

Want to know  
more  
about  
midwives?



**Alberta Association of Midwives**

# What is a midwife?

**A** midwife is a health care professional who provides care to women throughout pregnancy and birth, and for six weeks after the birth, including care for the newborn.

In many Canadian provinces and in the Northwest Territories midwives are part of the health care system and their services are funded by the government. Unfortunately, in Alberta this is not the case. Although there are midwives providing care in parts of the province, women who choose midwifery care must pay out-of-pocket for the service and midwives may not be able to provide complete care.



*I felt fully understood, supported, and prepared.*

midwifery client \*

\* as quoted in the *Final Report of the New Brunswick Roundtable on Maternity and Newborn Care*

# What do midwives do?

## During Pregnancy

Midwives meet with women regularly, beginning in early pregnancy. Visits usually last between 30 minutes and 1 hour. This allows the midwife to assess a woman's physical health and the health of her baby, and it leaves plenty of time to answer questions, address any concerns or fears about tests or procedures, and help prepare for the upcoming birth. A midwife is a primary caregiver – this means that she takes responsibility for care in the same way that a family physician would, so a woman in midwifery care does not need to see a doctor unless she or her midwife has a specific concern.

## During Labour and Delivery

Midwives are on-call 24 hours/day. Whether a woman is planning to give birth in a hospital, at home, or in a birth centre, midwives will provide continuous support throughout labour, and will be there to help deliver the baby. Midwives carry emergency equipment and are trained to detect problems and handle emergencies if they arise.

## After the Birth

Immediately after the birth, midwives assess the physical health of a woman and her baby, and provide all of the necessary care including breastfeeding support. In the days following the birth, midwives visit women at home or in the hospital, assessing their physical health and providing support when it is needed. During the six weeks following the birth, midwives are available by phone and will make a few more visits to ensure that a woman and her family are off to a good start.

# Why do we need midwifery? The top 10 reasons\*



## 1 Midwives are experts.

In Canada, midwives are the only health care professionals trained exclusively for the care of child-bearing women. The education standard is a four-year university degree.

## 2 Midwives promote the health of women and babies.

Women who receive the extra support provided by midwives are less likely to have caesarean sections or other interventions, and are more likely to breastfeed.

## 3 Midwifery is family-centred.

Midwives work together with women and their families, building a relationship based on respect for each woman's health, social and personal needs.

## 4 Midwifery is safe.

The safest way to give birth is with a trained and skilled attendant. Doctors and midwives are both trained to deliver babies and the research shows that both options are equally safe.

## 5 Midwives offer personalized care.

Midwives provide continuous support throughout pregnancy, birth and for six weeks after the birth. Women feel reassured that someone who knows them well will attend their birth, and will be available for support and advice after the baby arrives.

## 6 Midwives are flexible and accessible.

Midwives are trained to attend births in hospitals, in birth centres, or at home. They are on-call 24 hours a day, seven days a week and often make home visits.

## 7 Midwives respect diversity.

Midwives provide individualized care in small, community-based practices. This model is ideal for providing appropriate care for women from diverse communities.

## 8 Midwives are part of the health care team.

Midwives work together with nurses, doctors, and other health care professionals to provide women with the highest standard of care.

## 9 Midwifery care is a choice more families are making.

Midwifery is becoming a popular choice for families in provinces where it is regulated and funded. Each year in Ontario, more than 10,000 babies are born with the help of midwives!

## 10 Albertans deserve it.

In British Columbia, Alberta, Manitoba, Ontario, Quebec, and in the Northwest Territories, midwifery is legislated and, with the exception of Alberta, the service is publicly funded. Albertans deserve to have the same maternity care options as other Canadians.

\* Adapted from *Ten Reasons Why We Need Midwifery in Nova Scotia*, Midwifery Coalition of Nova Scotia

# Midwives

## Primary Health Care Providers



**M**idwifery supporters in Alberta are hopeful that this province will soon follow the lead of all of other provinces in funding the profession of midwifery. British Columbia, Alberta, Manitoba, Ontario, Quebec, and the Northwest Territories where midwifery is regulated, have integrated midwives into the healthcare system as autonomous primary care providers. Midwives collaborate with nurses, physicians, and other healthcare professionals in the provision of high-quality maternity care.

