

Uncomfortable Positions

Consumer Comments on Midwifery Implementation in Nova Scotia

Prepared by the Midwifery Coalition of Nova Scotia
as part of the Midwifery Implementation Evaluation Project
Submitted August 2010

“The current state of midwifery in Nova Scotia has put women, families, and midwives in uncomfortable positions. Women who need help are not getting it.”

(Kings County 1)

Table of Contents

SUMMARY	3
BACKGROUND	4
METHODS	5
ANALYSIS	6
1 Emotional and Social Consequences of Limited Access	6
1.1 Stress, Anxiety, and Sense of Loss	6
1.2 Consequences for Health System	7
2 Perspectives on the Access Issue	7
2.1 The Problem with Access is Particular to Nova Scotia	7
2.2 The Out-of-Province Perspectives	7
2.3 Access as Unfair, Arbitrary or Discriminatory	8
2.4 The Ethics of Access	8
3 Responses to Lack of Access	8
3.1 Leaving the Province or Traveling for Care	8
3.2 Unassisted Birth	9
3.3 Delaying Childbearing	10
4 Recommendations from Respondents for Midwifery Implementation Phase 2	10
4.1 Rapid Province-Wide Implementation	10
4.2 Interim Solutions to Increase Access	11
4.3 Consumer Involvement	11
4.4 Lessons Learned From the Model Sites	11
4.5 Consistently Available Services and Accessible Contact Information	12
5 Problems with Existing Services	12
5.1 Medically Focused Care	12
5.2 Lack of Informed Choice	12
5.3 Lack of Family-Friendly Environment	13
5.4 Unnecessary Cost of Surgeon-Attended Normal Birth	13
5.5 Limited Access to Female Medical Providers	13
5.6 Lack of Experience with Normal Birth	13
6 Incorporation of Key Aspects of the Midwifery Model of Care	13
6.1 Quality Midwifery Care	13
6.2 Informed Choice	14
6.3 Choice of Birth Place	14
6.4 Support for Physiologically Natural Birth and Breastfeeding	15
6.5 Continuity of Carer	15
6.6 Woman-centered Care, Family Involvement and Time Spent	15
CONCLUSIONS	16
APPENDIX A: Letter of Invitation	
APPENDIX B: Complete Text of Letters	

SUMMARY

This report outlines the analysis of 26 letters received electronically by the Midwifery Coalition of Nova Scotia (MCNS) as part of a province-wide evaluation of midwifery implementation. At the request of The Nova Scotia Reproductive Care Program, MCNS undertook to gather the stories and comments of women who have NOT been able to access midwifery care in Nova Scotia since midwives services began on April 1, 2010.

The most obvious consequence of the choice to implement midwifery services into only three of Nova Scotia's nine health districts was that many families did not have access. Home birth services were particularly limited, being available in only one district from April 1 to mid November 2009. At the time of submission, home birth remains available in just two districts.

The implications of lack of access should not be underestimated. The families who contacted us went to great lengths to access midwifery care, including traveling substantial distances within Nova Scotia to receive care or moving out of the province temporarily to give birth. Others choose to give birth without assistance, or to delay or cancel their plans for subsequent pregnancies.

As midwifery moves into phase two of its implementation, consumers offered advice to the Department of Health on how to proceed. First and foremost was that midwifery be integrated province-wide to address the inequitable access. They offered concrete interim solutions for how to bridge the current gaps in midwifery services. The respondents were clear that implementation needs to be consistent with the key aspects of the midwifery model of care, including informed choice, choice of birth place, support for natural birth and continuity of midwife carer. They also asked that consumers be involved in the planning, implementation and evaluation of future midwifery services. These families expressed a genuine hope that their experiences would be used to not only increase access to midwifery services but to improve services both at the model sites and within Nova Scotia's maternity health care system as a whole.

BACKGROUND

When the Midwifery Act became effective in March 2009, several things happened:

- Midwifery became a legal, regulated, health service.
- Midwifery services became publicly funded and available free of charge to women in three model implementation sites—the IWK in the Halifax Regional Municipality (HRM); the South Shore District Health Authority; and Guysborough, Antigonish, Strait Health Authority (GASHA).
- It became illegal to practice midwifery without a license. One of the licensing requirements was to carry professional liability insurance. The cost of this insurance was covered by the Nova Scotia Department of Health (DoH) but only for the six midwives employed at the model sites. The prohibitive expense of insurance was a disincentive to private practice.

What this meant for women in Nova Scotia was that some had access to publicly funded midwifery care, but many more did not. This was especially painful for women who had previously had access to unregulated midwifery care. Prior to legalization, women living in most parts of Nova Scotia had been able to hire midwives and pay out of pocket for their services. Following implementation, women no longer had access to midwifery services if they lived outside the catchment area of the model sites. In addition, the IWK Community Midwives were not able to meet demand, which left those turned away—including a number of previous midwifery clients in the Halifax region—without access to services.

