

# MIDWIVES IN NOVA SCOTIA

CARE CHOICES COAST TO COAST

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# MIDWIFERY REGULATION IN NOVA SCOTIA

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- The Midwifery Act was passed in November 2006
- Act proclaimed with Regulations & Bylaws on March 18th, 2009
- The Midwifery Regulatory Council of Nova Scotia (MRCNS) governs practice
- Midwifery fully funded in 3 initial Model Sites across province

# MODEL SITES

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- Funding for 7 Full Time Equivalents
- Guysborough Antigonish Strait Health Authority (GASHA): 1 full-time midwife
- South Shore Health (SSH): 2 full-time midwives
- IWK Health Centre: 2 full time & 2 part-time midwives

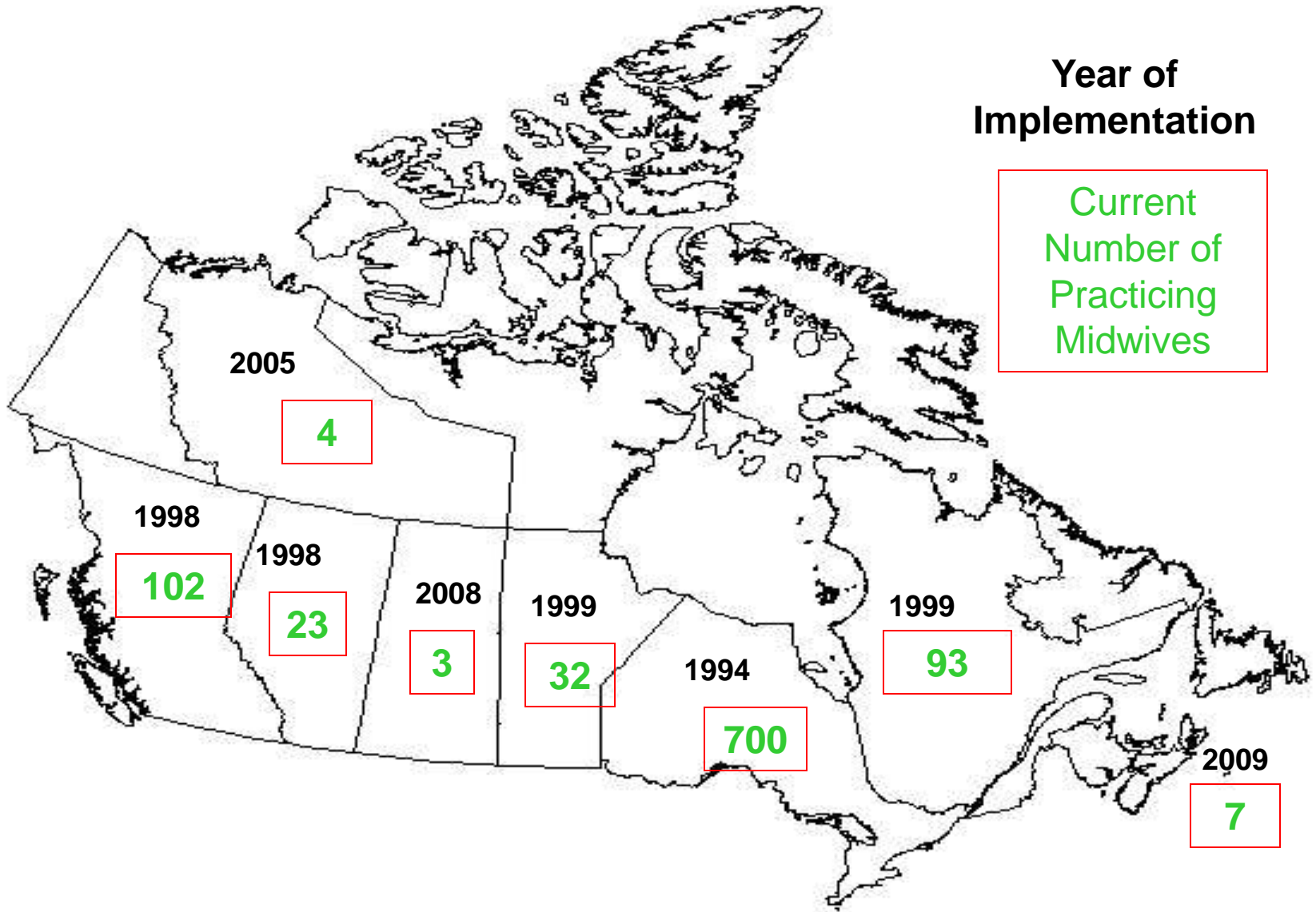
# WHAT IS A MIDWIFE?

