



LEVERAGING  
**MIDWIFERY**

*in Ontario's health-care  
transformation*

# There's a lot to celebrate in Ontario's midwifery success story.

Since 1994, midwives have provided safe, excellent care to more than 180,000 Ontarians.

Midwives provide care throughout pregnancy, labour and birth and care for both client and baby for six weeks following birth.

Midwifery care consistently demonstrates excellent clinical outcomes,<sup>1</sup> cost-effectiveness,<sup>2</sup> and high rates of client satisfaction.<sup>3,4</sup>



1. Hutton E, Reitsma A, Kaufman K. Outcomes Associated with Planned Home and Planned Hospital Births in Low-Risk Women Attending by Midwives in Ontario, Canada 2003-2006: A Retrospective Cohort Study. 2009 Sept 3; 36: 180-9.  
2. Canadian Institute for Health Information Patient Cost Estimator [Internet]. 2015 [cited 2015 May]. Available at: [http://www.cihi.ca/cihi-exponential/interactives/documentfull/spending+and+health+workforce/spending+pce\\_application](http://www.cihi.ca/cihi-exponential/interactives/documentfull/spending+and+health+workforce/spending+pce_application)  
3. Janssen P, Klein M, Harris S, Sothmann J, Seymour L. Single Room Maternity Care and Client Satisfaction. Birth. 2000 Dec;27(4):235-243.  
4. Public Health Agency of Canada. What Mothers Say: The Canadian Maternity Experiences Survey. Ottawa: 2009. 225 p.

Bending the cost curve in health care requires a fundamental change in how care is provided throughout pregnancy and during childbirth.

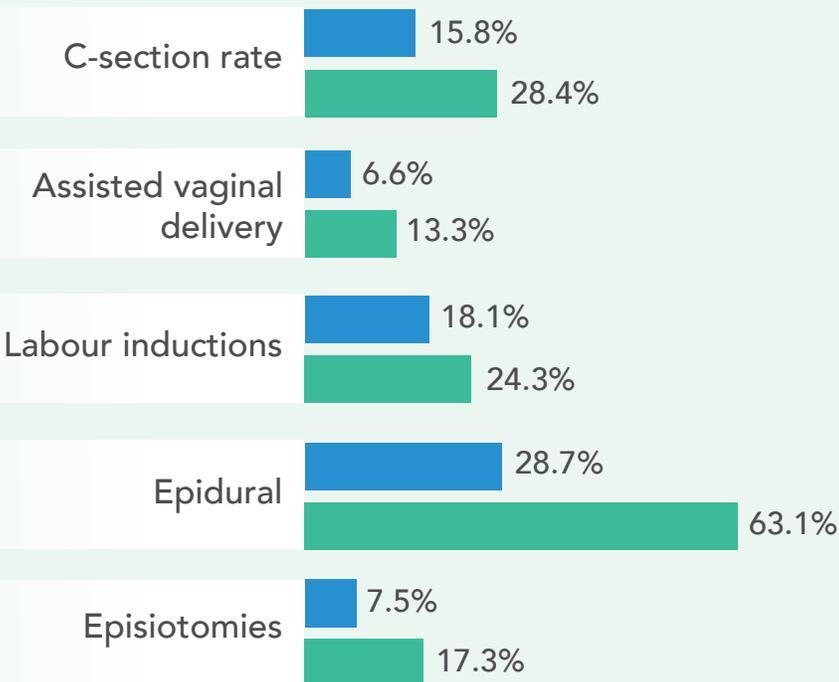
**It is time to scale up midwifery and leverage it to transform Ontario's health-care system into one that puts patients at the centre of care.**

Research shows that healthy individuals who receive midwifery-led care have low intervention rates and excellent outcomes.<sup>1</sup> Midwives are specialists in low-risk birth and offer continuity of care, which ensures that a client's care is closely monitored and managed.

Low intervention rates mean the midwifery model of care frees up health-care resources by avoiding unnecessary and costly procedures.



