwives.

Midwifery provides women and families with greater choice and access to quality maternity care

Jurisdiction	Number of Midwives	Percentage of Midwife-assisted Births
BC	192	16%
Ontario	700	10%
Quebec	131	6%
Oregon	202	19%
Washington	504	12%
Britain	20,000	80%
Netherlands	2,600	70%
New Zealand	2,800	70%
Norway	2,400	30%

BC's Maternity Care Gap

Presently, British Columbia offers a range of high-quality and safe maternity care services.

Of the 45,800 total births in BC in 2012/13, 192 registered midwives were involved in the births of 7,360 babies, almost one in five. The remaining 38,440 births were assisted by family physicians and obstetricians.



However, by looking beyond these numbers, it is clear that the maternity care system is under increasing stress and strain, particularly in rural regions. In fact, it is well documented that rural maternity care is facing a serious challenge across Canada.

Twenty rural maternity services have closed in BC since 2000. The number of family physicians practicing obstetrics in our

"The average age of an obstetrician is almost 58, fewer and fewer family physicians are incorporating maternity care into their practices, and we're not training enough midwives."

– Dr. Michael Klein, Professor Emeritus of Family Practice and Pediatrics, UBC

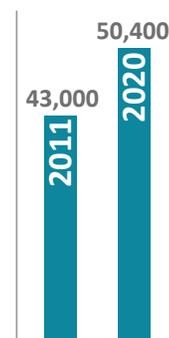
province has declined in recent years, while the number of obstetricians is projected to fall significantly in the near future as baby boomers retire.

These trends have led to the emergence of a maternity care gap in BC, primarily in rural, northern and First Nations communities. This service gap is even more troubling when taking into consideration that the number of births in BC is projected to increase to over 50,000 by 2020.

MORE WOMEN ARE CHOOSING MIDWIFERY

At the same time, awareness of midwifery has grown and more women are exercising their right to choose their maternity care provider. Consequently, demand for midwifery services is increasing and most existing midwifery practices have long wait lists.

The impact of the maternity care gap is that many rural communities have no or little access to appropriate maternity



Number of Births in BC

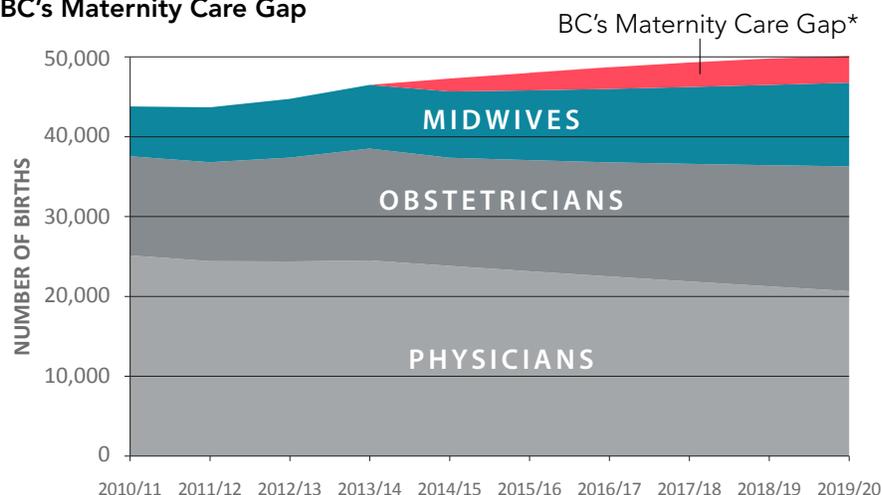
17 per cent forecasted increase in the number of annual births, 2011–2020 (BC Stats)

care and increasing numbers of women and their families must travel hundreds of kilometres to receive it.

Research shows that women who to leave their communities to receive essential maternity care suffer increased stressors and health risks for both the mother and baby, and also significantly increased costs to the families and the provincial health care system.

We need to work together to find solutions to meet the maternity care needs of communities within the provincial government's current fiscal plan, which allocates \$2.4 billion in new health care spending over the next three years.