Although the focus of the Department of Health’s evaluation of midwifery implementation is the model sites, the Evaluation Committee overseeing the process agreed that it was important to hear the perspectives of women who were denied access to midwifery care as a result of the form taken by the implementation process—that is, introducing midwifery in three model sites, which resulted in making midwifery care less available in the other District Health Authorities (DHAs) than it had been prior to legalization.

To accomplish this, the Midwifery Coalition of Nova Scotia (MCNS) was asked to gather the stories and comments of women who have NOT been able to access midwifery care in this province since implementation on April 1, 2009 (Appendix A). This information will accompany the evaluation report as an additional dimension of consumer feedback.

METHODS

In April of 2010, the MCNS created a poster asking, “Do you live in a part of Nova Scotia where midwifery services aren’t available? Has this lack of access had an impact on you or your family?”

An e-mail contact was provided where families could send their stories and/or comments.

The poster was circulated to community-based organizations where families congregate, through established e-mail listserves/networks of families interested in midwifery and child-bearing, and to former clients of midwifery care who live outside of the three model sites. The posters were sent to:

1. All Public Libraries outside of the three Model Sites
2. All Nova Scotian Women’s Centers
3. All Nova Scotian Family Resource Centers
4. All Nova Scotian Recreation Centers
5. Valley Families for Midwifery Group
6. Atlantic Midwifery Listserve
7. All Nova Scotian La Leche League groups
8. The Midwifery Coalition of Nova Scotia’s website
9. The Midwifery Coalition of Nova Scotia’s Facebook page
10. HRM Parent website and blog
11. Clients of former and currently practicing midwives who had midwifery care prior to March 2009

We also know that the poster was circulated informally, between women and families through e-mail and on Facebook.

The posters were sent with the request that they be posted on May 15th, asking women and families to respond by May 31st.

Twenty-seven letters in total were received. Twenty-six were used in the analysis. One letter was eliminated because it did not address the question. Most of the letters were from outside the model site areas. However, several were sent by women who live within the Halifax Regional Municipality but were not able to access midwifery care.

A few letters were sent by women who actually did receive midwifery care at the IWK model site. We included their comments in the analysis because they add insights and recommendations about the care offered at a model site that could prove useful in the next stage of midwifery implementation.

The analysis was conducted by the two Co-Chairs of the MCNS, Dr. Christine Saulnier and Erin Hemmens, and board members Jan Catano and Catherine Berry.

The complete text of the letters is attached as Appendix B. They have been edited only to remove identifying information.

ANALYSIS

The following provides an analysis of the experiences that respondents shared. We've included a sampling of the first voices from the letters that we received to illustrate the main points being made. To highlight these voices, direct quotes have been used.

1 Emotional and Social Consequences of Limited Access

1.1 Stress, Anxiety, and Sense of Loss

Being deprived of access to midwifery services was the most obvious consequence of implementation. Families who had previously experienced midwifery care felt the lack of access most keenly. They felt strongly about wanting midwifery care for subsequent births. One woman wrote that she “spent countless nights nursing my child to sleep, worrying about the [future] birth of his younger brother and sister.” She summed up many of the women’s worries about not having access as follows:

“Does this mean I will put off having another baby until I can have a midwife? Will I have an unattended home birth? Will I leave the province for my next pregnancy?” (Kings County 2)

The stress and anxiety felt by these families came through loud and clear in these stories. Their feelings are unfortunate because as one respondent said:

“At a time when women need to focus on growing a healthy babe, on nourishing themselves and their relationships, they are instead grappling with hard choices.” (Kings County 1)

For these women implementation is perhaps best described by one respondent as:

“...taking two steps forward, and then two steps back...While I am happy that the province is making some progress in a long-overdue integration of midwives into our maternity services, it has made it impossible for me to choose the best choice for my family for my next child. (Valley 2)

For some families, lack of midwifery services meant that they would be unable to have a home birth. Not having the option of a home birth was especially difficult for those who had previous home births with midwives in the province. Not being able to have the option of a second home birth left a respondent “embittered and enraged by what is, ultimately, a misogynistic and disempowering system masquerading as ‘options for women.’” (Halifax 2)

For some, lack of midwifery services was a potential loss, which, none-the-less, had a strong negative effect.

