Abstract
Midwifery care was regulated in Ontario in 1993 and is currently a growing profession with an increasing demand for service in the community. Midwifery provides cost-effective prenatal and postpartum care for women with low-risk pregnancies. The tenets of midwifery care are continuity of care, informed choice, and choice of birthplace. The care provided by midwives is holistic and focuses on preventative care and appropriate use of technology. The model of care employed by midwives is the embodiment of the ideal health care delivery system proposed by the current government and provides pregnant women with greater choices for maternity care.

The Midwife
Midwifery in Ontario has evolved from “illegal” practice to being a self-regulated health profession. At the center of this evolution lay the debate of whether pregnancy and childbirth should be medicalized or whether they are healthy physiological processes. Midwives consider birth within the social, biological, and physiological context of a woman’s life. This holistic view of pregnancy and birth translates into a model of care that places the woman at the center of control in the birth experience. Modern midwives combine knowledge of obstetrics with traditional midwifery practice in a model of care that promotes and maintains health throughout the childbearing cycle with a focus on preventative care and appropriate use of technology. In all industrialized countries, except those in North America, most babies are delivered by professional midwives who are integrated into the health care system. In fact, Canada is the last industrialized country to undertake the legal recognition of midwifery. In the 1980’s when the Government of Ontario proposed the legal recognition of midwifery, the Canadian Medical Association expressed opposition for several reasons, including the assumed danger of home birth. Since that time, several studies have found that midwife-assisted home birth for women with low-risk pregnancies have similar morbidity and mortality to women cared for in hospital by physicians. The Ontario Midwifery Act of 1993 regulated midwifery as an autonomous health profession, created the regulatory body, the College of Midwives of Ontario, and established university training programs. This legislation established that midwives are primary care practitioners, with the ability to manage normal pregnancy, labour, birth, and postpartum care. The legislation permits midwives to prescribe commonly used pharmacological substances, order common laboratory tests, and conduct spontaneous vaginal births at home or in hospital.

In Ontario three provincial universities - McMaster, Ryerson Polytechnic, and Laurentian - offer the Ontario Midwifery Training Program, graduating 21 midwives in 2001 and 33 in 2002. The four-year Bachelor of Health Sciences in Midwifery degree provides intensive training in both theoretical clinical knowledge and hands-on clinical experience, and has been acknowledged internationally as the leading midwifery training program. Modern midwives are trained to manage low risk, healthy pregnancies and births for women in their communities, thereby freeing up obstetricians and other specialists to handle more complicated pregnancies. Midwives have clear guidelines set by the College of Midwives recognizing the need for consultation with, or transfer of care to, doctors, and they work closely with other midwives, doctors, and nurses to maintain a high standard of care. In the event that primary care is transferred to a physician at any time during care, midwives remain involved in the care as a support to the mother and baby.

The Three Pillars of Midwifery Care

I. Continuity of Care
Midwives usually work in teams and are on call 24 hours a day, providing personalized care to their clients. A woman will work with a small group of midwives during the course of pregnancy and will become familiar with the caregivers who will attend to her birth. Midwives provide care during pregnancy, labour, birth, and six weeks postpartum. Women build relationships with their midwives during the course of care and engage in continuing dialogue with their caregivers through all the stages of pregnancy and the early weeks of neonatal care. The team also embraces the participation of spouses and other family members at each stage of care, fostering the development of a strong support network for women. A recent Ministry of Health and Long Term Care survey of midwifery clients found a 98.7% satisfaction rate for the care they received, providing further validation that the model of midwifery care meets the needs of mothers and their newborns.

II. Informed Choice
The model of midwifery care encourages each woman to take an active role in her care throughout her pregnancy and birth. Midwives provide education and counseling so that women can make informed decisions about their care. Prenatal and postnatal
visits are lengthy and provide adequate time for discussion about nutrition, healthy lifestyle choices, birth plans, breastfeeding, and parenting. The quality and quantity of time devoted to women at each stage of care helps to build a relationship of trust that fosters self-confidence in women as they prepare for birth.

III. Choice of Birthplace
Women are encouraged to choose whether they prefer a home birth or a hospital birth under the primary care of a midwife. Midwives are trained to attend births in both settings, as well as to counsel women to choose the safest place for them. If a hospital birth is chosen, midwives have privileges to admit, discharge, and write orders for both mother and baby under the Public Hospitals Act. In Northern Ontario, rural physicians and aboriginal midwives (who are not regulated under the provincial midwifery act) cannot adequately meet the demand for prenatal and postnatal care. Thus, as a result of limited availability of maternity services (i.e., limited number of physicians, trained midwives, caesarian section capabilities, anesthesia service) in rural and remote areas of Ontario continues to present unique challenges for women needing care and health care providers alike. In Northern Ontario, rural physicians and aboriginal midwives (who are not regulated under the provincial midwifery act) cannot adequately meet the demand for prenatal and postnatal care. Thus, as a result of limited availability of maternity services (i.e., limited number of physicians, trained midwives, caesarian section capabilities, anesthesia service) in rural and remote areas, many women are forced to travel to urban centres to give birth. The maternity care crisis affects all communities in Canada and necessitates the collaborative efforts of all health care professionals to share the burden, to create new care strategies and, more importantly, to face the challenges together.