BC's Maternity Care Gap

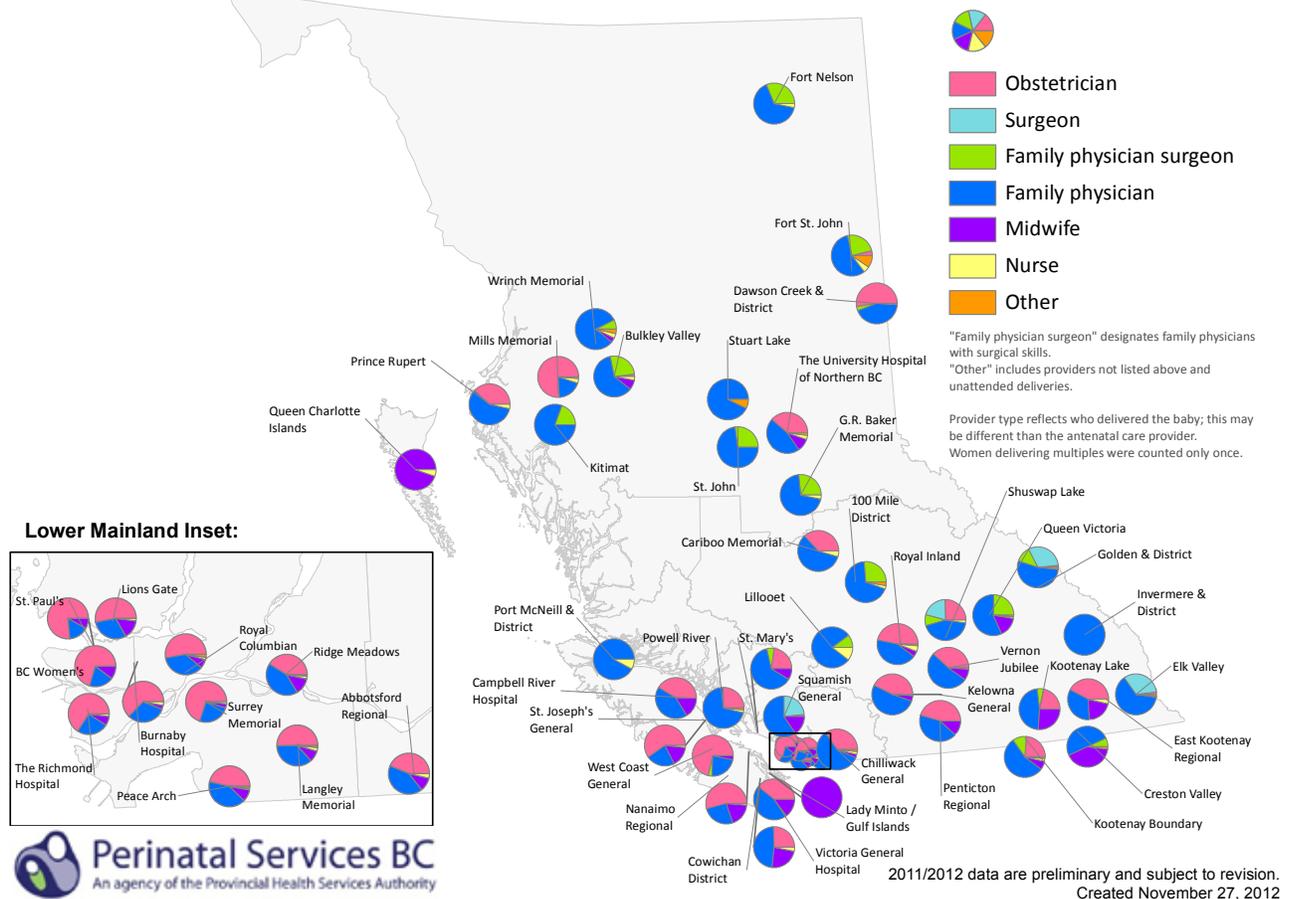


* Projections based on data provided by Perinatal Services BC and BC Stats

Delivery provider - facilities with planned obstetrical services

British Columbia

April 1, 2011 to March 31, 2012



The map highlights the number of BC communities which currently do not have any access to midwifery services or are under-utilizing midwives in the delivery of maternity care.