“So, what has lack of access to midwifery meant for me? I was unable to plan a home birth, I was alone and unsupported during the birth of my first baby, and I had no post-partum follow-up (resulting in a delayed diagnosis of my baby’s condition). I was put in the position of going through pregnancy, birth, breast-feeding and post-partum recovery while trying to midwife myself. All I wanted was someone to be there, and that did not happen for me. Despite being a well-educated, white, middle class, 30 year old with much family near-by, I felt isolated during this time. The current state of midwifery in Nova Scotia has put women, families, and midwives in uncomfortable positions. Women who need help are not getting it.” (Kings County 1)

Another woman who became pregnant just months after the legislation passed, said:

“I had always envisioned our children born at home with our expanding family receiving the care and nurturance of a midwife. Since we live in a community outside the three DHAs where the model sites were established, I found myself suddenly without the option of midwifery care. I am a well woman with no preexisting health conditions having a healthy, uneventful pregnancy. I would certainly qualify for midwifery care ... Logistics and the regulation of midwifery limited our choices and essentially removed midwifery care from our list of options.” (Yarmouth County 2)

1.2 Consequences for Health System

Beyond the personal, some considered the lack of access to have consequences for the health system as a whole.

“As a Province we need to not only get behind midwifery practices but invest in them in order to improve the state of our Health Care System. Sometimes we seem to be forgetting that pregnancy is not a medical condition or illness but a natural part of life. Secondly we need to provide regulated services to all areas of the province in order to discourage the use of unregulated persons who provide illegitimate care.” (Truro 1)

“As a citizen, I am disappointed to see scarce health care funds and resources not being used in the most economic way possible. Practitioners trained for high-risk pregnancy and birth complications—obstetricians—should care for high-risk patients and complications. General practitioners and midwives—specialists in normal pregnancy and birth—should care for most pregnant women.” (Valley 6)

2 Perspectives on the Access Issue

The restricted availability of midwifery care in the province was problematic for a number of groups—those living in non-model-site districts, those living outside of the geographic boundary established by the IWK midwifery program (living within a 30km radius of the IWK) and those who weren’t able to access services at the IWK because of a lack of space. These groups held varying perspectives on the access issue.

2.1 The Problem with Access is Particular to Nova Scotia

Some wondered why Nova Scotia was unable to do what other jurisdictions have already accomplished.

“Why does Nova Scotia insist on this half-speed implementation of midwifery when a safe trail has been blazed by other provinces for over a decade?” (Valley 8)

“With midwifery care the norm in so many other parts of the world and with other provincial systems in Canada to look to for guidance, it didn’t make sense to me that our province implemented a system of care that completely neglected entire communities.” (Valley 5)

“We feel that owing to how well midwives have been integrated elsewhere in Canada, not to mention in Europe and elsewhere, that models for achieving the same goal in Nova Scotia abound, and we therefore hope that integration need not be held up any further.” (Valley 7)

“For Nova Scotia to be able to experience the benefits of midwife attended births the bureaucrats need to make room for the midwifery model to work separately from the medical model. Why we don’t look to the rest of Canada? Ontario, Quebec, British-Columbia etc, all have models we could emulate. Why re-invent the wheel?” (Halifax 5)

Some respondents identified the implementation process itself as the source of the problem.

“I am very disappointed by the government’s choice of implementation. Granting access in only three areas of the province has, unnecessarily, left the rest of us with very few options. Though I understand the desire and need to roll things out slowly, there seemed to be no recognition that a service was being taken away. Or perhaps no one cared. That is the feeling I am left with.” (Kings County 2)

2.2 The Out-of-Province Perspectives

Women from other provinces where midwifery has been regulated for many years were perplexed by the lack of access. They expressed shock that it wasn’t fully integrated and available here. As one said:

“It wasn’t until I got pregnant, and began searching for a midwife on the internet, that I discovered that, as a Nova Scotian, I did not have access to public midwifery services. I have to admit that I was shocked. I grew up in Ontario and, up until I was actually

pregnant, I had taken for granted that I would be in the care of a midwife throughout my pregnancy. I was extremely disappointed.” (Valley 4)

Another woman who had trained as a midwife and wanted to come home to provide care as a midwife as well as receive care from a midwife, was surprised when she found out that she would be unable to do either. She said:

“Not only would I be unable to have a midwife at my birth, but future job prospects in serving the women and babies of my rural community looked grim.” (Kings County 1)

2.3 Access as Unfair, Arbitrary or Discriminatory

Others perceived their lack of access as an unfair part of an on-going form of urban favoritism or geographic discrimination:

“I live in rural Nova Scotia, in Hants County and an hour from Halifax...I would much prefer to have the care of a midwife and I realize that there are only so many midwives, but please don't underserve rural women, Department of Health. We already have less access to health care services and have to travel much more than 30 km in many cases. If we have to come into the hospital anyway, why not have the choice of a midwife? Please make midwife care more accessible.” (Hants County 1)

Many who had previous access to unregulated care commented about their loss of access to any midwifery services:

“When midwifery legislation was announced last year ...it did not seem fair to me that based on where I lived in the province I could no longer access the midwifery care that I had previously depended on for both of my children's births. I was also left feeling angry and disappointed that the legislation...had all of a sudden left my family and community without our valued maternity care service.” (Valley 5)