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- Registered health professional (Midwifery Regulatory Council of Nova Scotia)
- Provides primary care for mothers and babies during low risk pregnancy, birth and 6 weeks postpartum
- Highly trained
  - Bachelor of Health Sciences Midwifery
  - International Midwives Pre-registration Program; PLEA; MMBP
- Integrated and fully funded within the health care system

**Year of  
Implementation**

**Current  
Number of  
Practicing  
Midwives**



# WHAT CAN MIDWIVES DO?

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## Scope of practice

- Assessment, monitoring and care of women during low risk pregnancy, labour, birth and the postpartum
- Management of vaginal deliveries
- Assessment, monitoring and care of newborn babies

## Registered midwives are able to

- Perform physical examinations
- Order and interpret screening and diagnostic tests
- Perform minor surgical and invasive procedures
- Prescribe and administer medications (within scope)
- Access to acute care/ consultants when needed

# WHO DO WE CARE FOR?

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- Low risk women
  - Indications for Consultation & Transfer of Care
- Aim to target priority populations
  - lower socio-economic
  - teen pregnancy
  - new Canadians
  - Aboriginal
  - African-Canadian
- 35-40 women/year/midwife

# WHAT DOES THE CARE LOOK LIKE?

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- Prenatal visits start as early as 6-8 weeks
- Visits are 45 minutes long in the clinic/office  
1 prenatal home visit ~37 weeks
- Labour care at home & hospital – continuous  
once established
- Management of vaginal births (home &  
hospital)
- Post partum visits in clients home (3-4 visits  
in the 1<sup>st</sup> week) and clinic (2-4-6 weeks)

# MIDWIFERY MODEL OF CARE

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- Birth is a social event, a normal part of a woman's life
- A right of passage
- Birth is the work of the woman and her family
- The woman is a person experiencing a life-transforming event.
- Birth is a holistic process
- Potential risks are discussed but not the focus

# SO WHY ARE WE SO SCARY?

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# SCARY BECAUSE.....

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- Unknown in Canada until resurgence 15+ years ago
- Unregulated practice
- Educational programs
- But the BIGGEST issue is.....

HOME BIRTH

# UNREGULATED HOME BIRTH

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- Existed in NS until March 18<sup>th</sup>, 2009
- No regulatory authority verifying credentials of midwives attending or governing safe practice protocols
- Transfers to hospitals were the only home births other care providers were aware of
- Many home births took place safely but without team integration, were unknown
- Midwives had to transfer all care and involvement once admitted to hospital

# HOME BIRTHS IN NOVA SCOTIA

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- 5 year period 114 women planned to give birth at home
- 73 gave birth at home (~ 65%)
- 41 moved to hospital

- *Catherine Cervin, March 2009*

# REASONS FOR TRANSFER TO HOSPITAL

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- Prolonged first or second stage
- Hypertension
- Meconium
- Pain relief
- Preterm labour
- Post dates
- Most moved in their own car

# REGULATED HOME BIRTH

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- Unknown to NS until now
- Midwives credentialed through MRCNS
- Policies & Procedures around Home Birth developed by MRCNS and DHA's/IWK
- Involvement of multidisciplinary team to review some candidates
- Appropriate screening criteria
- Communication & Transport Plans with hospitals & EHS

# APPROPRIATE SCREENING CRITERIA

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- Women MUST be LOW-RISK
  - Women having a normal, uneventful pregnancy
  - Cephalic
  - Singleton
  - No previous cesarean section
  - Labour is spontaneous
  - Term: 37-42 weeks
- Review by Multidisciplinary Team to determine appropriate setting

# MORE ON REGULATED HOME BIRTH

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- 2 midwives at every home birth (both trained in NRP, CRP & Obs Emergency Skills)
- Equipment and Supplies for Neonate include:
  - Portable suction machine compatible with intubation
  - Intubation equipment
  - Newborn resuscitation bag and mask
  - Newborn laryngeal mask airway
  - UVC kits

# EQUIPMENT & SUPPLIES FOR THE WOMAN

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- Syringes & Needles
- Suture materials
- Urinary catheters
- Cord clamps or ties
- Cord blood tubes
- IV catheters and tubing
- Maternal oxygen mask
- Oral airways

# MEDICATION FOR NEONATE & WOMAN

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- Oxytocic drugs (oxytocin, ergonvine, misoprostol)
- IV fluids
- Local anaesthetic
- Epinephrine (adult & infant)
- Oxygen
- Antibiotics
- Eye prophylaxis, Vitamin K

# REGULATED MIDWIFERY & HOME BIRTH

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- In all Canadian P/T's where midwifery has become regulated, home birth numbers have decreased!!
- When midwives can continue being the primary care provider, women are often content with a hospital birth
- However, a small % of women will continue to want home birth as an option.....therefore, we **MUST** make it safe!!

