



## MCNS Position Statement Nov 2010

In March 2009, after more than 25 years of advocating for midwifery, the first publicly-funded midwives were hired in Nova Scotia. Almost two years later there are still two midwives practicing in the South Shore and one more midwife has just been hired in Antigonish, for a total of two. However, there are only three midwives working in Halifax, though all are full time.

This means that after more than 25 years of advocating for midwifery to be publicly funded and accessible to all women in Nova Scotia, some women have lost what little access they had prior to regulation. In the Halifax site, where half of the births in the province occur, the demand far exceeds the supply. As many women are being turned away as are being accepted into care. In Antigonish, women have only had access to one midwife and no home birth options have been available there as of yet.

We were asked to wait until the implementation evaluation was completed. We've waited. Now we are expecting action.

On October 24, we held a forum where women shared loud and clear what they want and do not want.

- **Women do not want** to be told that they cannot access a midwife because there are certain months where midwives are not available or because they do not live in the designated geographic areas of the province. Women and their families are so committed to midwifery care that they are willing to move out of the province if they do not get access, they are willing to delay childbearing, and they are willing to travel great distances to access the care that is most appropriate for them.
- **Women do not want** to be informed that they cannot plan a homebirth for non-medical reasons.
- **Women do not want** the evidence-based midwifery model of care to be compromised by institutional policies and bureaucratic processes.
- **Women want** publicly-funded midwifery that is accessible to women across Nova Scotia. Arbitrary geographic boundaries cannot be allowed to determine access to midwifery care.
- **Women want** the principles of the midwifery model of care to be respected wherever midwifery is implemented in Nova Scotia. They want publicly-funded, community-based, collaborative midwifery care, founded on the principles of:
  - Woman-centered care
  - Informed choice
  - Continuity of carer
  - Choice of birthplace

- Support for the physiologically natural processes of birth and breastfeeding
- **Women want** consumer representatives to be meaningfully involved in midwifery implementation and ongoing evaluation to ensure that women's needs are at the forefront of all decisions. They recommend that at least one consumer rep be drawn from an organized midwifery consumer group, consumer health care group or women's organization.

The midwifery model of care has been proven to have excellent outcomes. It is a cost-effective service that has been shown to require fewer medical interventions, shorter hospital stays and to result in more women breastfeeding for longer. It is a model that is adaptable to women/family needs without compromising its integrity. If the midwifery model is compromised, we must expect the advantages documented elsewhere in Canada to be compromised as well. Birth is a cultural event that should be celebrated and enabled to happen as close to home as possible. The midwifery model embodies all of the principles of primary health care. It should be enabled and supported as an integral part of reforming our health care system.

As we enter the next phase of implementation, we recommend the following:

1. That the Department of Health allocate enough resources to enable all DHAs to hire enough midwives to ensure that there are sustainable community based (not hospital based) practices, which allow midwives to provide care according to the core principles of Canadian midwifery. A minimum number of midwives is necessary to sustain a practice—two is too few.
2. That women who have been under midwifery care be given priority for services because no other primary maternity caregiver has the same training and philosophy as midwives.
3. That women who intend to give birth at home should be given priority as well because they have no other options.
4. That marginalized populations be prioritized in each region, including the Aboriginal population (on and off reserve), African Nova Scotian population, immigrant and refugee women, or Acadian women—as numbers and cultural context warrant. Cultural safety is an important component of any health care service that seeks to best meet the diverse needs of the population it serves.

The MCNS will continue to advocate for these basic principles—

- that midwifery care be accessible to all women;
- that the model of midwifery care be respected;
- and that midwifery as it is implemented in Nova Scotia be informed by the needs of women and families.

We will continue to work to make women's voices heard.