“It is more than a lack of access, it is a direct removal of services to our area.” (Valley 2)

“I have lost the right of having a midwife!” (Valley 3)

“I've never felt so forgotten by my government and insignificant as a child-bearing woman.” (Kings County 2)

2.4 The Ethics of Access

One respondent questioned the ethics of limiting access:

“Is it ethical that my ability to have a midwife and to choose the birth place of my child was taken away from me two months before my due date, while others were given full access to provincially funded midwifery care? Where is the justice in that?... It is shameful that, with the current implementation of midwifery legislation, many women in Nova Scotia simply do not have a choice about the circumstances under which they will give birth, and about who will care for them through the most important transitions of their lives.” (Valley 8)

3 Responses to Lack of Access

3.1 Leaving the Province or Traveling for Care

The letters indicated that when families were not content to forego midwifery care, they devised varying solutions. Accessing midwifery care was so important for a few families that they left the province in order to do so. One woman shared:

“Because it was so important to us to work with the care of a midwife through our pregnancy and give birth at home (in case of a normal pregnancy, which was the case), my husband and I decided to quit our respective jobs and leave for Québec, where I am originally from and where we knew we could rely on a competent midwife.” (Valley 1)

This family stated that they would like to return to Nova Scotia but a lack of midwifery services in their region is one of the reasons they may not.

Other respondents expressed similar plans to leave or move for their subsequent pregnancies so they can have their next child in a province where midwifery care is available:

“I'll definitely do what I can to have a homebirth next time... even if it means going to another province to obtain midwifery care.” (Halifax 1)

“Despite how much I love my midwives, my partner and I are hesitant to “grow our family” in NS, because we are concerned that we won't be able to access midwifery care, let alone home birth. It is one of the major factors we are considering in where to buy a home. Currently we are thinking of returning to [x province] once my University degree is complete. (Halifax 5)

Another solution for families was to drive substantial distances to receive care. One family traveled from Cape Breton to Lunenburg and another family from Truro to Bridgewater. The latter family explains why they felt compelled to do this:

“On our first two and a half hour drive from Truro to Bridgewater I thought maybe we were crazy for doing this. These thoughts were dispelled moments after meeting [the midwives]. They treated us with the care and respect that we had been missing from our family doctor. They didn't think we were “irresponsible” for wanting a home birth, they didn't look at me like I had two heads when I questioned procedures and wanted to know if there were natural alternatives. I finally felt safe, and listened to. I could start thinking of this baby now, and stop worrying about my prenatal care.” (Truro 2)

Traveling for care involved hardships in terms of cost and family inconvenience which underscored how important access was to these families:

“My family was fortunate enough to be accepted into the care of the South Shore Community Midwives for the birth of our second [baby]. From our first meeting until our final follow-up visit we traveled over 5,000 KM. and spent over \$2,000 on food and lodging. This may seem pretty extreme but this, in itself, proves the impact of having the privilege of using midwifery services with the birth of our first son in British Columbia. Words cannot express the passion I have as a father towards midwifery care.” (Truro 1)

“In the end we did travel to Lunenburg and our baby was born safely with the midwives there...We had to uproot our older children from their regular activities for the month (much to their disappointment). The cost (financially) was a lot for a family that does not earn a lot and who are now out of work. The midwives were excellent and did everything they could for us.” (Cape Breton 1)

3.2 Unassisted Birth

Families who want to have a homebirth feel so strongly about this option that they may be willing to plan a homebirth even if trained midwives are not available. Indeed, because midwives go to the birthing woman's home, births that happen en route to the hospital or at home alone might be prevented if midwifery were more widely available. For example, one woman ended up giving birth unassisted at home even though she hadn't planned on it. When she went into labor her partner was traveling out of the province and she didn't have any support to help get her to the hospital in time. She says of that experience:

“In retrospect I am very happy that I got to have a healthy home birth, despite the bit of panic I feel that my training allowed me to let my body birth with confidence, despite being alone. I should not have been alone, though. A registered midwife would have allowed me to birth in privacy, while supporting me emotionally and technically. She would have provided the assurance of safety and quick access to medical services if necessary.” (Kings County 1)

While this woman did not plan to birth alone—she was, in fact, under the care of an Obstetrician planning a hospital birth—another respondent did plan an unassisted birth. This family's experience was relayed as follows:

“Twelve days early, 1.55 hours of smooth, incident free, very mild labor start to finish, our [baby] was born 7lb 4oz in our home, in our warm water filled bathtub, unassisted...as there was simply no time to fill the pool...no time to gather the supplies...and definitely no time to get to a hospital or to call for any kind of timely medical 'professional' assistance to arrive to our home had that even been our choice.” (Pictou County 1)

Limiting access to home birth services may be placing other women in a difficult position:

“We are now planning on having another child and I feel so upset that I do not have access to this care even if I wanted to pay for it. It puts our family in a tough situation. I do not want to go to the hospital because I don’t want to be on anyone’s schedule and I want to feel comfortable in my own home. I also do not want to have an unassisted home birth.” (Valley 3)

3.3 Delaying Childbearing

Some families unhappy with the option to either give birth in hospital with a physician or birth unassisted at home, said they intend to delay or forego childbearing until they have access to midwifery care:

“It has already been over a year without midwifery care and this is unacceptable to childbearing families in the Valley. As it stands now, my partner and I will hold off on any talk of having more children until I know I can receive the maternity care of my choice. And I am not alone in this position.” (Valley 5)

“Now I am considering the possibility of having another child, but I am just outside the limits of the territory covered by midwifery .. Consequently, it is very possible that I will not have one last baby.” (Halifax 6)

4 Recommendations from Respondents for Midwifery Implementation Phase 2

4.1 Rapid Province-Wide Implementation

In line with their dismay at being deprived of midwifery services as a result of the implementation process, many respondents included pleas for midwifery to be fully integrated into the health system throughout the province.

From Yarmouth

“I think it’s great that the profession is moving forward in terms of legislation, etc, BUT it has restricted so many of us in return. The demand is out there, just ask any woman out there what type of care they want. So I’m wondering why isn’t midwifery care available to ALL WOMEN IN NOVA SCOTIA? What are they waiting for?” (Yarmouth 1)

From Kings County

“The current unequal access to midwives is unacceptable. Not only does it degrade the level of maternity care services for all women, it puts those women searching for home birth providers in precarious positions and limits their choices at this very important time in their lives. I hope things will be different for all women in Nova Scotia when my next baby comes.” (Kings County 1)

“I want to see rural Nova Scotia thrive with my children and the other young families around me. I want my government and the District Health Authority to listen when I say that I need midwifery services now.” (Kings County 2)

From Truro

“This is my plea to the Department of Health; please, please bring midwifery care to the women and families of Nova Scotia! Midwifery is thriving all over the world, including in other parts of Canada, there is no reason our families should not benefit from it here too!” (Truro 2)

From Pictou County

“The deep running support network of Midwives & Doulas alike is the most welcoming and supportive a person could ever hope to experience. For the government to keep these amazing professionals from providing their services to all those that CHOOSE IT, is simply inexcusable and needs to be changed...EFFECTIVE IMMEDIATELY!!” (Pictou County 1)

From Cape Breton

“There are so many women in Cape Breton that ...are robbed of the chance to have their baby born in a safe, caring manner under the attendance of midwives. This has to change as every woman should have the opportunity to choose how and where their child is born.” (Cape Breton 1)

4.2 Interim Solutions to Increase Access

While respondents were clear in their requests that midwifery be available across the province, they understood this would not happen overnight. To this end they suggested interim solutions to accommodate families who wanted access to midwifery care.

“Having an interim solution for families would relieve stress from families in this situation. Other provinces have done it, why can’t we? For example, using an extra midwife at one of the model sites to assist families in the valley, or support existing midwives in the valley to have insurance and hospital privileges in the meantime.” (Valley 3)

“Upon passing of the legislation, exceptions should have been made in non-model site areas. Whether it was grandfathering practicing midwives into the system or not making it illegal for them to practice privately without insurance, it should have been possible to avoid cutting families off from midwives entirely.” (Kings County 2)

4.3 Consumer Involvement

A second thread in the suggestions for the next phase of implementation of midwifery was that consumers be involved in the planning, implementation and evaluation of midwifery services as they are rolled out across the province. This sentiment was especially strong among families in the Valley who had previously had access to midwifery care.

“It now becomes important for us to have our consumer voice heard in terms of how midwifery care will now be implemented. We hope to be involved in shaping midwifery care implementation for the Valley because it is so important to us that the authenticity of midwifery care remain intact and the quality of care that we have previously received has a place within the new model.” (Valley 5)

“... I hope we can work together in providing a service that is so important and crucial in supporting families that want family-centered and women-based care.” (Valley 3)

“We hope that the Department of Health will involve us, the families using midwifery services, in the process so that our needs can be met. We see this as a tremendous opportunity for government and consumers to work together to determine the best possible model for our area, and ultimately, for the province.” (Valley 4)

4.4 Lessons Learned From the Model Sites

Respondents—including several who had been able to access midwifery services—felt strongly that their experiences were ‘lessons learned’ which could improve existing services and avoid problems at future sites.