### Ontario intervention rates for low-risk pregnancies<sup>5,6</sup>



■ Midwifery attended    ■ Ontario average

*So how can we leverage midwifery to help Ontario achieve a health-care transformation that will put patients at the centre, improve access and deliver the highest quality care?*

5. BORN Ontario. Provincial Overview of Perinatal Health in 2011-2012. 2013 Oct.  
6. Ministry of Health and Long-Term Care. Ontario Midwifery Program data 2011-2012.

# ACCESS

*Providing faster access  
to the right care*

**Maternal and newborn care is the foundation of a healthy beginning for parents, babies and families.**

Midwives currently attend approximately 14% of all births in Ontario.<sup>7</sup> Clients don't need a referral from a doctor to access a midwife. Midwives provide primary care in homes, community-based clinics, birth centres and hospitals.

Research has shown that those with low-risk pregnancies have the best outcomes when they receive continuity of care from low-risk maternal newborn specialists, such as midwives.<sup>8</sup>

**But system improvements are still needed.  
Consider:**

- Four out of 10 Ontarians seeking a midwife are unable to obtain one.<sup>9</sup>
- Ontario spends about \$1 billion/year on maternity care services, but there is no province-wide strategy for low risk maternal and newborn care.<sup>10</sup>
- Many areas across the province still require clients to travel significant distances for quality maternity care service.

## RECOMMENDATIONS:

1. Support the Provincial Council for Maternal and Child Health in the development of a maternity care strategy that leverages midwives' expertise and midwifery's proven clinical outcomes.
2. Continue support for the expansion of midwifery in Aboriginal communities.
3. Support the continued expansion of midwifery across the province, ensuring that midwives are able to access hospital privileges.

7. BORN Ontario. Midwifery Births by Place of Birth, 2013-2014.

8. Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women (Review). The Cochrane Collaboration. 2013;8:1-59.

9. Ministry of Health and Long-Term Care. Ontario Midwifery Program, Unaccommodated Report. 2009.

10. Ontario Midwifery Care Expert Panel. Maternity Care in Ontario 2006: Emerging Crisis, Emerging Solutions. 2006 June.

*Deliver better coordinated and integrated care  
in the community, closer to home*

# CONNECT

**Midwives are integrated into the health-care system and their communities.**

In communities across the province, midwives are well integrated with key stakeholders, such as community health centres, public health agencies and labs. Midwives are able to prescribe medications as necessary for normal low-risk birth and order prenatal tests such as ultrasounds and genetic screens.

**But system improvements are still needed. Consider:**

- At the hospital level, coordination and integration is sometimes hampered by unnecessary restrictions to midwives' scope of practice. Currently, 52% of midwives are unnecessarily prevented from working to their full legislated scope,<sup>11</sup> leading to unnecessary systems-level costs and increased risk to patient safety.



## RECOMMENDATIONS:

1. Create benchmarks in hospital accountability agreements that measure both the percentage of midwives providing care and their ability to manage epidurals and inductions when necessary.
2. Advance innovative models of midwifery-led and collaborative care.
3. Ensure that midwives have access to all lab tests and categories of drugs to meet the needs of clients with low-risk healthy pregnancies.

11. Ontario Midwifery Program. Hospital Integration Survey. 2011.

# INFORM

*Provide the education Ontarians need to make the right decisions about their health*

**Birth is a normal physiological process.**

As specialists in low-risk birth, midwives support clients in making informed choices about their care.

Most prenatal midwifery appointments are approximately 30 to 40 minutes in length. Midwives are on call 24 hours a day, 7 days a week to provide their clients with expert advice on maternal and newborn care.

Midwives are a resource about the safety of normal, low-risk birth and support both healthy outcomes<sup>1</sup> and lower systems costs.<sup>2</sup>

**But system improvements are still needed. Consider:**

- At the public level there is little accurate, high-quality information about normal birth and birth choices, resulting in a culture of birth that is largely medical and/or hospital-based, rather than normal and community-based.



## RECOMMENDATIONS:

1. Support the development of a public education campaign to enhance understanding of midwifery and choice of birthplace.
2. Continue the development of midwifery-specific clinical practice guidelines for care providers and knowledge translation tools for the public.



