Information for Midwifery Lobby
Fall 2015

Lately, midwifery has been stalled in Nova Scotia. Despite assurances from all parties that the issue is important and is being addressed, six years after midwives began working in NS, the service is still available in only three places in the province.

Over this Summer, there has been considerable public discussion about the state of maternity care in the province – stimulated by complaints from obstetricians when the government ceased covering the costs of their insurance and by the departure of high profile OBs. Throughout this discussion, there has been little mention of the role midwives can play in delivering high quality maternity care. We'd like to correct that.

As a first step, the MCNS, along with the Canadian Centre for Policy Alternatives - Nova Scotia, is organizing a panel discussion in September. The panel will focus on charting a path for maternity care in NS, and panelists will include a parent, a midwife, an OB, a family doctor and a nurse.

We'd like to follow this with visits to MLAs, to let them know that midwifery is an important issue to their constituents. These visits are most effective when the person doing the lobbying is actually a constituent of the politician being lobbied. Ideally, we'd like at least one person from each of the 51 ridings to visit their MLA. More would be even better.

The goal of this lobbying effort is to put midwifery back on the agenda by bringing the issue to the attention of as many MLAs as possible during a relatively brief period of time this Fall. The timing will depend on when the Fall sitting of the legislature ends, as it's easier for most of us to visit our MLA when he or she is in his home riding.

We hope the information in this package will help you to feel comfortable and confident in setting up a meeting and talking about midwifery.

LOBBYING 101

Step 1: Contact your MLA

You'll find a list containing the names and contact information of all members of NS Legislature at:
http://nslegislature.ca/index.php/people/member-bios

Get in touch with his or her constituency office and make an appointment.

Step 2: Decide who's going to the meeting

You can go alone or bring some like-minded friends, but you don't need to bring a crowd. Two or three people is good – with this number everyone will get a chance to speak.

Step 3: Prepare for the meeting

There are two goals in an effective meeting: to make your point and to make a friend, or at least an ally. You want to leave the meeting feeling that the person you've met understands the issue and is on your side.

During a meeting, you need to make your point quickly, clearly and memorably. Most politicians meet with a lot of people about a lot of issues. You want your MLA to remember you and support your issue.

Most meeting with politicians last about 30 minutes, at the most. You won't have a lot of time, so be very clear about what you want to say and get right to the point. Pick a few points and know them well. Make a short list or outline of these points and send it to the MLA a few days before the meeting. This gives him or her a chance to prepare as well.

State your issue.

We want:
- Midwifery services available to women and families across the province
- A plan from the government for achieving this

Key points to expand on this message:

1. Six years after midwives began to practice as part of our health system, despite increasing demand from mothers, their services are still available at only three sites. For the majority of women in this province, midwifery care is out of reach. In fact, for many women, midwifery care is less accessible now than it was before legislation was passed in November of 2006.

2. This is especially painful for women who have previously had access to midwifery care, but have now lost it because of where they live. For example, with legalization families in the Annapolis Valley lost access to a service that they had had for many years. Even in the three model sites, demand for midwifery services exceeds supply.

3. Two reports have looked at the implementation of midwifery in Nova Scotia—one in 2010 and another in 2011. Among many other recommendations, both of these reports urged the Department of Health and Wellness to announce a plan for the growth of midwifery in Nova Scotia.

4. There has been a lot of discussion about issues in maternity care over the past few months. Midwifery needs to be part of any discussion looking at solutions.

Make it local

These points state the issue clearly. Now you need give examples from your community that make midwifery real. Politicians get elected because people vote for them, so it's very important for them to know how the lack of midwifery services affects their constituents. Use examples and stories to show how this issue is affecting the lives of people in your community.

Offer solutions

Tel the MLA why you think midwifery will help make life better for people in your community. Explain why midwifery will improve maternity care in your community.

Ask that your MLA advocate for the government to produce a plan for making midwifery care available in all part of NS in the near future. Six years is too long for families to wait!

Leave some information behind

Leaving some printed information can help your MLA remember your meeting and well as give some useful background material. We've included several information sheets about midwifery in this package for you to print and leave with your MLA.

Step 4: After the meeting

Within a few days after the meeting, write a brief letter to the person you met with. Thank him or her for the meeting and briefly summarize what was said. End the letter by saying that you look forward to continuing to work together on this issue. This is an important step because it provides both parties with a written record of what happened.

Step 5: Let us know what you did

After you've met with your MLA, tell us about it! I will help us enormously to know how MLAs have heard the message and who they are.

