

Midwifery

Background

The World Health Organization (1996) states that the midwife is “the most appropriate and cost-effective care provider to be assigned to the care of normal pregnancy and normal birth, including risk assessment and the recognition of complications.”

In New Brunswick, midwifery is a regulated profession as established by the *Midwifery Act* which received Royal Assent on June 18, 2008. The Act defines the practice of midwifery as “the care, assessment and monitoring of women during normal pregnancy, labor, and the postpartum period and of their healthy newborns, and the management of low-risk, spontaneous vaginal deliveries” (*Midwifery Act, 2008*).

- In Canada, the vast majority (88%) of mothers receive prenatal care from physicians. Most babies are born in hospital with a physician as the attending clinical professional (CIHI: Giving Birth in Canada, 2007).
- Between 2003 and 2005 the Canadian cesarean delivery rate increased to 25.6 per 100 hospital deliveries (Canadian Perinatal Health Report, 2008). New Brunswick has the third highest cesarean rate in Canada (27.6%) with some regions of the province having a rate up to 32.3% (CIHI: Giving Birth in Canada, 2007).
- Midwifery-assisted deliveries in hospitals have been demonstrated to use fewer resources than deliveries by other maternity care providers for reasons including lower rates of obstetrical interventions, earlier discharges, lower rate of readmission, and reduced emergency room visits (CIHI: Giving Birth in Canada, 2007).

P O S I T I O N S T A T E M E N T

- The Ministry of Health in Ontario has estimated that each time a woman chooses a midwife, it saves the health care system between \$800 and \$1,800 (Association of Ontario's Midwives, 2004).
- Given the choice, 31% of women said they would be willing to go to a birthing centre rather than a hospital to have a baby, 21% were receptive to the idea of having a nurse or midwife deliver their baby instead of a doctor; and 85% would accept postpartum care from a nurse or midwife instead of a doctor (Statistics Canada, 2001).

Midwifery in New Brunswick

The Nurses Association of New Brunswick (NANB) supports the right of all childbearing women to direct the provision of their own health care including the selection of the primary caregiver during the prenatal, labor and delivery and postpartum periods, as well as for their newborn.

In accordance with the *Midwifery Act (2008)* a midwife in New Brunswick must hold a baccalaureate in Midwifery from a Canadian university midwifery education program or have equivalent educational qualifications and be registered with the Midwifery Council of New Brunswick. Midwives have a broader scope of practice than perinatal registered nurses although they share competencies and areas of responsibility.

A midwife who also meets the requirements to become registered as a nurse and who maintains a registration with both regulatory bodies, may practise sequentially (i.e. works part-time as a registered nurse and part-time as a midwife). NANB supports sequential practice as long as the respective roles are well defined and articulated with a clear separation of work schedules.

NANB does not support concurrent or simultaneous practice where within the same position, shift, or clinical situation, an individual

P O S I T I O N S T A T E M E N T

functions both as a nurse and as a midwife. Concurrent or simultaneous practice creates role confusion and increases the potential for the blurring of responsibility, accountability and liability issues.

Integration of Midwifery

A provincially coordinated plan for the introduction of midwifery services in New Brunswick is essential to successful integration and includes:

- inclusion of midwifery services as part of a comprehensive approach to service development to ensure quality and effectiveness of maternity care as well as the maximum contribution midwives can make;
- public funding of midwifery services available in all settings including hospital, birth centers and home, including equitable compensation for midwives;
- development of collaborative and consultative mechanisms to interface with obstetricians and other members of the obstetrical care team; and
- development of public education campaigns demonstrating the value of midwifery services and targeted to the medical community, health administrators and the public.

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