ONTARIO NEEDS
BIRTH CENTRES

MIDWIFERY-LED BIRTH CENTRES: AN INNOVATIVE SOLUTION TO IMPROVE CARE AND CUT COSTS.
Supporting Normal Birth

The healthiest birth for the majority of women is a normal birth. However, in Ontario today, nearly one in three women delivers her newborn by c-section. This is at an all time high – almost double the rate of 15% recommended by the World Health Organization.\(^1\) The increased rate of c-sections has been indexed to poorer outcomes, such as an increased risk of maternal mortality and morbidity.\(^2\)

The rate of c-sections for women in midwifery care is half the provincial average. Midwives are skilled at supporting normal, physiological birth and use these skills to try to ensure the most normal birth possible for all women in their care.\(^3\) Midwifery clients are diverse in age, cultural background and ethnicity, socio-economic status and health status. Midwifery-led birth centres will optimize care for normal birth for all women in midwifery care.

Midwives deliver safe care

Safe, normal birth is increased and unnecessary interventions, such as c-sections, are reduced in birth centres, when compared to hospital.\(^4\) The safety of birth centres has been well established. A 2007 study of all Australian birth centres found that perinatal mortality was lower in a birth centre than in a comparable group of low-risk women birthing in a hospital.\(^5\) A 2010 study found that term babies of women who intended to have a birth centre delivery were less likely to be admitted to a neonatal intensive care unit, and no difference was found in other perinatal outcomes compared with low-risk women intending to deliver in hospital.\(^6\)

Data from the US indicates that providing more c-sections has not resulted in any improvements in perinatal mortality rates.\(^7\)
Diverting healthy women and newborns from hospital to community-based care

Community-based care in a birth centre enables women and newborns to reduce their exposure to hospital-based infections produced by antibiotic-resistant bacteria such as MRSA or to outbreaks of the flu. When healthy women are admitted to hospitals during outbreaks of the flu or other respiratory illnesses they may come into contact with patients who are ill and/or the viruses they are infected with. Birth centres provide a place to labour and birth that are set apart from institutions that care for people with infectious diseases.

Birth centres can help to make midwifery more accessible and help women and their families realize their goal of a normal and healthy childbirth.

Midwives deliver cost-effective care

Midwifery-led care in a birth centre has the potential to be more cost-effective than providing care in a hospital and will cost substantially less to run than a hospital based low-risk centre.

Unlike hospitals, birth centres do not need to be open 24-7. Because midwives are on-call for clients, staff do not need to be at the birth centre waiting for a client to arrive in labour. A midwife can simply meet her client at the birth centre.

Birth centres also function as midwifery clinics. In Quebec for example, midwives hold clinic hours at birth centres, providing routine primary care during pregnancy as well as after the birth for both mom and baby up to six weeks – a model that can easily be replicated in Ontario. There are already 75 midwifery clinics across Ontario, and the investment required to support a birth centre is minimal.

Birth is the leading reason for the hospitalization of women in Ontario, yet there is no medical reason to be hospitalized for a healthy, normal labour and birth.
Investing in midwifery-led birth centres is fiscally responsible

Midwifery care leads to reduced interventions – this means significant savings for the health care system. Past analyses have shown midwifery births cost less, with the largest savings occurring for out-of-hospital births.12

Midwives provide follow-up care after the birth in the home. Even in hospital, almost 30% of women in midwifery care are discharged within 6 hours and another 30% within 24 hours. And because of the comprehensive follow-up care that is delivered in the home, midwives have a very low readmission rate.13

Investing in midwifery-led birth centres is an investment in excellent, evidence-based and cost-effective care that supports normal birth.
It’s time for Ontario to invest in midwifery-led birth centres.

**Birth by the numbers**

- Cost of a physician-attended vaginal birth in hospital: $2,486
- Cost of a hospital birth with forceps or vacuum: $3,484
- Cost of a hospital birth by c-section: $4,863
- Overall provincial c-section rate: 28.4%
- Midwifery c-section rate: 15%
- World Health Organization (WHO) recommended c-section rate: 15%
- Number of c-sections in Ontario in 2008/09: 22,254
- Total cost to the health care system: $108,221,020
- Saving to the health care system by achieving WHO recommended c-section rate: $50,863,879

**Innovation**

Midwifery-led birth centres provide women and their families with access to innovative care that supports excellent health outcomes and cuts costs. It is a model that’s been proven to work in Quebec, the United States, the United Kingdom, Australia, New Zealand and many other jurisdictions. The government of Quebec has committed to opening an additional 20 birth centres, and Manitoba will open its first birth centre this summer.
Midwives provide primary care to women during pregnancy, labour and birth and to both mom and baby up to six weeks following the birth. To practice, midwives must earn a four-year Bachelor of Health Science in Midwifery degree.

There are over 500 midwives practicing at 85 clinics and satellite clinics across the province integrated into 77 hospital birth units. Approximately 13,000 women in Ontario had a midwife in 2010 and that number continues to grow as more midwives graduate each year. About 40% of women who want a midwife are unable to access care.

Over 100,000 babies have been born under midwifery care since 1994.
References


Birthing centres can give midwives the opportunity to work to their full scope of practice, give low-risk mothers better access to maternal and newborn care, and enhance health care by making services more readily available and closer to home.

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