WOMEN ARE EXPECTING

MIDWIFERY CARE

A GROWING PROFESSION >>

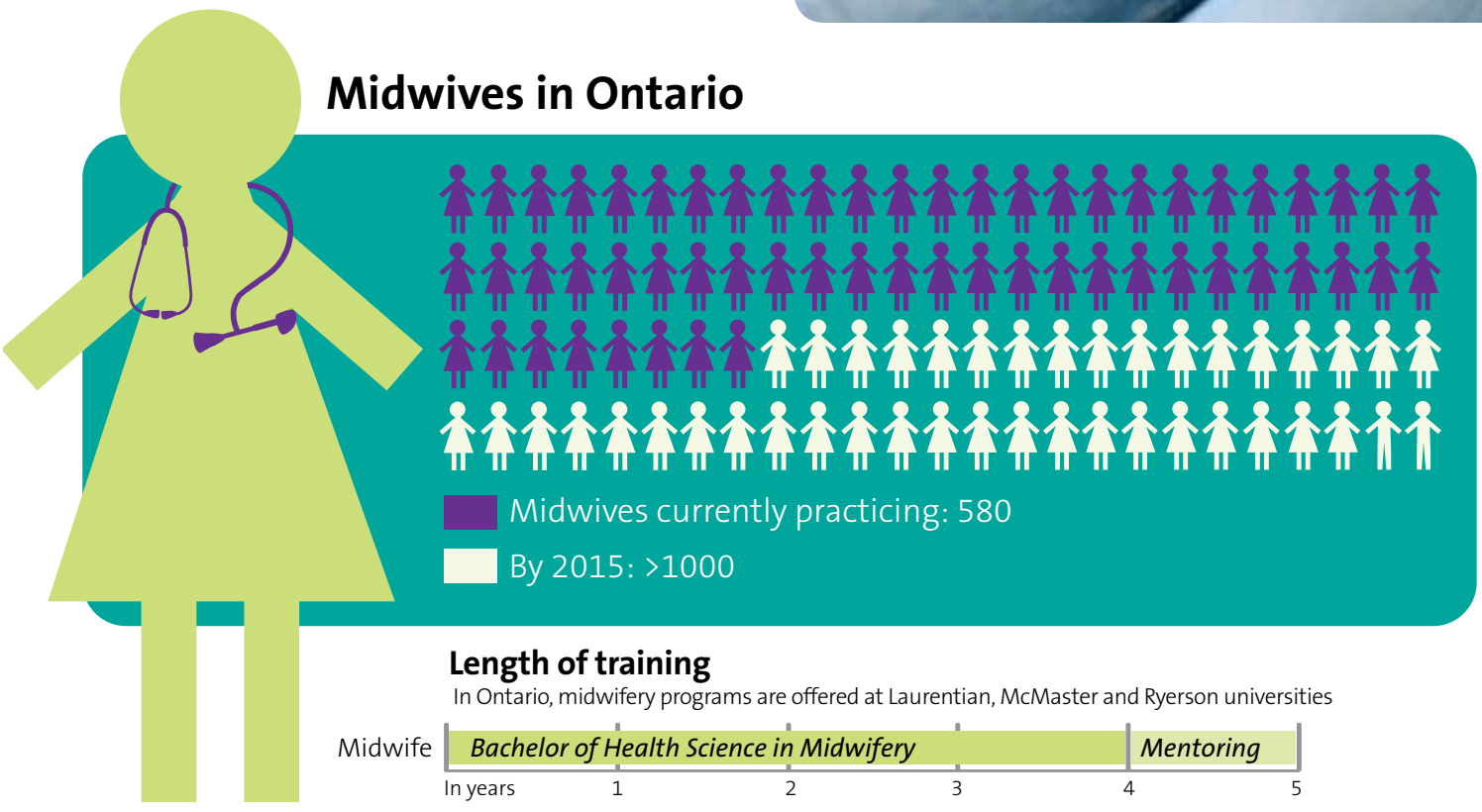
Women and families have enthusiastically embraced midwifery care in Ontario.

In fact, four out of 10 women who need a midwife are still not able to access one.[1]

In response to the demand and need for care, midwifery is growing. This month, the first cohort of an expanded class of students will graduate from the Midwifery Education Program. Having grown nearly ten-fold since its regulation in 1994, midwifery is now the fastest-growing profession providing obstetrical care in Ontario.[2]

The rapid expansion of midwifery has brought Ontario to a turning point in maternal and newborn care. This turning point brings with it opportunities for innovative and bold improvements that could lead to a strong, co-ordinated system of maternal and newborn care - a system with midwifery as a leading model of collaborative, cost-effective and quality care.

Midwives in Ontario



Length of training

In Ontario, midwifery programs are offered at Laurentian, McMaster and Ryerson universities

WOMEN ARE EXPECTING

QUALITY CARE >>

Midwives are leaders in the provision of quality, community-based primary care.