At the present time, only those women who can afford to pay for their care have access to midwives. Funding midwifery would allow more equitable access to maternity care to all pregnant women.

### The midwifery model of care

The Canadian Association of Midwives believes in a primary care model of midwifery that is community-based, collaborative, and founded on the principles of:

- Woman-centred care
- Informed Choice
- Continuity of Care Provider
- Choice of Birthplace

“The Society of Obstetricians and Gynecologists of Canada is confident that the integration of midwifery into the obstetrical health care team is fostering excellence in maternity care for Canadian women and their families.”

### What qualifications do midwives have?

The education standard for regulated midwives in Canada is a four-year university degree, currently offered by McMaster, Laurentian, and Ryerson Universities in Ontario, Université du Québec à Trois Rivières, and by the University of British Columbia. Provincial/territorial Colleges of Midwives offer a prior learning and experience assessment (PLEA) to midwives who are foreign-trained, or who have a combination of apprenticeship training along with self-directed study or a background in obstetrical nursing. Midwives who successfully complete the PLEA may be registered to practice. A number of regions across the country also recognize traditional Aboriginal midwifery education.

### Midwives provide safe, effective care

The largest study of home births attended by certified professional midwives in North America found that there were far fewer interventions in planned home births than similar births for low risk patients in hospitals, with similar intrapartum and neonatal mortality.<sup>1</sup> Comparable results were found in a study that followed the regulation of midwifery in British Columbia.<sup>2</sup>

Ontario's Ministry of Health recently completed an evaluation of its midwifery program and similarly found a significantly reduced rate of interventions among midwifery clients, accompanied by rates of fetal and infant mortality that were comparable to the province's overall rates.<sup>3</sup>

1. Johnson, K. C., & Daviss, B. A. (2005). Outcomes of planned home births with certified professional midwives: Large prospective study in North America. *BMJ*, 330(7505), 1416-1423.

2. Janssen, P. A. et al. (2002). Outcomes of planned home births versus planned hospital births after regulation of midwifery in British Columbia. *CMAJ*, 166(3), 315-323.

3. Ministry of Health and Long-Term Care. (2004). *Ontario Midwifery Program Evaluation: Presentation to the Association of Ontario Midwives Conference*. Toronto: Author.

# Scope of Practice:

## What do midwives do?

“The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the postpartum period and of their newborn babies, the provision of care during normal pregnancy, labour and postpartum period and the conducting of spontaneous normal vaginal deliveries” (Ontario Midwifery Act, 1991). Midwives provide comprehensive clinical care. In the provinces and territories where midwifery is regulated, midwives may employ their full scope of practice. The skills and responsibilities listed here are just a few examples from Alberta’s Standards of Practice. These standards may vary slightly in other provinces and territories.

Midwives collaborate with other health care professionals	Midwives identify conditions that necessitate consultation with or referral to other care providers. Where transfer of care is required, midwives continue providing supportive care.
Midwives maintain certification in emergency skills including:	<ul style="list-style-type: none"> <li>• Handling delivery complications</li> <li>• Adult and newborn resuscitation</li> <li>• Treating postpartum hemorrhage</li> </ul>
Midwives prescribe and administer drugs including:	<ul style="list-style-type: none"> <li>• Antibiotics (e.g. for Group B Strep)</li> <li>• Anti-nausea drugs</li> <li>• Oxytocics (for postpartum hemorrhage)</li> </ul>
Midwives order and interpret tests including:	<ul style="list-style-type: none"> <li>• Blood and urine tests</li> <li>• Ultrasound</li> <li>• Neonatal metabolic screening</li> </ul>
Midwives carry emergency equipment to home births including:	<ul style="list-style-type: none"> <li>• Resuscitation equipment (oxygen, suction etc.)</li> <li>• Suturing supplies</li> <li>• IV supplies</li> </ul>

## Bringing birth back to the community

### A midwifery success story



**T**raditional Aboriginal midwifery recognizes that birth is a deeply spiritual, social, and cultural event. This view explains the sense of loss felt by many Aboriginal communities in the early 1970s when it became a common practice to evacuate women to give birth in urban centres thousands of miles from home.

