



# ASSOCIATION OF ONTARIO MIDWIVES

*Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario*

## **Solving Ontario's Maternity Care Crisis**

**Submission to the Standing Committee on Finance and Economic Affairs**



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## **Association of Ontario Midwives**

The Association of Ontario Midwives (AOM) is the professional body representing midwives and the practice of midwifery in the province of Ontario. There are approximately 366 registered midwives in Ontario today working in sixty practice groups. They provide care in fourteen Local Health Integration Networks (LHINs) with hospital privileges in sixty-five hospitals. Midwifery care in Ontario is fully funded by the Ministry of Health and Long-Term Care.

## **Midwifery in Ontario**

Midwives are registered health-care professionals who provide care to women with low-risk pregnancies from the time of conception until six weeks after birth. Midwives work in community-based group practices with a team of other midwives, providing care on a 24-hour, seven-day-a-week model.

Midwives are trained health care professionals. They qualify for registration either by graduating from the Ontario Midwifery Education Programme, which is a Bachelor of Health Science in Midwifery four-year university degree program, or by successfully completing the International Midwifery Pre-registration Program. The Midwifery Education Program is offered at Ryerson University, McMaster University and Laurentian University.

Many women find the comfort of having a midwife with them throughout their whole pregnancy and six weeks post-partum invaluable. A midwife will visit a woman and her newborn at home (or in hospital) within 24 hours of the baby's birth and come for an



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additional three or more visits within the first two weeks postpartum, to support and assist a woman with infant feeding and newborn care, and to monitor her health and her baby's health. With a midwife, pregnant women and their families make decisions that are based on informed choice and can choose either home or hospital as the place of birth.

## **The Benefits of Midwifery Care**

Midwives have a well-established model of care that benefits both the consumer and the broader public.

Evaluations by the Ministry of Health and Long Term Care of midwifery in Ontario have demonstrated midwives provide safe care with excellent outcomes.

The Ministry's evaluation found that each midwife-attended birth saves the system \$800 if in hospital and \$1 800 if at home. Savings are the result of:

- C-section rates for midwifery clients that are 30% lower than for family doctors
- Episiotomy rates that are less than half
- Readmission rates to hospital that are 65% lower than other providers
- Shorter hospital stays, including over double the rate of early discharge of low-risk patients<sup>i</sup>

Further, outcomes such as an 80% vaginal delivery rate and a 91.5% breastfeeding rate at six weeks postpartum contribute to a very high satisfaction rate from midwifery consumers<sup>ii</sup>.



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## **Ontario's Maternity Care Crisis**

Ontario is facing a crisis in maternity care.

The number of births is increasing while the number of care providers is not keeping pace. More than 130 000 women give birth every year in Ontario and this number will rise over the next ten years. By 2024, the number of Ontario births is projected to reach 157 000 per year<sup>iii</sup>. Both AOM and the Ontario Medical Association agree that if the shortage of providers is not addressed, at least 10 000 women in Ontario will not have a health care provider of any kind by the year 2012<sup>iv</sup>. That's only five years away. Immediate action is required to avoid a crisis.

Numerous issues have created the looming crisis in maternity care, including obstetrician retirements<sup>v</sup> and an on-going decline in the number of family physicians providing intrapartum care<sup>vi,vii,viii</sup>. Further, scarce funding has not enabled the Midwifery Education Program to sufficiently increase the number of midwives they are able to graduate to meet the need for maternity care providers in Ontario.

## **Number of Primary Care providers Attending Births in Ontario**

	1984/85	1993/94	1999/2000	2004/2005
Family Physicians	2 658	1 734	990	751
Obstetricians	486	494	473	494
Registered Midwives	0	68	162	304

Stan Lofsky for the Ontario Medical Association



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Midwives are the only health care professionals whose exclusive concern is the provision of maternity care and who must attend births as part of their practice.

A shortage of maternity care providers has serious implications for health and safety. The Society of Obstetricians and Gynaecologists of Canada warns that “Canadian women and their unborn babies will be at increased risk should a shortage of primary maternity care not be addressed swiftly”<sup>ix</sup>. Indeed, some of the symptoms of the maternity care crisis are already visible.

Some women in Ontario are already facing increasing difficulty in accessing needed maternity care.<sup>x</sup> More and more women are unable to access early prenatal care, resulting in preventable complications in late pregnancy and birth that are “almost unheard of in systems with adequate prenatal care.”<sup>xi</sup> Further, an increase in premature births<sup>xii</sup> may be linked to women having difficulty accessing prenatal care.

Midwives have watched with dismay as the number of hospitals providing maternity care has dwindled, particularly in rural and remote areas. Women are at enormous risk when maternity services are only available at a distance and they are required to travel longer and for unsafe distances to obtain care.

Causes of these access problems include too few maternity care providers, and the lack of a provincial strategy to ensure that the care women need is available close to home.



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## **Solving the Maternity Care Crisis**

A significant consensus on solutions to these problems has emerged. Recent reports from the Ontario Maternity Care Expert Panel<sup>xiii</sup>, the Multidisciplinary Collaborative Primary Maternity Care Project<sup>xiv</sup>, the Integrated Maternity Care for Rural and Remote Communities<sup>xv</sup>, and Babies Can't Wait: Primary Care in Obstetrics Crisis<sup>xvi</sup> are notably in agreement on actions that must be taken to address the growing crisis in maternity care in Ontario. One of the key areas of agreement is the need to ensure Ontario has more maternity care providers of all types<sup>xvii</sup>, including more midwives. While the Ontario government has begun efforts to address the overall shortage in health human resources, a particular focus on maternity care is urgently needed. Indeed, Ontario needs a provincial maternity care strategy.