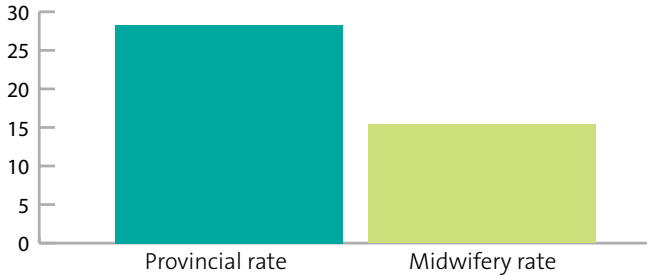
A woman in midwifery care has access to her midwives around the clock, from the beginning of pregnancy through labour, during delivery and for a full six weeks after birth. Midwifery clients receive care at home, in the community and in hospital. Soon, some women will also be able to deliver their babies in freestanding birth centres, another safe, cost-effective, out-of-hospital option. More than 10,000 women and families supported the Association of Ontario Midwives' recent campaign for midwifery-led birth centres in Ontario.

In all birth settings, midwives provide quality health care that leads to excellent outcomes.[3] Midwifery care results in fewer women and newborns being admitted to hospital, high breastfeeding rates and lower c-section rates.

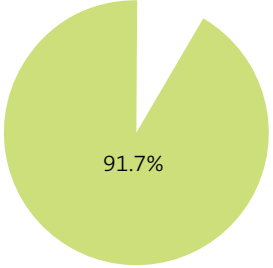
Midwives have lower overall intervention rates than the provincial average,[4] and when midwives manage care they support normal birth and reduce what has been referred to as a "cascade of interventions" from taking place.[5]

Midwifery care means excellent outcomes

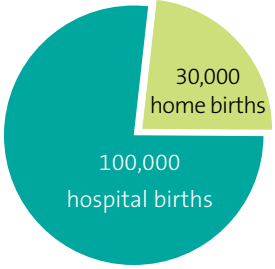
2009-10 Ontario c-section rate



Midwifery breastfeeding rate at six weeks



Midwifery births since 1994



WELL-INTEGRATED CARE >>

Midwives provide excellent primary care in communities across Ontario.

However, opportunities exist to increase access, cost-effectiveness and quality. Barriers to increasing the benefits of midwifery care to both women and the health system include:

1. a lack of integration in hospitals,
2. infrastructure deficits,
3. stalled contract negotiations, and
4. a wage parity gap between midwives and comparable professions.

The Association of Ontario Midwives has been working together with the Ministry of Health and Long-Term Care (MOHLTC) as well as hospital and physician stakeholders to collaborate on innovative solutions. This work must continue and be enhanced. In addressing these barriers, Ontario will enable midwives to fully contribute to an innovative and sustainable health system.

1. Integration in Hospitals

Midwives are well established in hospitals across Ontario. In fact, about 75% of women in midwifery care plan a hospital birth.[6] Yet far too often, midwives face restrictions that prevent growth and scope of practice in hospitals. These restrictions, which can limit access and lead to medically unnecessary transfers of care, have a ***direct impact on quality and patient safety***.[7] Opportunities exist to improve the integration of midwives in hospitals.[8] Some examples of how poor integration affects patient care include:

- When a hospital imposes medically unnecessary transfers of care from midwives to physicians (52% of hospitals with midwives), the risk of a client facing adverse outcomes increases.[9,10,11]
- When midwives are denied hospital privileges (sometimes without due process) or wait for years to access privileges, clients must leave their communities to give birth. According to a 2011 Ontario Midwifery Program survey, 36% of midwifery practice groups stated that they are prevented from growing due to hospital privileges being denied or capped.[12]
- When hospitals place limits on the number of births midwives can attend, a client's choice to deliver in a particular hospital is restricted (11% of hospitals with midwives limit midwifery-attended births).
- When a hospital restricts the number of midwives who can provide care in hospital (23% of hospitals with midwives), midwifery practices cannot grow to meet community need.

2. Infrastructure Deficits

Given the growth in the midwifery profession, investments in infrastructure, including funding the development of new clinics and leasehold improvements to existing clinics are needed. Midwives currently have inadequate access to IT infrastructure, including hardware, software, web services and high-speed Internet. Without access to electronic medical records, inefficiencies arise in referrals between midwives, physicians and hospitals. Midwives input a complex level of data into patient records and the new Better Outcomes Registry Network (BORN) sometimes using hardware and software that is a decade old or lacks high-speed Internet connectivity. Opportunities exist to: ensure women in midwifery care experience seamless referrals supported by electronic medical records; improve access to IT infrastructure; and to ensure new midwifery clinics are developed to keep pace with the growth and demand for midwifery care.