Many northern and rural communities are unable to access reliable local care and do not have any midwives within a reasonable distance. Some of these communities include Dawson Creek, Fort Nelson, Fort St. John, Kitimat, Terrace, Prince Rupert, Lillooet, Salmon Arm, Golden, and Williams Lake.

The volume of births in these communities could support midwifery services within the current billing model. Many more

remote communities could also benefit from midwives working to their full scope of service through new alternative payment models.

Clearly there is a significant opportunity for midwives to help fill the growing maternity care gap in BC, particularly in northern, rural and First Nations communities, resulting in greater access to maternity care and better health outcomes for babies, moms and families.



COLLABORATIVE CARE

Canadian health care professions have for the most part evolved in separate silos in terms of education, scope of practice and compensation models.

Established in 2003, The South Community Birth Program (SCBP) was designed to improve the health outcomes of pregnant women in the underserved community of South Vancouver. Through a multidisciplinary maternity care model, women and families have access to a collaborative team of physicians, midwives, nurses and doulas with the capacity to provide supportive maternity care in over 20 languages. The SCBP has cared for more than 2000 women, many of whom are new immigrants to Canada. The MABC is working with the BC Ministry of Health and other stakeholders to advance new collaborative care models that support maternity care professionals to work together to better meet the needs of women and families.

FIRST NATIONS MATERNAL AND CHILD HEALTH

Women in many rural and remote First Nations communities continue to travel and relocate to access essential maternity services. Women must leave their families, including their children, traveling up to hundreds of kilometres, to wait for up to two months prior to delivery because of a lack of maternity care in their home communities. This comes at a significant financial cost to health care system, and creates avoidable personal and economic strain on families.

Communities and families want maternity care and midwifery services available closer to home. Midwives can provide the full scope of care from pregnancy to post-partum, including well woman and well baby services which are often difficult to access in First Nations communities.

The UBC School of Midwifery sets aside two of 20 seats for Aboriginal students in their annual admissions; there are currently four Aboriginal midwives practicing in British Columbia.

The MABC is working with the First Nations Health Authority and the National Aboriginal Council of Midwives to increase access to Aboriginal midwifery services in our province. In support of the Tripartite Strategy Council for First Nations & Aboriginal Maternal & Child Health, the MABC has formed an Aboriginal Midwifery Committee to support and implement strategies to recruit

and train First Nations midwives and doulas, advance woman-centered care and preserve cultural birthing practices within First Nations Communities.

“Aboriginal women tell us that they wish they had more midwives in their communities so they could stay in their home community to give birth.”

– Professor Elaine Carty, Founding Director of Midwifery, Department of Family Practice, UBC

BELLA BELLA/WAGLISLA

A study conducted by the Centre for Rural Health Research in the Department of Family Practice at UBC examined the implications of the closure of the local maternity care service in Bella Bella/Waglisla in 2004/05. The researchers found that 35 of the 55 women who completed the survey gave birth outside of Bella Bella/Waglisla. Each woman spent an average of 29 days away from their community. The total cost to the band was \$115,719 when food, accommodation and travel were calculated, or \$3,732.87 per person.

(Bella Bella/Waglisla: A Case Study on the Implications of the Closure of Local Maternity Services, Centre for Rural Health Research, August 2007)

Building on our Shared Success



WORKING TOGETHER FOR BETTER MATERNITY CARE FOR WOMEN AND FAMILIES

Now is the time for the provincial government, its agencies and all of BC's maternity care providers – physicians, obstetricians, midwives, nurses and nurse practitioners – to work collaboratively to close the maternity care gap and improve maternity care for women and families.

Maternity care planning in BC involves numerous stakeholders, including the BC Medical Association, the Society of Obstetricians and Gynecologists of Canada, BC's Nurse Practitioners Association, the BC Nurses Union, universities and researchers, and the First Nations Health Authority.

Focused on interdisciplinary and interprofessional collaboration, the MABC works with these stakeholders in addition to the Ministry of Health, Perinatal Services BC, the Provincial Health Services Authority, regional health authorities and hospitals to identify and address issues affecting access to maternity care and midwifery.

The MABC and the provincial government have a strong, collaborative track record to build upon as BC's registered midwives pursue a new vision to help shape the future of maternity care in British Columbia.

