



ASSOCIATION OF ONTARIO MIDWIVES

Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario

Midwives Support Keeping Birth Close to Home

Association of Ontario Midwives

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The Association of Ontario Midwives supports keeping maternity and newborn care as close to home as possible and does not support the closing of birth units as a solution to human resource or budgeting difficulties.

This principle of accessible maternity care close to where women live is supported by the 2006 Report of the Ontario Maternity Care Expert Panel (OMCEP) which states that “Every woman in Ontario has access to high quality, woman and family-centred maternity care as close to home as possible”. Support for keeping birth close to home requires hospitals or birthing centers to be available throughout the province. In fact, the OMCEP has as its first recommendation “declaring a moratorium on maternity care program closures in communities that have sufficient health human resources to maintain safe services.” The centralization of maternity care in the province, by its very nature, requires travel for birth and is too often driven by cost rather than national and international best practices in maternity care.

The AOM's support for birth close to home stems from evidence which demonstrates that requiring women to travel away from their community to one centralized hospital for maternity care leads to several undesirable results, namely: poorer outcomes for women and newborns; the atrophy of other aspects of women's health care; withdrawal of family physicians from the community; loss of skill sets in remaining health care providers; and exodus of businesses and residents from the community.¹

There are meaningful alternatives to the centralization of maternity care which will ensure women are able to access prenatal services and deliver near their home. The joint position paper by the Society of Rural Physicians of Canada, the College of Family Physicians of Canada Committee on Maternity Care, and the Society of Obstetricians and Gynaecologists of Canada calls for a “regionalized risk management system” for low-risk maternity care populations, where local maternity care units are maintained alongside an efficient system for transfer to specialist (surgical) services when needed. Regionalization is a sustainable alternative to centralization and can be achieved by the use of smaller, level one, birthing centers and teams of midwives, general practitioner surgeons and nurses working together.² There is a growing body of evidence illustrating the safety of small rural maternity services³ while a collaborative approach to maternity care is directly in line with the Ontario Government's interprofessional care initiative.

Another alternative to centralization which would allow women to access maternity care close to home is the establishment of an alternative payment plan for high risk providers which facilitates collaborative care and allows obstetricians and other specialists such as pediatricians or anesthetists to be adequately compensated to provide on-call back-up for consultations and referrals from midwives in an interprofessional care setting.

¹ Klein et al. 2002, Larimore 1995; Nesbitt 1990

² Centre for Rural Health Research 2008; Kornelsen, J. Grzybowski S. Iglesias, S. 2006; RDAA 2008; Sutherns, Rebecca 2004), as well as nurses (Medves 2005

³ Rosenblatt et al. 1985; Viisainen et al 1994; Status of Women Canada 2005