## *Ensure sustainability by making evidence-based decisions*

### Midwifery clients have low intervention rates.

Midwifery care is grounded in evidence-based research, which helps support a sustainable model of care with low intervention rates. Compared to Ontario's averages, the rates of clients requiring interventions like inductions, epidurals and C-section are all far lower for those in midwifery care.<sup>5,6</sup>

#### **But system improvements are still needed. Consider:**

- Childbirth is the number one reason for hospital admission<sup>12</sup> and accounts for 21% of all days in hospital.<sup>13</sup>
- C-section is the most common surgery in Ontario, accounting for 38,000 surgeries per year,<sup>13</sup> and that number is rising: from 24% in 2002 to 28% in 2013.<sup>14</sup> However, the increase in C-sections has not improved neonatal outcomes and has been associated with increased maternal morbidity.<sup>15</sup>
- There are deep inefficiencies built into the current health-care system. Highly trained obstetricians attend 84.7% of all births, yet 60% of these births could be attended by low-risk providers (i.e., family physicians or midwives).<sup>5</sup>
- This misalignment of high-risk, specialist care providers attending low-risk births erodes the sustainability of our health-care system.



### RECOMMENDATIONS:

1. Support a new focus for maternal and newborn care that shifts the role of obstetricians from attending mostly low-risk pregnancies and births to one that values their expertise in caring for high-risk pregnancies and births.
2. Support the growth of midwifery and other policy initiatives that allow every Ontarian who needs a midwife to have one.
3. Get to know the midwives in your riding.

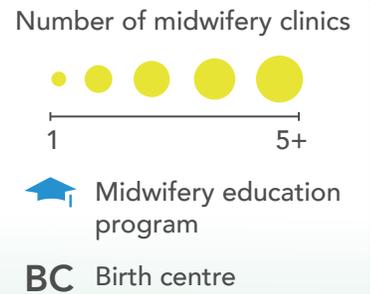
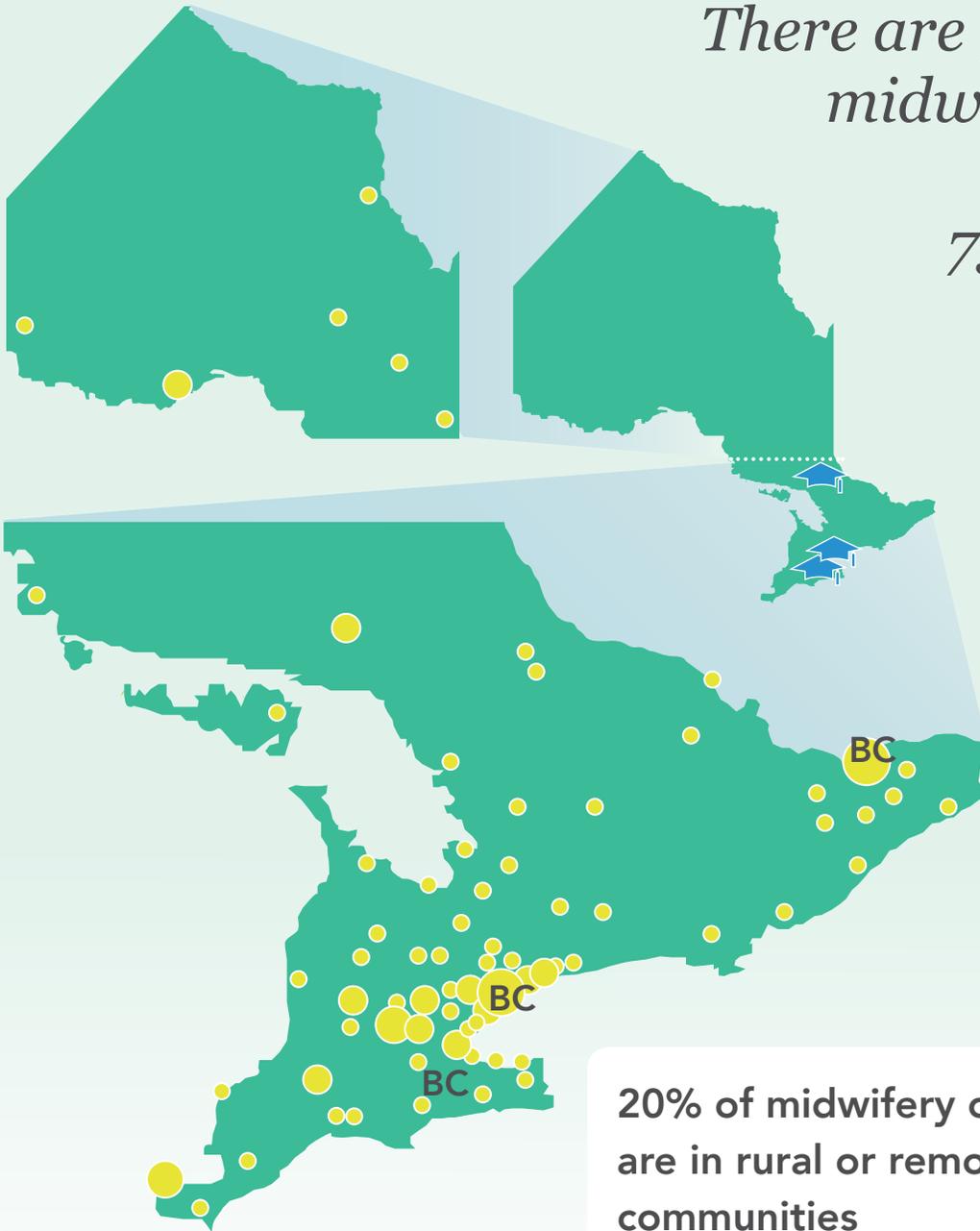
12. Canadian Institute for Health Information. Inpatient Hospitalizations, Surgeries and Childbirth Indicators in 2013-2014 [Internet]. 2015 Mar. Available from: [https://secure.cihi.ca/free\\_products/CAD\\_Hospitalization%20and%20Childbirth\\_Infosheet\\_ENrev-web.pdf](https://secure.cihi.ca/free_products/CAD_Hospitalization%20and%20Childbirth_Infosheet_ENrev-web.pdf)