# WHY IS HOME BIRTH SCARY TO OTHER PROFESSIONALS?

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- Research not consistent with their world view
- “Extraordinary ***claims*** require extraordinary ***evidence***” *Carl Sagan*



# HOMEBIRTH OUTCOMES

ONTARIO: 2003 - 2006

HUTTON, REITSMA, KAUFMAN  
MCMASTER UNIVERSITY

# REGULATED HOME BIRTH IN CANADA

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- Research in Ontario looked at births from 2003-2006
- No formal evaluation of Ontario home birth outcomes since midwifery regulation (1994)
- Mandatory reporting for Ontario RM since 2003 provided a database from which to draw a large sample
- Cohort study Validated database of 25,720 midwife attended births
  - includes data on all midwifery attended births in Ontario
  - maintained by the Ministry of Health

# STUDY OUTCOMES

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- PRIMARY: Composite measure of neonatal/perinatal mortality or serious morbidity
- SECONDARY: Composite measure of maternal mortality or serious morbidity
- OTHER: Obstetric Interventions

# RESULTS

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- Large sample size (12,000+ women)
- Aged ~25-35
- 66% multiparous
- Of all planned homebirths:
  - 78% actually delivered at home
  - 5% transported by ambulance to hospital during or immediately following birth

# NEONATAL OUTCOMES

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Primary outcome - composite of neonatal/perinatal mortality or serious morbidity:

- no difference between the home and hospital  
2.4% vs 2.9% RR 0.83 [ 0.67, 1.02 ]
- Both groups reported a perinatal / neonatal mortality rate of 1:1000

# MATERNAL OUTCOMES

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Secondary outcome - composite maternal mortality & serious morbidity:

- There were no cases of maternal mortality
- Women planning homebirth were less likely to experience serious morbidity 5.5% vs 7.1%; RR 0.77 [ 0.67, 0.87 ]

# INTERVENTION OUTCOMES

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Women planning home birth were less likely to experience:

- ❑ Labour augmentation
  - 28% vs 36%; RR 0.76 [ 0.72; 0.80 ]
- ❑ Pharmaceutical pain relief
  - 17% vs 45% RR: 0.37 [ 0.35; 0.39 ]
- ❑ Episiotomy
  - 4% vs 6%; RR: 0.73 [ 0.63; 0.84 ]
- ❑ Assisted vaginal delivery
  - 3% vs 4%; RR 0.67 [ 0.56; 0.80 ]
- ❑ Caesarean section
  - 5% vs 8%; RR 0.64 [ 0.56, 0.73 ]

# DISCUSSION POINTS

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- Low complication rates likely influenced by:
  - Midwives being well integrated into the health care system with good access to
    - emergency services
    - consultation
    - transfer of care
  - Appropriate self selection by women
  - Appropriate screening by midwives

# Images of Home Birth.....

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# Introductions.....

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# CANADIAN HOME BIRTH RESEARCH

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Outcomes of planned home birth  
with registered midwife  
versus planned hospital birth with  
midwife or physician

Research published in CMAJ in September  
2009 by Janssen, Saxell, Page, Klein, Liston,  
Lee.

# STUDY COMPARED

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- RM attended home births from 2000-2004: 2889 births
- RM attended hospital births 2000-2004: 4752 births
- Physician attended births: 5331
- All births had same eligibility requirements (i.e. singleton, cephalic, 36-42 weeks gestation, no underlying medical conditions, normal pregnancy.....LOW RISK)

# FINDINGS

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- Women in the planned home-birth group were significantly less likely to experience the following:
  - obstetric interventions (e.g., electronic fetal monitoring, assisted vaginal delivery)
  - adverse maternal outcomes (e.g., third- or fourth-degree perineal tear, postpartum hemorrhage)

Than those women in the hospital group  
(midwife or physician-assisted)

# FINDINGS

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- Newborns in the home-birth group were less likely to require the following:
  - resuscitation at birth or oxygen therapy beyond 24 hours
  - Care for meconium aspiration
  - Reassignment to hospital
- Overall – Home Birth is just as safe as hospital birth for low-risk women

# The Power of Support

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## A Family Event



**Thank you!**