Several women wrote passionate and detailed descriptions of their birth experiences, both positive and negative, under legislated midwifery. Although their responses fall outside the mandate with regards to access, they were included because they offered recommendations applicable to Phase 2. Those with negative experiences ascribed their difficulties to the unwillingness or inability of the health system and/or district bureaucracies to recognize midwives’ skills and trust their professional expertise. They suggest this contributed to the delay in accommodating families seeking a home birth, and to gaps in service provision:

“Ultimately, I was deeply dissatisfied with my IWK midwifery experience...I also realize that much of what happened was due to unrealistic pressures on the midwives from the monolith that is the IWK. I personally rue the day that midwifery was legislated, and would go back to a non-regulated midwifery experience in a second. But midwifery makes sense, despite the twisted system that it’s being forced into right now.” (Halifax 2)

“Two weeks before my due date I was told (by a nearly tearful midwife) that home birth was not going to be “allowed.” That policy hadn’t been approved for mid-May, and

that she wasn't sure when it was going to be approved. I was devastated. I cried and yelled. My partner got incensed. We were furious that because of some bureaucratic bullshit (pardon my language) our plans were being dismissed as lightly as if there was no cream for someone's coffee and they had to take milk instead. ... I am dismayed by the attempts by the Capital Health Authority and the IWK to force midwifery into the medical model. Midwifery does not work the same way. ... For NS to be able to experience the benefits of midwife attended births the bureaucrats need to make room for the midwifery model to work separately from the medical model." (Halifax 5)

4.5 Consistently Available Services and Accessible Contact Information

Several respondents who did NOT have access were particularly distressed that this occurred because their due dates fell during a two month period in which the IWK midwives were unable to accept clients. An important side note in the first quote is the mention of having challenges in finding out how to access midwifery services.

"I had always planned on having a midwife when I decided to start a family, so needless to say, as soon as I knew I was pregnant I started looking for one. This was right after midwives were 'integrated' into the system. It took me a VERY long time to get any information at all on how to access midwifery care as the only information that I could find was no longer valid and it was quite some time before I was even informed that I now had to go through the IWK, and that not only could I not choose a midwife that was right for me, but that I may not be able to have one at all! I went through the interview process and when I finally heard back, I was told that the only reason I couldn't have a midwife was because there were not enough to go around (also later found out that my due date was around the time that they may all be required to be on vacation; at the same time!). I was absolutely devastated!... The further into my pregnancy I got the more I wanted to stay at home for the birth, and the more bitter I became about the situation in the province that now prevented me from having the proper support for doing so! To this day (my daughter's about x months) I am still very angry about this. I even had the thought come into my mind that maybe I would just stay home, what would anyone be able to do about it?! " (Halifax 4)

"I was informed... that due to staff shortages and mandatory vacation, no midwifery care would be available for patients expecting in April 2010. You can imagine my surprise, shock and disappointment upon hearing this news. I ... am further angered by the fact that my choice in health care is being determined by bureaucratic policy. I would like to ask you and the IWK midwives to reconsider this policy that negatively impacts on my choice in prenatal care. It seems incomprehensible that such an oversight would be allowed to happen. I had wonderful prenatal care by a midwife for my first child, and it saddens me to say that I think the care was more accessible when it wasn't under the care of the IWK. I'm sure the women seeking home births would feel the same way." (Halifax 3)

5 Problems with Existing Services

Along with recommendations on how to improve midwifery care at the model sites, respondents outlined problems that need to be addressed with regards to existing maternity services.

5.1 Medically Focused Care

"My hope in writing this is that perhaps my voice can be heard by someone who can actually make a difference in how things are run. It makes my heart ache that the situation is what it is. Everything can be improved upon, nothing is perfect, so there is no harm in admitting that a system could be improved upon; and I sincerely hope that it will be. There is a place for medical intervention, it is sometimes needed, but we are not all high risk, we do not all need it: so please don't treat us like we do." (Halifax 4)

5.2 Lack of Informed Choice

"As someone who values the concepts of continuity of care, choice of birth place, and informed choice, the local maternity care clinic does not provide me with the type of care which I value. I have a limited relationship with the care provider who will be there when I give birth. I don't even know who that will be. This creates some anxiety for me as it is important to me that I receive care from professionals who understand the importance of

promoting natural birth and will be supportive of my birth plan. I am not sure who will be there when I give birth and whether they will understand how important these concepts are for me. I am also suddenly without the option of giving birth at home, where I would ultimately feel the most comfortable and safest, and where I believe our children should be born. Further, while the physicians who have provided care to us have been open to discussing prenatal and birth procedures, I do not feel that I have been perceived as an active participant as decisions have been made with regards to my care." (Yarmouth County 2)

5.3 Lack of Family-Friendly Environment

"At the prenatal clinic I go to in Yarmouth there are barely enough seats in the waiting room for the expecting moms, no toys for children and not even an extra seat in the Doctors' office for your spouse!!" (Yarmouth Country 1)

