



# POSITION STATEMENT ÉNONCÉ

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Nurses Association of New Brunswick • L'Association des infirmières et infirmiers du Nouveau-Brunswick

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## 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.”
- Canada is the only developed nation not to have any formal provisions for midwifery care. In Canada, only the Atlantic provinces, Yukon and Nunavut do not have legalized, regulated, funded or integrated midwifery care. In provinces and territories where there is legislation allowing midwifery practice, location for midwife practice includes hospitals, birthing centers and home, and public funding of midwifery as an essential service is available in most.
- Canada is experiencing a sharp decline in physicians practising obstetrics or providing maternity care. A generation ago, about half of family physicians delivered babies. In Ontario, that figure has dropped to less than 10% as reported by the Ministry of Health. Family doctors now deliver about 20% of babies, the remaining 80% are delivered by obstetricians. At the same time the percentage of births by c-section has increased by a large percentage, which results in increased costs to the health care system. Midwives look after healthy women with normal pregnancies in their communities, thereby freeing up obstetricians and other specialists to manage more complicated pregnancies.
- New Brunswick has the highest c-section rate in Canada (25.8% provincial rate; some regions have a rate up to 38%). Source: Canadian Perinatal Health Report (2003), Health Canada.
- Breast-feeding rates in New Brunswick are 25.7%, the lowest rate in the country. Source: Health Indicators (2005), Health Canada and Canadian Institute for Health Information.
- 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.
- The Report from the Premier’s Health Quality Council Health Renewal (2002) states that the Council supports the introduction of midwives in New Brunswick to manage low-risk pregnancies and deliveries. This is particularly relevant in view of the shortage of obstetricians, the average age of obstetricians, the decreasing number of family physicians who choose to deliver babies and the support women themselves have given to the concept (page 120). Additionally, the Council recommends the Department of Health and Wellness undertake a feasibility study on the introduction of midwifery to New Brunswick.

## **Belief**

Ensuring sustainability of health care services requires the development of new roles responsive to emerging trends in health care delivery and identified service needs.

NANB believes that women of childbearing age and the New Brunswick health care system will benefit from the implementation of a sustainable role for midwives in the province. Midwives provide care that is congruent with the vision of the Provincial Health Plan Healthy Futures (2004-2008) of a client-focused, community-based system offering appropriate services where people live while linking other needed services as required through the integrated provincial health care system (page 25).

## **Midwifery as a discipline**

Midwives are primary health care providers who provide safe, cost-effective, high quality care while ensuring continuity of care by a familiar care giver to women in childbirth. The needs of mothers and babies are at the center of the midwife model of care with the same midwife attending the woman throughout pregnancy, labor, delivery and postpartum. Women value the quality relationship they build with their midwife and the individualized care they receive.

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. Midwifery care achieves excellent clinical outcomes and offers equitable access to maternity health services including health promotion and prevention. Midwives have been instrumental in increasing the rate of women who breast-feed their baby. Midwives are able to offer the option of home birth, significantly reducing the demand for hospital services.

Midwifery education programs are currently available in three provinces: Québec (Université de Québec à Trois-Rivières); Ontario (Ryerson, Laurentian and McMaster Universities); and British Columbia (University of British Columbia). All offer a four-year baccalaureate degree in midwifery.

## **Principles for midwifery implementation**

NANB believes that government plays a key leadership role in the development of a provincially coordinated plan for the introduction of midwifery services in New Brunswick, including:

- assessment of needs, legislation, policy development, human resource planning, communication strategy, implementation and evaluation;
- integration 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;
- midwifery services in a variety of settings, including hospital, birth centers and home for women who choose this option;
- public funding of midwifery services available in all settings including hospital, birth centers and home, including equitable compensation for midwives;
- recognition of midwifery as an independent autonomous health profession with its own regulatory body;
- definition of the scope of practice by the regulatory body of midwives: prenatal, intra-natal and postnatal care, may extend into some areas of well women care (e.g. Pap test);
- 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.

## **Bibliography**

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*June 2005*