



Midwives Association of British Columbia

#2-175 E. 15th Avenue ~ Vancouver BC V5T 2P6 ~ tel. 604 736 5976 ~ fax. 604 736 5957
email: mabc@telus.net website www.bcmidwives.com

For Immediate Release
January 23, 2014

BACKGROUND

Midwives Association
of British Columbia

Midwifery in British Columbia

- Registered midwives are highly trained, educated and regulated professionals who are experts in low-risk pregnancy, birth and post natal care. Midwifery services are fully covered by the Province's Medical Services Plan.
- Midwives practice in clinics, hospitals and homes and provide 24-hour service.
- Midwives offer a full range of maternity care services, including: prenatal laboratory tests, genetic screening and diagnosis options, ultrasound imaging, procedures and medications, and access to a full range of comfort and pain-relief options for labour.
- A significant body of scientific research demonstrates that midwives improve health outcomes for women and newborns.

By-the-numbers

- 192 - Number of registered midwives practicing in 2012/13
- 7,360 - Number of midwife-assisted births in 2012/13 (16% of the total number of births)
- 17% - Percentage of midwife-assisted births that are planned home births
- 18 hours - Average reduction in hospital stay duration after a midwife-assisted birth
- 42% - Fewer caesareans in midwife-assisted births than the provincial average

The challenge: BC's maternity care gap

- The number of family physicians practicing obstetrics in our province has declined in recent years, while the number of obstetricians is projected to fall significantly in the near future as baby boomers retire. Twenty rural maternity services have closed in BC since 2000.
- The maternity care gap will grow: the number of annual births in BC is projected to increase by 17 per cent to over 50,000 from 2011 to 2020.
- Demand for midwifery services is growing, with wait lists at most practices.

The solution

- Fully integrating midwifery into BC's health care system and supporting midwives to assist in the delivery of 35 per cent of the births in BC by 2020.
- The MABC's vision acknowledges that a high level of inter-professional collaboration among BC's maternity care providers will deliver the best outcomes for BC's women, babies and families.

The benefits: 35 per cent midwife-assisted births by 2020

- Increased access to quality maternity care closer to home in rural, northern and First Nations communities.
- Improved health outcomes for moms and newborns.
- Reduced pressure on family physicians in underserved communities.
- Fewer Caesareans and obstetrical interventions.
- Closing the growing maternity care gap.
- Freeing up approximately \$60 million for other health care priorities.

Savings

There are three primary sources of cost savings that will result from increasing the number of midwife-assisted births in BC by 2020:

- **Increasing home births** – Consist of 17 per cent of midwife-assisted births, and significantly reduce the demand on hospital resources.
- **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.
- **Fewer births by caesarean section** – The midwifery caesarean birth rate is less than 19 per cent, compared to a provincial average of over 30 per cent.

MABC's policy recommendations

1) New programs to develop:

- a. Alternate payment models for midwives in rural and remote communities
- b. New interdisciplinary, collaborative maternity care models
- 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, professional dues and modified active practice requirements to facilitate midwives with young families to return to practice
- 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 - expand opportunities for midwives to access continuing education
- 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 - 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 hospital privileging and inclusion within health authority HR planning. These barriers need to be eliminated; health authorities should implement action plans to integrate midwifery services into communities.

5) Clinical Services and Compensation - 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. Modernization of the midwifery payment model is required to address changes in practice and provider needs since the model was first implemented in 1998.