5.4 Unnecessary Cost of Surgeon-Attended Normal Birth

"I had no family doctor and was referred to the clinic at the IWK by a walk-in clinic. Every visit with Dr. x was pleasant enough, but I couldn't help feeling two things: x was a trained surgeon who was not accustomed to treating healthy women and attending natural births, and the cost to the health care system for me to see x was a ridiculous waste of money." (Halifax 5)

5.5 Limited Access to Female Medical Providers

"My first child was born at the IWK I have nothing against any of the staff there, but although my labor was 6.5 hours long, my doctor didn't make it on time and a man delivered my baby Even after a night of labor, exhaustion and pain, I was fully aware there was a man where I didn't want one to be, and I felt terrible This is one of the many reasons I decided to look into midwifery for my second pregnancy." (Halifax 6)

5.6 Lack of Experience with Normal Birth

One mother was surprised at the limited experience with normal birth exhibited by the nurses who cared for her during her labor.

"One of the only positives I can take away from this instead of having the experience exactly as it could have been, is that the two nurses I had the night of my labor were blown away, since it is so rare that someone has such a natural birth and handles labor so well when they are having a hospital birth. The more experienced nurse could count on one hand the number of natural births she'd seen and the younger one had NEVER seen one before! If I can show even one person in the medical world, or even one woman who may have children herself one day, that it is indeed possible to do what your body was designed to do without medical interference, then maybe I can tell myself it was a little bit worth it..." (Halifax 4)

6 Incorporation of Key Aspects of the Midwifery Model of Care

The women and families who have used midwifery care, or who wish to use it in the future, share a common vision of what midwifery care comprises. They asked for assurance that key aspects of the Midwifery Model be incorporated into services as midwifery care expands across the province. They want quality services that are community-based, collaborative, and founded on the principles of woman-based care, family involvement, informed choice, choice of birthplace, time spent, continuity of midwife carer, and support for the physiologically natural processes of birth and breastfeeding.

6.1 Quality Midwifery Care

"Over the course of two pregnancies, ten years apart, we got to know four midwives. The care they provided was tremendous. Their knowledge, experience, training and up-to-date, research-based understanding of best practices for reproductive care helped myself and my spouse feel confident we were receiving the best care. The midwives made a difference before, during and after birth for me, for my babies, for their older siblings, for my spouse and for the extended family." (Valley 6)

“Our daughter, now [x] months old, was born in our home in Waterloo Ontario attended by midwives. Our experience with midwifery care was extraordinary. We feel we received the highest quality maternity care available in this country. The attention to detail, respect, and expertise of our midwives meant that our pregnancy, delivery, and birth were not causes for undue worry, even when complications arose. Our midwives made it their policy to see us through, whether at home or in hospital. When our daughter had to be taken into hospital to be checked (after a complication during delivery), the pediatrician in the hospital was able to rely on the expertise of our midwife and, owing to midwives having hospital privileges in Ontario, their previous relationship greatly simplified the examination, allowing our daughter to return home quickly. One of the reasons we chose midwifery services was because it was the only way to guarantee we would know the person delivering our baby...This level of quality care is unheard of elsewhere in the health care system and was one more example of why we so strongly believe midwives are essential to birthing mothers and to the (over-extended) health care system as a whole.” (Valley 7)

6.2 Informed Choice

“When midwifery care does come to the Annapolis Valley, I hope midwives will be able to practice autonomously, women will be able choose between hospital, birth centre and home births and women will be able to make decisions about their care with informed consent.” (Valley 6)

6.3 Choice of Birth Place

“I am confident in saying that the peaceful beauty into which my two children were born is something I can attribute to birthing at home with a trusted midwife. This inspiring birthing experience is one that I hope to provide to all my children and one that I want to see available to all Nova Scotian families”. (Valley 5)

“We moved to NS from [another] province in late 2008. Back in 2004, we welcomed our Daughter to our lives by way of home/water birth under the brilliant guidance and loving care of our primary midwife & our doula. Our midwife, accompanied by her assistant midwife and also a midwife in-training, all excitedly arrived at our home, very discreetly set up their ample equipment and let nature take its course. Solely moving through my body’s natural process we welcomed our Daughter into our arms less than 8 hours later from the very first contraction to hearing her very first beautiful cry, “Hello!” Without incident, stress, extreme pain, or a revolving door of new faces ‘checking in on the birthing progress’, our Daughter was born in a calm, comfortable, loving, natural home environment while being able to fully share our experience surrounded by those we love. She’s happy, healthy and thriving 6 years later. Naturally we wished the same for the birth of our [second baby].” (Pictou County 1)

“I did not feel any fear about having a home birth. I trusted my body and I trusted my midwife. If I had been forced to give birth at a hospital, my anxiety would have been astronomical.” (Valley 8)