In 2012, the BC government announced a plan to expand midwifery education and provide support to rural midwives that included:

- Doubling the number of UBC trained graduating midwives from 10 to 20 by 2017
- \$500,000 to support and increase home births
- \$130,000 to support midwives in establishing practices in rural communities
- \$300,000 to develop a rural locum program
- \$50,000 to develop and administer a midwife emergency skills program

In its 2014 Budget Consultations report, the Select Standing Committee on Finance and Government Services recently reported to the BC Legislative Assembly that further consideration of proposals from health professionals such as BC's registered midwives is warranted, and recommended that "work be undertaken with [these] professionals to explore innovative new service delivery models."



"I am pleased to be able to expand our support of home birth as a safe option for healthy low-risk mothers. I thank the Midwives Association of BC for its work in improving access to primary care and supporting healthy families."

– Mike de Jong, former Minister of Health, May 2012

A New Vision for Midwifery and Maternity Care in BC



Healthy babies,
healthy moms,
healthy families

35 PER CENT MIDWIFE- ASSISTED BIRTHS BY 2020

- Providing increased access to essential maternity care closer to home in underserved communities
- Improving health outcomes
- More personalized, evidence-based care throughout pregnancy, birth and postpartum
- Providing women greater choice in their maternity care provider
- Fewer invasive procedures and caesarean sections
- Improving maternity care for First Nations
- Closing the maternity care gap
- Freeing up \$60 million for other health care priorities

As primary healthcare providers, BC's registered midwives play an important role in the system, with the training and expertise to help expand and improve services at a time when increasing demand and decreasing accessibility present significant challenges.

Our New Vision for Midwifery and Maternity Care is founded on the idea that a high level of interprofessional collaboration among BC's maternity care providers will deliver the best outcomes for BC's women, babies and families.

Our vision consists of a number of recommendations to improve access to maternity care and bring it closer to home in rural, northern and First Nations communities. In addition to increasing access to maternity care, our vision means improving health outcomes and making better use of limited health care dollars.

Our vision means giving women more choice in their maternity care provider. It means healthier babies, healthier moms and healthier families.

By achieving our vision, we can enable midwives to assist in the delivery of 35 per cent of the births in BC by 2020, thereby closing the growing maternity care gap.

Net savings of approximately \$60 million can be freed up for other priorities in our health care system by achieving our vision.

Getting to 35 per cent midwife-assisted births by 2020 is a realistic and achievable goal that will provide real benefits for women, families and all British Columbians.

Maintaining the status quo is not adequately meeting the needs of women and families in many BC communities, and is unnecessarily costly.

*A Time for Vision.
A Time for Action.*

What Midwifery and Maternity Care Could Look Like in 2020 — Our Vision

Expanding midwifery services in British Columbia would increase access to quality maternity care, improve health outcomes for mothers and their newborns, and deliver cost savings for other health care priorities. Here's what it would look like:

MORE COLLABORATIVE CARE AND BETTER HEALTH OUTCOMES

- The provincial government, regional health authorities, hospitals, midwives, other maternity care providers and the First Nations Health Authority, working together, will have closed the maternity care gap
- Midwives would be providing care closer to home within a well-integrated network of maternity care providers, decreasing the need for women and families to travel for appointments and relocate away from home for weeks prior to their baby's birth
- Midwives would work with family physicians, nurses, nurse practitioners and other health care providers without barriers to collaboration

- Midwives would be working in more flexible models allowing communities to determine what works for their needs, including options for collaborative, multidisciplinary care and full scope practice
- Midwives would be working in a prenatal, postpartum and well-woman and well-baby care model in communities without birthing services