Attachments:

- Sample pre-meeting letter to your MLA
- Three midwifery information sheets to leave behind after your meeting
- The Midwifery Coalition of Nova Scotia *Position Statement on the Midwifery Model of Care*

Pre-meeting letter for your MLA

Dear (insert your MLA):

Thanks so much for agreeing to meet with me (us). We'd like to talk about the future of midwifery care in our community.

I'd (We'd) like to discuss:

- Why midwifery services aren't available to women and families across the province
- Why there isn't a plan from the government for achieving this

Six years after midwives began to practice as part of our health system, despite increasing demand from mothers, their services are still available at only three sites. For the majority of women in this province, midwifery care is out of reach. In fact, for many women, midwifery care is less accessible now than it was before legislation was passed in November of 2006.

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We look forward to meeting with you.

Sincerely,

Midwives offer high-quality primary maternity care to childbearing women and families

Registered midwives are safe and effective caregivers for women with low-risk pregnancies. They provide primary maternity care to women and their babies during pregnancy, labour, birth and the postpartum period. Midwives are trained and competent to attend births in hospitals, birth centres and at home.

Midwifery care includes: physical examinations, screening and diagnostic tests, the assessment of risk and abnormal conditions, normal vaginal deliveries and care of the mother and newborn in the 6 weeks after birth.

Midwives work in collaboration with other health professionals. They consult with and refer to medical specialists as needed.

The midwifery model of care promotes normal birth. It provides on-going care and support throughout the childbearing experience. Midwifes encourage and enable women to make informed choices about their care.

Women who choose midwives tend to be very satisfied with their care. One North American study found 98.7 percent of mothers who used a midwife would choose a midwife for the birth of their next child.

Mothers appreciate many aspects of midwifery care, including:

- Having options for where they can give birth
- The quality of their pre-natal care and education
- The information and attention they receive during labour
- The ongoing support they receive after the birth
- Continuity of care, meaning women often see one midwife or team of midwives throughout their pregnancies and births

> *The philosophy of midwifery care across Canada enshrines as a standard of practice: respect for diversity, active participation in care, choice and shared decision-making, respect for pregnancy and birth as normal healthy physiologic process, and as a profound event in a family's life.*
>
> Canadian Midwifery Regulators Consortium
> Romanow submission, 2001

> *"The integration of midwifery into the obstetrical health-care team is fostering excellence in maternity care for Canadian women and their families."*
>
> SOGC Policy Statement: Midwifery, 2003

To Learn More About Midwifery

Websites

Canadian Midwifery Regulators Consortium:
http://cmrc-ccosf.ca
The site's "Welcome " page includes links to the provincial Colleges of Midwifery in BC, Alberta, Saskatchewan, Ontario, and Quebec and with the Nova Scotia Midwifery Regulatory Council. It connects with the NWT through their Ministry of Health website.

Canadian Association of Midwives:
http://www.canadianmidwives.org/

Multidisciplinary Collaborative Primary Maternity Care Project:
http://www.mcp2.ca/english/welcome.asp

Ontario Association of Midwives:
http://www.aom.on.ca/

Midwives Association of British Colombia:
http://www.bcmidwives.com/

Midwifery Regulatory Council of Nova Scotia:
http://mrcns.ca/

Policy Statements

Canadian Association of Midwives, Position Statement on Midwifery Care and Normal Birth, January 2010.

Society of Obstetricians and Gynaecologists of Canada, "SOGC policy statement: Midwifery." Journal of Obstetrics and Gynaecology Canada; 25(3): 239, 2003.

Research

"Midwife-led versus other models of care for childbearing women (Review)". *The Cochrane Library,* 2009, Issue 3.

"Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician," Can. Med. Assoc. J., Sep 2009; 181: 377 - 383

"Outcomes Associated with Planned Home and Planned Hospital Births in Low-Risk Women Attended by Midwives in Ontario, Canada, 2003-2006: A Retrospective Cohort Study," BIRTH, September 2009; 36:3

Midwifery Care Offers Health Benefits to Childbearing Women and their Babies

In 2009, the Cochrane Collaboration published a review of 11 studies of midwife-led care involving 12, 278 women. In all 11 studies, pregnant women were randomly placed in either midwife-led models of care or other models of care during pregnancy.

Midwife-led care confers benefits for pregnant women and their babies and is recommended.

