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Porter: Ontario midwives rally for a raise they deserve



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Catherine Porter Star Columnist

Ontario midwives deserve a raise.

If you are among the lucky 10 per cent of mothers who have been cared for by a midwife, you know why.

If you aren't, let me describe the experience. My daughter, Lyla, burst into the world after 32 long hours of labour. My midwife, Sarah Leslie, was there for 15 of them. She was almost as exhausted as I was by the end — from monitoring me, coaching me, pushing down on my back . . . She had come to my house directly from delivering another baby.

Unlike obstetricians, midwives are on call most of the time. Once you sign up with a midwife, you are guaranteed she — or her backup, whom you've also met with for nine months — will deliver your baby.

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Another anecdote: my dear doctor friend was pregnant at the same time as I was. Being a doctor, she went to an obstetrician. She often called me from his office, furious. "I waited two hours for a five-minute appointment." I'd respond gleefully, "I waited five minutes for an hour-long appointment."

Obstetricians are specialists, paid to be rushed. Midwives are generalists, paid to be slow. Rather than squeezing you into their schedule, they work around your needs. I was assigned a story in Philadelphia at 34 weeks pregnant and was worried that flying might harm the baby. I paged my midwife at 9 on a Friday night, expecting to hear back on Monday. She returned my call five minutes later.

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Midwives save the Ontario government money. Although most of the babies they deliver are in hospital, most of their patients are discharged within six hours. They have a low rate of episiotomies (snipping the birth canal) and of C-sections, which are expensive surgeries. And their patients report a higher rate of breastfeeding, which improves the baby's long-term health. That's because their care doesn't end when the

baby arrives — it continues for the next six weeks, with home visits to mother and baby.

You can see why the waiting lists for midwives in Toronto are long.

Ontario midwives have received only two raises since the profession was first regulated in 1994. At the time, it was decided their salaries should slot between those of nurse practitioners and family doctors at community health centres. But midwives' salaries haven't kept pace.

They currently make between \$82,000 and \$105,000. Nurse practitioners now make almost as much as midwives, while community physicians make more than double. Alberta midwives make about \$25,000 a year more than their Ontario counterparts.

That's why the consultant hired by both the Ontario government and the Association of Ontario Midwives has suggested a 20 per cent raise.

But the government, facing an election, is dragging its feet. It has already cancelled two rounds of contract negotiations since last fall, and now the last contract has expired.

Looking out at the hundreds of women who carried their babies on hips and backs and in strollers up to Queen's Park yesterday to protest on behalf of the women who helped them give birth, I realized this: this is a feminist issue. One hundred per cent of midwives are women. One hundred per cent of their patients are women. If the Ontario government refuses them a raise, it might as well rip up its pay equity legislation.

"Women are worth it," Katrina Kilroy, president of the Association of Ontario Midwives, told the crowd. Police have seen raises. Firemen too. And doctors. You know the saying: you are what you're worth.

Don't get me wrong. I am not anti-obstetrician. In fact, that first birth of mine was fairly gory. Once Lyla was a whimpering mass on my chest, Sarah Leslie declared that my tear would need more than a needle and thread. So the on-call obstetrician-gynecologist was called. The irony: after a drug-free delivery, I had a spinal analgesic to numb the pain of a 45-minute operation to fix some serious tearing.

The doctor was gentle and kind and adept. I was very grateful for her care.

That's the great thing about Ontario's system. We have both: generalists for most births and specialists for emergencies. It used to be that family doctors were the generalists. But most have stopped delivering babies because the hours were killing their family lives.

Our midwives have stepped in.

They deserve a raise.

Catherine Porter's column usually appears on Tuesday, Thursday and Saturday. She can be reached at cporter@thestar.ca

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