3. Contract Negotiations

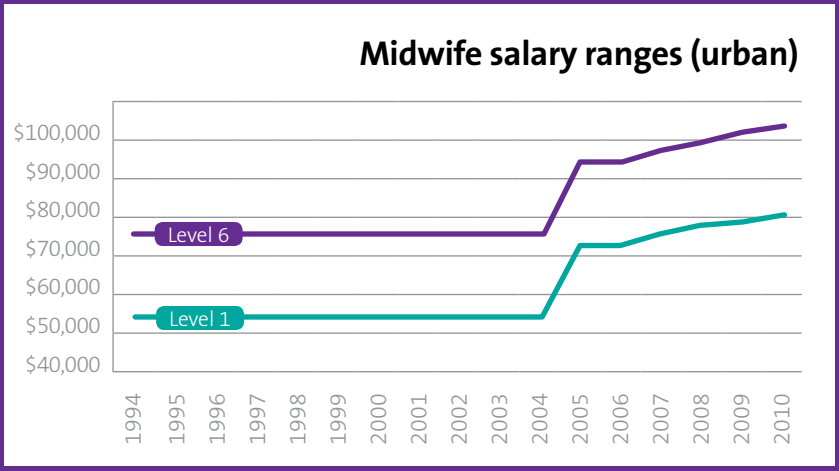
As mandated by a previous Memorandum of Understanding, negotiations between the Association of Ontario Midwives and the MOHLTC started in September 2010. However, midwives have now been working with an expired contract since March 31, 2011, and no negotiation talks have taken place between the two parties since May 2011.

A long history of poor, inconsistent contract negotiations between the profession and government has already had a deep negative impact on this all-female profession. An independent third-party report commissioned in 2010 by the MOHLTC and the Association of Ontario Midwives found that:

> *"Intermittent and irregular negotiations between the midwifery profession and the Ministry have hurt the compensation of midwives... Regular negotiations on other elements of compensation and any annual changes in compensation should take place in 2011 and at regular intervals thereafter to avoid similar situations in the future."*[13]

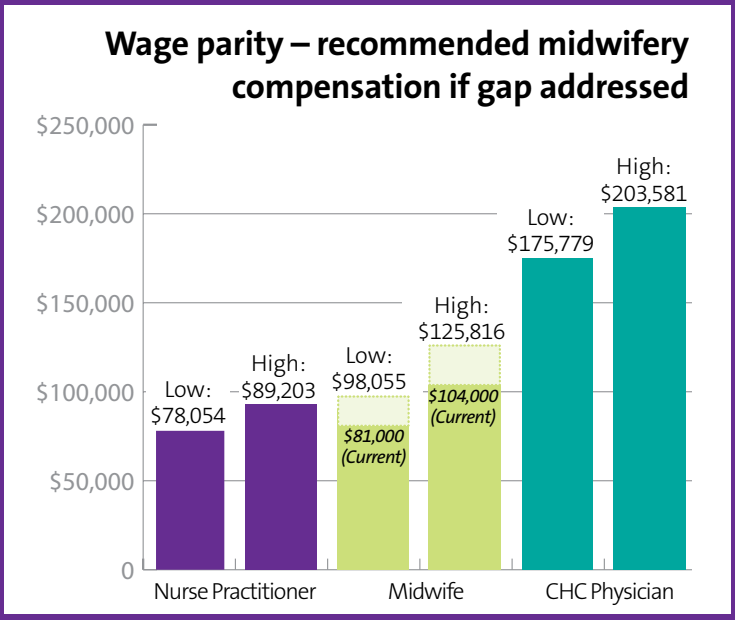
4. Wage Parity Gap

Midwifery is an all-female profession of front line workers caring for women. They make invaluable contributions to the health of Ontarians. Yet, as an independent third-party report into midwifery compensation demonstrated, there is a significant lack of wage parity between midwives and comparable health care providers.[14] Midwives have not only fallen behind comparable providers, they have fallen behind both the average public sector worker and the rate of inflation.[15]



The independent third-party report recommended:

> *"A one-time equity adjustment into midwifery compensation... that would raise the income of midwives at each experience level by 20% effective April 1, 2011. This would restore midwives to their historic positions of being compensated at a level between that of nurse practitioners and family physicians. While not completely consistent with the original Morton principles (which would push the upper limits of compensation for experience midwives even higher) we believe such an adjustment is fair in all the circumstances."*[16]



INNOVATIVE POLICY SOLUTIONS TO STRENGTHEN MIDWIFERY >>

In 2012, more than 16,000 women and their families will depend on midwives as their primary care providers.

That number is set to double by 2020, with midwives projected to attend 26% of Ontario's births.[17] Opportunities exist to improve and maximize the quality and cost-effectiveness of the midwifery model of care. Specifically, improvements are needed in the following areas:

- **improve access to midwives in hospitals and remove barriers that prevent midwives from optimizing their scope of practice;**
- **improving midwifery clinic infrastructure, including IT;**
- **support regular and consistent contract negotiations;**
- **address the wage gap between midwives and comparable providers.**

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MIDWIVES . . .
PROVIDING CARE ACROSS ONTARIO >>

There are currently 85 midwifery clinics in Ontario

Provincially, midwives provide care for close to 12% of pregnant women.[18] In some communities, however, midwives attend a much higher number of births. In Kenora, 33% of babies are born into the hands of a midwife and 25% in Cambridge. In the U.K. all pregnant women have access to a midwife as their first point of care.[19]

To learn more about midwifery, go to OntarioMidwives.ca

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