“When I discovered I was pregnant, in September 2008, there was no question in my mind that I wanted to have a home birth with a midwife. I moved here from [X province], and so was familiar with midwifery. Having done some research I also knew that outcomes for low risk women (a category I fall into) were as good or better at home with trained midwives attending as they are in the hospital. I had faith in my body’s ability to birth a baby and did not want to put myself or my baby at risk for unnecessary interventions. I also believe very strongly that hospitals are a place to deal with illness and injury. Birth is neither and as such has no place in a hospital. This is not to say I am ignorant of the risks, and some births do progress into emergency situations where a trip to the hospital can and does save lives, but the vast majority of births do not progress to this point. A healthy woman under the care of a competent midwife will likely not face this kind of a situation, and the midwife will be able to detect any warning signs early on. Unlike a doctor, a midwife is present through the entire process of labor once active labor has set in.” (Halifax 5)

“Shortly before getting pregnant with my second child, I met with [two midwives] and decided that I would like having a homebirth with midwives. That way, no matter how fast the labor, I would know my birth attendants. Not only was my labor pretty short (2 hours), but there were some minor complications, and the midwives dealt with it so wonderfully that I decided that yes, I could fully trust these midwives.” (Halifax 6)

“Home birth and home visits mean that infants need not be exposed to the numerous illnesses that hospital-born babies can come in contact with (unless a visit to hospital is medically necessary, as it was in our case). Having had a relative who came through bypass surgery without incident only to fall ill for many weeks with c. difficile, we feel strongly that the home birth option offers a much safer choice to families having low-risk births.” (Valley 7)

6.4 Support for Physiologically Natural Birth and Breastfeeding

“For me, being pregnant and the upcoming birth of our child has been a very important event in my life. I feel that giving birth is a rite of passage for women, rather than a medical event. It is important that this be understood and honored by those who provide care to my baby and I. Midwifery care embraces these principles in a manner that the medical system is not doing for me.” (Yarmouth County 2)

“Post-partum is where the care given by midwives really stands apart I had daily visits from [our midwife] for the next 2 weeks. I had a lot of problems with latching and breastfeeding. [Both midwives] made themselves available to me at any hour of the day or night. If it hadn’t been for them I probably would have given up. This continuity of care is something that is not possible or available in the medical model. Midwifery is about so much more than “management of risks during labor.” It is about birthing a mother as much as it is about birthing a baby.” (Halifax 5)

6.5 Continuity of Carer

“I knew that I wanted to have my baby in the hospital but I also knew that I wanted my primary caregiver to be a midwife. The most appealing aspect of the midwifery model of care, for me, was the continuity of care. It was very important to me that the person who delivered my baby was someone who I had developed a relationship with throughout the 9 months of my pregnancy and someone who, because of that relationship, had an intimate knowledge of my health, my baby’s health, and my specific needs.” (Valley 4)

6.6 Woman-centered Care, Family Involvement and Time Spent

“I have experienced both Physician care/hospital birth and home birth/ Midwifery care and they cannot compare! The care I received with my Midwife during my [previous] pregnancy was amazing, each appointment was at least an hour and a half (no waiting time involved!) and we spent that time talking about nutrition, physical / mental wellness, baby’s growth and wellness and creating a strong trust and bond with one another. She provided me with the tools and resources I needed to have the best pregnancy and birth possible. I trusted my midwife because of all the time she took with me. She involved my children and husband by providing a safe and clean space that was inviting to the whole family.” (Yarmouth County 1)

CONCLUSIONS

Women and families who want midwifery care—particularly home birth services— want it badly and will go to great lengths to get it. The letters indicated families have variously moved out of province temporarily or even permanently, traveled to other health districts or planned an unassisted birth. Their recommendations for further expansion of services included province-wide implementation as soon as possible, interim solutions for districts currently without midwifery services, more easily accessible contact information and the establishment of consistently available services throughout the year at each implementation site. This came with a proviso that the model of care remain true to what they wanted, or had experienced prior to regulation and/or elsewhere, which was community-based, collaborative, and founded on the principles of:

- Woman-centered and Family Friendly Care
- Informed Choice including Choice of Birthplace
- Continuity of Carer with Time Spent
- Support for the physiologically natural processes of birth and breastfeeding

These letters have made a lasting impression on the authors and we'd like to express our profound thanks to the families who took the time to share their experiences and insights.

We would like to thank Reproductive Care Program and the Department of Health for enabling these voices to be heard as part of the Midwifery Implementation Evaluation Project. We value the opportunity to contribute to our shared goal of an optimal, responsive, and sustainable primary maternity health care system in Nova Scotia.

Submitted by: Dr. Christine Saulnier and Erin Hemmens, MCNS Co-Chairs
Jan Catano, MCNS Executive, MCNS MEINS Representative
Catherine Berry, MCNS Executive

August 2010

THE MIDWIFERY COALITION
OF NOVA SCOTIA

mcns.chebucto.org