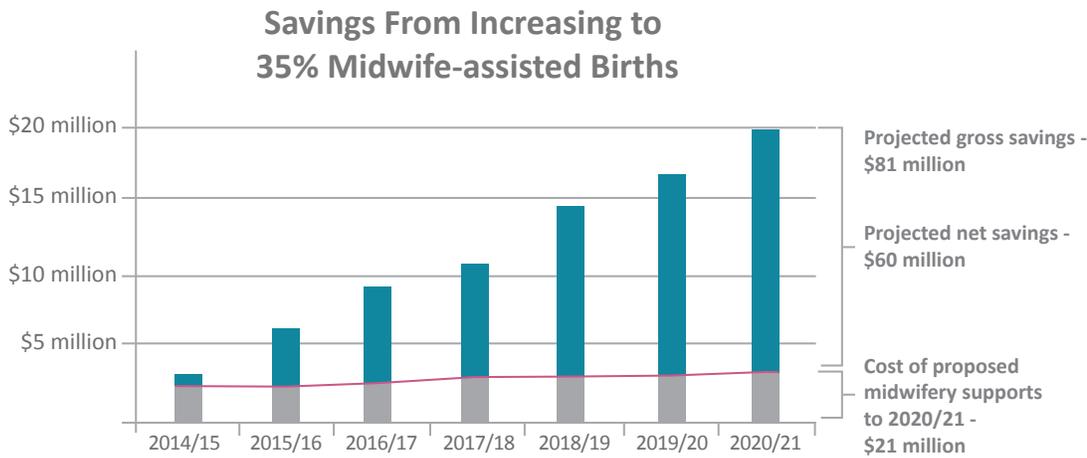
MIDWIFERY WOULD BE FULLY INTEGRATED INTO THE HEALTH CARE SYSTEM

- The MABC would be included in policy development and decision making related to the provision of maternal, newborn, well woman and well-baby health care services
- Regional health authorities would have implemented a clear plan for birthing privileges for midwives in each hospital based on the needs of the community
- Midwifery services would be included in recruitment planning and outreach through Health Match, and other health authority and community initiatives
- Health authorities would be supported in their work to include midwifery representation on committees and other working groups
- Hospitals would have midwifery-led units focused on normalizing labour and birth

THE MIDWIFERY PROFESSION WOULD BE MORE SUSTAINABLE

- The Multi-jurisdictional Midwifery Bridging Program would be funded and more internationally-trained midwives would be providing maternity care to new Canadians in BC
- New alternative payment models for midwives in rural and remote communities would be implemented. Fee structures would enable family physicians and midwives to easily share patients or a call roster
- Supports for primary care providers would be equitable in rural communities
- Guidelines for safe care would be established with related supports – midwives would no longer be working for long periods without rest or adequate time off and would have access to locum services for emergency, short term and longer-term coverage
- Electronic medical record systems would be equally accessible to all health care providers
- Midwives would participate in Divisions of Maternity Care Providers throughout the province
- Midwives would be working in an educational role to support other health care professionals in the provision of safe, woman and family-centered health care

The Benefits of our Vision – 35 per cent Midwife-assisted Births by 2020



35 PER CENT BY 2020 – WHY IT MATTERS

Implementing appropriate supports for new and existing midwifery practices will increase access to essential maternity care, improve health outcomes, and create cost savings to free up resources for other health priorities.

Additional resources will be required to get to 35 per cent by 2020, but independent research shows this will result in savings for the healthcare system and taxpayers.

Three primary sources of cost savings result from increased access to midwifery services:

- **Increasing home births** – Make up 17 per cent of midwife-assisted births, and significantly reduce the demand on hospital resources. Increasing midwife-assisted home births is projected to save the Province \$14.4 million by 2020

- **Decreasing hospital stay durations** – According to Perinatal Services BC, women in the care of midwives stay in the hospital an average of 18 hours less. By providing postpartum care at home, midwives are able to safely discharge mom and baby from hospital sooner after birth, resulting in a significantly decreased average length of stay and fewer readmissions, resulting in projected savings of \$60 million by 2020
- **Fewer births by caesarean section** – The BC midwifery caesarean birth rate is less than 19 per cent, compared to a provincial average of over 30 per cent. The proposed growth in midwifery would decrease c-sections and save the province \$6.6 million by 2020

PROGRAM COSTS

Beginning in 2014/15, the cost to implement the policy recommendations and supports to achieve our vision is approximately \$3 million annually or \$225 per birth per year, based on the projected number of births per year.

The total cumulative cost would reach approximately \$21 million by 2020. Less than half of the costs would be allocated to fee increases.

The investment in increasing the number and productivity of midwives in BC would generate net savings of approximately \$60 million between now and 2020, with ongoing savings of \$20 million annually after that.