Hatem M, et al, *Midwife-led versus other models of care for childbearing women,* 2009

The review examined three kinds of maternity care:

- **Midwife-led care,** including 'team midwifery', in which a team of midwives shares a caseload, and 'caseload midwifery', which tries to ensure that the woman receives all her care from one midwife or her/his practice partner. All models of midwife-led care were provided in a multi-disciplinary network of consultation and referral with other care providers.
- **Medical-led models of care** where an obstetrician or family physician is primarily responsible for care.
- **Shared-care models**, in which responsibility is shared between different healthcare professionals.

The review found that women who had midwife-led models of care were **less likely** to:

- Be hospitalized during pregnancy
- Have regional analgesia
- Have an episiotomy
- Have an instrumental delivery

Women who had midwife-led models of care were **more likely** to:

- Have a spontaneous vaginal birth
- Feel in control during childbirth
- Be cared for during labour and birth by a midwife they knew
- Initiate breastfeeding

The underpinning philosophy of midwife-led care is normality, continuity of care and being cared for by a known and trusted midwife during labour. There is an emphasis on the natural ability of women to experience birth with minimum intervention.

Hatem M, et al*, Midwife-led versus other models of care for childbearing* women*,* 2009

There were no statistically significant differences between groups for caesarean births.

The review concluded that, *"Midwife-led care was associated with several benefits for mothers and babies, and had no identified adverse effects."*

The findings of the Cochrane Collaboration Review echo those of a 2008 literature review done by Ontario's Health Professional Regulatory Advisory Council. This review found that:

- Mothers in midwife-led units spent less time in labour in the unit, received less analgesia, had fewer interventions and were more likely to have a normal delivery than women in obstetric-led units.
- The positive results of maternal and neonatal outcomes of midwife-led care were consistent, both over time and among diverse population groups.
- There was no increased maternal or neonatal risk associated with planned home birth under the care of a regulated midwife.
- Women planning to birth at home attended by a midwife had fewer procedures during labour than equally low-risk women planning a hospital birth attended by a physician. They were less likely to have epidural analgesia, be induced, have their labour augmented with oxytocin or prostaglandins, or have an episiotomy.
- Midwifery clients reported greater satisfaction and a more positive attitude toward their childbirth experience than women in the care of physicians.

Midwifery Care Offers All Women Improved Access to Maternity Services

Midwifery care can increase access to safe, low-risk community-based primary maternity care, with appropriate referral to specialists when needed.

A crisis in access to maternity care has been identified across Canada. The number of family physicians attending births is declining. In parts of rural Nova Scotia, there are shortages of doctors. Even where there currently is a doctor, women must sometimes travel out of their community for care in late pregnancy and childbirth. As well, obstetric services in rural communities are closing—another reason that women must travel outside their communities to give birth.

> *"Low risk maternity and newborn care is an essential health service that develops a foundation for the health of a population…Midwives, working together with other health care providers, may help to preserve essential maternity and newborn services in local communities, thereby increasing the overall health of the local population."*
>
> Canadian Midwifery Regulators Consortium Romanow submission, 2001

Midwifery is ideally suited to improve access to maternity care.

The midwifery model of care offers primary care in a context of continuity of care provider, with individualized care delivered in the community. Ideally, midwives are on-call for their clients 24 hours a day, seven days a week, and often make home visits.

Midwifery can also improve access to care for disadvantaged and priority populations that are often underserved by the health care system – for example, adolescents, newcomers to Canada, Aboriginal women, women of colour, and women who are socially isolated or living with poverty.

> *"The vision of midwifery care in Canada involves reaching marginalized women throughout the country in order that maternity care responds to the diverse needs of all women."*
>
> Proceedings from *The Midwifery Way*, 2004

Poverty affects all aspects of health and development, and in Nova Scotia, has been shown to have a negative effect on the outcomes of pregnancy and childbirth. A 2007 study found that of 92,914 women giving birth in Nova Scotia between 1988 and 1995, women with lower family incomes had higher rates of gestational diabetes, babies who were premature or low birth weight, and post-neonatal and infant death.

In the UK, the House of Commons Health Committee found that, *"Maternity teams which have developed community-based continuity of [midwife] carer schemes for women from disadvantaged groups have been successful in improving access to maternity care and in achieving positive health outcomes for mothers and babies."*

The midwifery model of care is effective in providing care to women from diverse communities and has great appeal for many underserved women. For example, in Manitoba, at least fifty percent of the women receiving midwifery care are from populations underserved by the health care system.