Aboriginal communities have long felt the need for improved access to culturally appropriate health services, and there is an established priority to increase the numbers of First Nations, Inuit and Métis health professionals. The profession of midwifery is leading by example with initiatives such as The Inuulitsivik Maternity Centre in Québec, the Six Nations Maternal and Child Centre in Ontario, and a birthing centre at Rankin Inlet in Nunavut. At these centres, Aboriginal and non-Aboriginal midwives collaborate with other health professionals to provide a full range of health services to pregnant women. Women are no longer forced to travel to urban centres to give birth. They stay in their home communities surrounded by family, and their care responds to their physical, spiritual, and cultural needs.

Education programs also exist at some of the centres to ensure the sustainability of Aboriginal midwifery. The province of Manitoba is in the process of developing an Aboriginal Midwifery Education Program which will be founded in Aboriginal teachings and culture, and blended with western methods of clinical practice.

By bringing the necessary knowledge of and respect for culture and history to their work, Aboriginal midwives across Canada are bringing birth back to their communities.

# Primary Health Care Renewal <sup>The</sup> Midwifery Contribution

**T**he goals of primary health care renewal are: to improve access to care; to emphasize health promotion; to expand access to essential services; and to establish multi-disciplinary teams. To meet these goals, the primary health care model should be community-based and client-centered.

## Improving access to care

The maternity care crisis in Canada is evident. Less than 20% of family physicians are attending births. Maternity services in rural hospitals are closing, leaving many women to travel long distances for prenatal care and to give birth. Even in large urban centres, some women may not be able to access the type of care they need.

Midwifery is ideally suited to improve access to maternity care. In the provinces/territories where it is regulated, midwifery is the only maternity care profession that is growing. Midwives are providing care in small, community-based practices. They are on-call for their clients 24 hours a day, seven days a week, and often make home visits.

## Emphasizing health promotion

Health care is about more than treating illness. Midwives view pregnancy as a healthy state and birth as a natural process. They take a holistic approach, considering the physical demands of childbearing while acknowledging the individual differences between women's spiritual, social, and cultural needs. The mid-

wifery approach provides individualized care that promotes the health of all women and can help to address the needs of marginalized populations, reducing health inequities and fostering social inclusion.

## Establishing multi-disciplinary collaboration

The Health Council of Canada asserts that “the successful reform of primary health care will make better use of highly qualified health professionals.” In countries like New Zealand, where over 70% of births are attended by midwives, the specialized skills of obstetricians are used efficiently when complications or emergencies arise. In contrast, obstetricians attend over 80% of births in Canada, most of which are uncomplicated, representing an inefficient use of high-level skills and training.

In the provinces and territories where midwifery is regulated, midwives collaborate with physicians and other health care professionals to provide the most appropriate care. Midwives are exclusively trained to care for low-risk women during pregnancy, birth, and the postpartum period. Including midwives on multi-disciplinary teams contributes to the effective management of health human resources. It ensures that the most appropriate care is provided by the most appropriate care provider.

## Improving health outcomes

Ontario's Ministry of Health recently completed an evaluation of its midwifery programme and found:

	With midwifery care	With physician care (low-risk cohort)
Improved breastfeeding rates (at 6 weeks)	90.7%	71.5%
Reduced caesarean rates	12.7%	20.6%
Fewer operative vaginal deliveries	5.4%	14.4%
Fewer episiotomies	7.2%	16.6%
Early hospital discharge (<24 hours)	74.2%	2.36%



**For more information:**

**Canadian Association of Midwives**  
www.canadianmidwives.org

**Multidisciplinary Collaborative  
Primary Maternity Care Project**  
www.mcp2.ca

**Alberta Association of Midwives**  
www.albertamidwives.com



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*“What better way to invest our  
precious health care dollars than  
in support of the midwives.”*

Ontario Health Minister George Smitherman, August 2004