The Ontario government is moving to transform health care in Ontario.<sup>xviii</sup> These efforts include promoting primary health care and ensuring that Ontarians get the care they need, when they need it, by the appropriate health care professional, and as close to home as possible.

This government effort has yet to be extended to maternity care, even though maternity care issues are the most frequent reason for hospital admission in Ontario<sup>xix</sup>.

Ontarians deserve a provincial strategy that includes maternity care within the framework of effective primary care and a strategy that addresses the shortage of providers.

Women should have access to the maternity care provider of their choice. Not only is this best for the health and well-being of mothers and babies, it is also critical to managing health care expenditures. Last year midwifery practices had to turn away



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approximately 40% of women seeking midwifery care, with some practices turning away double their capacity, indicating a clear need for urgent action to increase the number of registered midwives in the province<sup>xx</sup>.

In fact, midwives are already providing the kind of care that the Ontario government is seeking to achieve through their Transformation Agenda: an accountable, cost-effective and client-centred approach that moves care from the hospital to the community and emphasizes health promotion<sup>xxi</sup>.

The Ontario government must take urgent action to address the emerging maternity care crisis in Ontario. As a critical part of this solution, midwives have the willingness and the capacity to continue to increase their role in providing critically needed maternity care to the women of Ontario.

Midwifery can play a central role in solving the maternity care crisis if the number of midwives in the province is increased. This requires the expansion of the Midwifery Education Program.

At the request of the Ministry of Training, Colleges and Universities and the Ministry of Health and Long Term Care the Midwifery Education Program submitted a proposal in November 2004 to increase midwifery enrolment. This proposal included a plan to double admission numbers from 60 to 120 students per year within 5 years. The expansion objectives require an increase of \$1.5 - \$3 million to the operating budget per year over 5 years. A modest investment in midwifery care now will mean overall savings for the health care system down the road.



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The time to act is now. No increase in midwifery graduates will be seen until four years after expansion begins to take place. Offers of admission are made by the Midwifery Education Program in April/May 2007. Funding for the expansion proposal now would enable more midwifery students to begin training in September 2007.

The time is right to move on this initiative. With support from the Ontario government, midwives are ready to increase their role in providing maternity care to Ontario women, care that is urgently needed.

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<sup>i</sup> Ontario Midwifery Program, Ministry of Health and Long-Term Care, 2003. "Ontario Midwifery Program Evaluation"

<sup>ii</sup> Ministry of Health and Long-Term Care, Ontario Midwifery Program, 2004. op cit.

<sup>iii</sup> Statistics Canada and Ontario Ministry of Finance projections, as quoted in Ontario Maternity Care Expert Panel (2006). Executive Report – Emerging Crisis, Emerging Solutions.

<sup>iv</sup> Ontario Medical Association (2006) Response to the OMCEP report on Maternity Care in Ontario.

<sup>v</sup> Stanimir G. Shared obstetrical care: A case study. Presented at the Ontario Hospital Association Interdisciplinary Care Conference; 2004 Dec., as quoted in OMCEP report (op.cit.).

<sup>vi</sup> The Society of Obstetricians and Gynaecologists of Canada, 2006 (June). Shortage of OB/Gyns, Aboriginal Health Top SOGC President's Agenda. SOGC Annual Clinical Meeting.



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- <sup>vii</sup> Lofsky S et al, 2005. Ontario Medical Association Position Paper: The Ontario Physician Shortage 2005: Seeds of Progress, But Resource Crisis Deepening.
- <sup>viii</sup> Pellizzari R, Medves J, op cit.
- <sup>ix</sup> The Society of Obstetricians and Gynaecologists of Canada, 2006 (June). Impact of inadequate Prenatal Care on Neonatal Mortality Will Rise in Canada.
- <sup>x</sup> Ontario Maternity Care Expert Panel, op cit (p. 35-38).
- <sup>xi</sup> Ontario Maternity Care Expert Panel, op cit (p. 17).
- <sup>xii</sup> Canadian Institute for Health Information, 2004. Giving Birth in Canada – A Regional Profile.
- <sup>xiii</sup> Ontario Maternity Care Expert Panel, op cit.
- <sup>xiv</sup> Multidisciplinary Collaborative Primary Maternity Care Project, 2006. “Guidelines and Implementation Tools for Multidisciplinary Collaborative Primary Maternity Care Models”.
- <sup>xv</sup> Rogers, Judy. Integrated Maternity Care for Rural and Remote Communities In press, 2006.
- <sup>xvi</sup> Kasperski JM, 2004 (Dec). Babies Can’t Wait: Primary Care in Obstetrics Crisis. A Solution Focused PHCTF Research Project.
- <sup>xvii</sup> Ontario Maternity Care Expert Panel, op cit (p. 77).
- <sup>xviii</sup> Ministry of Health and Long-Term Care, 2004 (Feb). “Transforming Health Care in Ontario.” Speaking Notes Presented by Hon. George Smitherman.
- <sup>xix</sup> Ontario Maternity Care Expert Panel, op cit (p. 9).
- <sup>xx</sup> Ontario Maternity Care Expert Panel, op cit (p. 28).
- <sup>xxi</sup> Ministry of Health and Long-Term Care, Ontario Midwifery Program, 2004. Ontario Midwifery Program Evaluation. Presentation at Association of Ontario Midwives Conference.