“More midwives means better access to maternity care throughout the province. That means better health outcomes and cost savings.”

– Professor Elaine Carty, Founding Director of Midwifery, Department of Family Practice, UBC

Achieving the Vision

POLICY RECOMMENDATIONS

The Midwives Association of British Columbia has developed a series of recommendations that will more fully integrate midwifery into the health care system, and help get the province to 35 per cent midwife-assisted births by 2020. Our policy recommendations will achieve an estimated \$60 million in net savings between 2014 and 2020.

There are over 190 registered midwives practising in British Columbia, each providing care to an average of 39 women and babies per year. In recent years, there has been a consistent increase of 11 new registered midwives in British Columbia annually.

By growing the number of midwives at a rate of 16 per year above the status quo, and introducing supportive policies to allow midwives to work to their full capacity, we can make our vision a reality.

The MABC proposes the following policy recommendations and supports:

1) Programs to Develop:

- a. Alternative payment models for midwives
- b. New interdisciplinary, collaborative maternity care models, particularly in rural, northern and First Nation communities
- c. Skills upgrading for midwives to attain full scope of care



2) Support Programs for Practicing Midwives to Improve Retention and Build Capacity:

- a. Part time practice program - reduced insurance costs, professional dues and modified active practice requirements to facilitate midwives with young families to return to practice; enable midwives close to retirement to provide needed services without extended periods of time on call
- b. Expanded rural locum program - support midwives in rural and remote communities in taking appropriate breaks away from practice for safety and sustainability
- c. New rural practice start up program - support midwives to integrate into communities that have had no previous access to midwifery services
- d. Preceptor support program – encourage and support midwives acting as clinical faculty educators for the UBC midwifery program
- e. Continuing education – expanded opportunities for midwives to access continuing education within their communities and the ability to obtain practice coverage to access education offerings when required
- f. Skills upgrading - for rural locums and midwives wishing to work in rural communities, and midwives returning to practice after a leave
- g. Product Distribution Centre for home births - provide midwives reliable, cost-efficient access to the supplies and medications required at home births



3) Multi-jurisdictional Midwifery Bridging Program – Provincial funding is required for the Multi-jurisdictional Midwifery Bridging Program to integrate 10-15 internationally-trained midwives into practice in BC annually

4) Health Authority Integration and Support – Midwives often face barriers to practice with regard to hospital privileging and inclusion within health authority human resource planning. These barriers need to be eliminated and health authorities should be required to implement action plans to integrate midwifery services into communities.

5) Clinical Services and Compensation – Demand for midwifery services has increased while the provision of clinical midwifery services has become more complicated and more time intensive, yet there has been no increase to compensation since 2009. Moreover, midwives are compensated in a course of care model that limits flexibility and precludes collaboration between midwives or between midwives and other health care providers. A review and modernization of the midwifery model of payment is required, to address changes in practice and provider needs since the model was first implemented in 1998.

“The SOGC promotes the building of interprofessional relationships between midwives and other obstetrical care providers in the interest of providing excellent health care for women and their babies.”

– Society of Obstetricians and Gynaecologists of Canada, Policy Statement on Midwifery, July 2009





Registered midwives reduce health care costs and make the health care system more sustainable.

Final Thoughts

The MABC's New Vision for Midwifery and Maternity Care is intended to serve as a basis to begin a new dialogue and foster collaborative action between BC's registered midwives, the provincial government, its agencies and other maternity care providers so together we can bridge the gap in BC's maternity care services. It does not presume to hold all the answers, but provides a framework to move forward constructively, professionally and in partnership.

The challenges facing maternity care, particularly in rural and First Nations communities, are not unique to British Columbia. However, as primary health care providers working in the front lines of maternity care on a daily basis,

BC's registered midwives believe, along with other maternity care providers, we are responsible for finding solutions to the maternity care challenges in our province.

We strongly believe that the present and future health of BC's women, newborns and families provides a compelling reason to begin this important work now.





I ♥ BC Midwives

For more information on the MABC's New Vision for Midwifery and Maternity Care in BC, go to:

bcmidwives.com

The MABC would like to acknowledge Morag Hastings of Apple Blossom Families for her beautiful midwifery photography which can be found at appleblossomfamilies.com/blog