The Midwifery Coalition of Nova Scotia

Position Statement: Midwifery Model of Care

February 2008

Preamble

It is critical that the midwifery model of care is preserved throughout the process of its regulation and integration as a publicly insured service in the province of Nova Scotia.

The goal of the Midwifery Coalition of Nova Scotia (MCSN) is to ensure that midwifery is an accessible choice for women in Nova Scotia and especially those women who would benefit most from this care: vulnerable, marginalized populations and those women who want to plan an out-of-hospital birth. Ultimately, the MCNS believes that midwifery should be an option for Nova Scotian women of all ages, ethnic backgrounds, races, religions, sexual orientations, abilities, socioeconomic circumstances and geographic locations. It is the belief of MCNS that midwives, as trained experts in low-risk pregnancies, are the most appropriate care provider for approximately 80% of pregnant women.

The MCSN position is that nothing must compromise the midwifery model of care, which in essence is a community-based model predicated on five key principles.

Midwifery Model of Care

The MCNS believes in a primary care model of midwifery that is publicly-funded, community-based, collaborative, and founded on the principles of:

Woman-centred Care
Informed Choice
Continuity of Carer
Choice of Birthplace
Support for the physiologically natural processes of birth and breastfeeding

Woman-centred

Midwifery care needs to be based on the needs of each individual woman, and her family as she defines it. Pregnancy and birth can be quite different for every woman based on, for example, her previous experience or her cultural beliefs. It is important that these differences are respected and that midwifery care adapts to meet her needs.

Informed Choice

Care is provided in a way that allows every woman to fully understand—and make decisions about—practices, medications, and medical procedures. Informed choice takes into consideration the circumstances of a woman's pregnancy, labor, birth, and postpartum experiences and is based on the best evidence available. In order to enable women to make a real choice, they need to be provided with information on all the options that are available and the risks and benefits of each. The information needs to be provided in the context of an honest dialogue that includes validating the woman's concerns. In addition, this kind of decision-making requires sufficient time and support to encourage a full explanation and exploration of options.

Continuity of Carer

Midwifery care is available to women throughout their pregnancy, labour, birth, and the first six weeks after birth. A woman should be able to choose a primary midwife (or small team of up to three midwives) whom she will develop a relationship with throughout her pregnancy and who will be available 24 hours a day, seven days a week. It is key that women are cared for by a known provider. This is a high priority for women: to build a trusting relationship with a midwife who provides prenatal care, as well as being there during labour and delivery and for at least six weeks after the birth. Focus group research in Nova scotia (Omnifacts Bristol, 2005) found that the ideal for women is to have the same provider throughout pregnancy, delivery and post-partum. Women stated that they want to "feel known" by the person who delivers their baby. They want consistent emotional support and to avoid having to repeat information over and over to changing caregivers. They also want the care and expertise to continue into the postpartum period. Care in their home environment by a known provider offers both support for breastfeeding and the best start possible with their new baby.

Choice of Birthplace

Chosing a birthplace is a central component of the informed choice process. Midwifery clients may choose to give birth in the hospital or out of the hospital—in their home or at a birth centre as available. Midwives should have hospital privileges and work collaboratively with other health care practitioners.

Support for the physiologically natural processes of pregnancy, birth and breastfeeding

These processes should be approached as healthy natural states, with a goal of as little intervention as possible. Providing care in a non-clinical, comfortable, relaxing environment is part of enabling this approach to care. Midwives are trained to enable the natural processes of birth and to use technology only if its benefits have been demonstrated and outweigh the risks. A midwife's skills of direct supportive care and observation allow them to rely less on technology. This principle is in keeping with those that underline the Canadian Family-Centred and Newborn Care: National Guidelines. These guidelines say that "the issue of safety should not be viewed as a reason for unnecessary intervention and technological surveillance; it only detracts from the experience of the mother and family" (http://www.phac-aspc.gc.ca/dca-dea/publications/fcmc01_e.html.) as well as being a questionable use of scarce resources.

In practical terms, the MCNS believes that midwives need to have the autonomy that enables them to practice according to this model. It also means that their workloads and practices should allow them to be able to provide this kind of personalized community-based care. Only if midwives are enabled to practice according to this model, will women and their families experience the optimal benefits of midwifery in this province.

> *"The ideal for many [women] is to have one person care for them throughout their entire pregnancy, including delivery and post-partum care…"*
> (Omnifacts Bristol (2005), IWK Primary Maternity Care Model Focus Groups Summary, IWK Heath Centre, Halifax, p.3)