13. Canadian Institute for Health Information. Inpatient Hospitalizations, Length of Stay, Surgeries and Newborn Indicators in 2013-2014 [Internet]. Available from: [http://www.cihi.ca/CIHI-ext-portal/xlsx/internet/stats\\_dad\\_hmdb\\_1314\\_en](http://www.cihi.ca/CIHI-ext-portal/xlsx/internet/stats_dad_hmdb_1314_en)

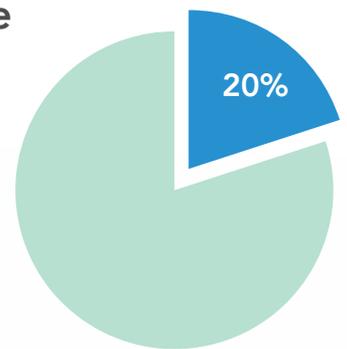
14. Canadian Institute for Health Information. DAD Childbirth Indicators by Place of Residence [Internet]. Available from: <http://www.cihi.ca/CIHI-ext-portal/internet/EN/ApplicationFull/types+of+care/hospital+care/CIHQ21681>

15. Liu S, Liston R, Joseph K, Heaman M, Sauve R, Kramer M. Maternal mortality and severe morbidity associated with low-risk planned cesarean delivery versus planned vaginal delivery at term. *Can Med Assoc J*. 2007; 176:455-60.

*There are 740 registered midwives providing care in over 75 communities in Ontario*



**20% of midwifery clinics are in rural or remote communities**



*Developed in collaboration with the [Midwifery Education Program](#) and the [College of Midwives of Ontario](#).*



Association of  
Ontario **Midwives**  
*Delivering what matters.*



facebook.com/OntarioMidwives  
twitter.com/OntarioMidwives  
OntarioMidwives.ca