Midwifery in the Ontario Health Care System
In 1994 midwifery was integrated into the Ontario health care system and is the only obstetrical care profession that is currently growing in size. At the time of legislation, there were approximately 60 practicing midwives, while today there are nearly 300 registered midwives in Ontario and the number of women they have cared for has increased by approximately 80% in the past five years. Midwives in Ontario are expected to provide care to over 9000 women this year, which accounts for seven percent of all the births in the province. Despite the growing contribution of midwifery to healthcare, the Ontario Ministry of Health and Long Term Care has determined that most of the province is underserved for maternity care and estimated that in 2003 over 40% of women seeking midwifery care could not be served. In addition, childbirth in rural and remote areas of Ontario continues to present unique challenges for women needing care and health care providers alike. In Northern Ontario, rural physicians and aboriginal midwives (who are not regulated under the provincial midwifery act) cannot adequately meet the demand for prenatal and postnatal care. Thus, as a result of limited availability of maternity services (i.e., limited number of physicians, trained midwives, caesarian section capabilities, anesthesia service) in rural and remote areas, many women are forced to travel to urban centres to give birth. The maternity care crisis affects all communities in Canada and necessitates the collaborative efforts of all health care professionals to share the burden, to create new care strategies and, more importantly, to face the challenges together.

Midwifery: An Effective Model of Health Care Delivery
The midwifery model of care is the embodiment of the ideal health care delivery system envisioned by the Ontario government. Midwives already provide care with a cost-effective, client-centered approach in the community - the ultimate goal of the health care transformation initiative. Midwives are government funded and are paid for an entire course of care rather than for individual services. Caring for healthy pregnancies in the community reduces demand for hospital services and decreases health care costs. The Ministry of Health estimates the cost to the health care system of a midwife-attended birth in a hospital is about $800 less than with a family physician, a figure that is increased to $1800 if the client gives birth at home. These savings result from reduced rates of c-section and episiotomy as well as shortened hospital stays.

Midwife-assisted deliveries also reduce resource use by decreasing nursing care time and visits to emergency rooms and walk-in clinics. These savings allow time and resources to be directed toward high-risk pregnancies and emergency care. Midwifery clients also show higher rates of successful breastfeeding at six weeks postpartum which has implications for long-term health care costs; as breastfeeding is associated with decreased rates of juvenile diabetes, obesity, and allergies, along with a host of other health benefits.

The Future of Midwifery in Ontario
The regulation of midwifery is only one part of what is needed for the profession to continue to thrive and provide care to a growing number of women and newborns in the province of Ontario. Enabling midwives to effectively contribute to health care requires addressing the sustainability of the profession, including responding to under-compensation and an ongoing commitment to fund the growth of midwifery. The continuing decline in physicians practicing obstetrics makes the growth and sustainability of midwifery essential. Clearly, the number of midwives providing care in the province must continue to grow in order to meet the demand of women seeking care. However, the growth of the profession relies on both an increase in the number of graduating midwives from the university training programs and an examination of the factors causing attrition, such as the demand of being on call and a fee per course of care that has not been increased since legislation. In fact, experienced midwives, whose obstetrical skills are comparable to family physicians working in community health centres, are now paid substantially less than many nurses, in a job that is significantly more demanding with longer hours and more professional responsibility. Currently, the Ministry of Health and Long Term Care together with the Ontario Hospital Association are working to address the increasing challenges that many midwives face in securing hospital privileges due to quotas created by individual hospitals regarding the number of midwifery births permitted.

The Client Perspective – Is Midwifery What Women Want?
While most Canadians recognize that reducing the cost of health care is important, they tend to consign the cost-benefit analysis to policy makers. When it comes to deciding what kind of care a woman will choose for herself and her baby, it is the quality and style of care that will ultimately influence her decision, rather than the potential savings to the healthcare system. Midwifery provides another choice for women who desire a more active role in their pregnancy and birthing decisions, with the midwife as teacher and guide. Women in Ontario now have the privilege of choosing the type of care provided by midwives with all the advantages of Western medical technology. As a recent client, I can personally attest that the quality of care I received throughout my pregnancy and birth surpassed all expectations. The freedom to choose midwifery allows women to choose care that is driven by their own needs and the ability to work with midwives who are able to provide comprehensive care in a supportive and empowering environment.

In summary, midwifery is a valuable asset to the health care system, providing cost effective care for healthy women with low-risk
pregnancies. This care provides choices for women and allows physicians to focus on high-risk pregnancies and emergency care. The collaborative efforts of physicians and midwives in the community will ensure long-term delivery of high quality care to Canadian women.

References