

## Midwifery

Letter and Paper from UPEI Student: Alex MacDonald

Invited all MLA's to read this paper

CASEY.  
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CA

March 8, 2018

Ms. Kathleen Casey,

Charlottetown-Lewis Point

2<sup>nd</sup> floor, Coles Building

175 Richmond St.

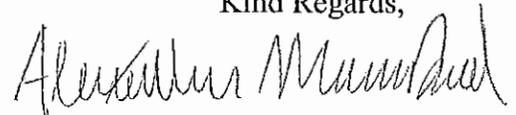
Charlottetown, PE

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Dear Ms. Casey,

My name is Alex MacDonald and I am a third year Psychology student at UPEI. Last semester I had the pleasure of taking a Parenting course in which we explored topics such as poverty, mental health, disability, and divorce and how they relate to parenting. To finish the course, we were assigned a final paper in which we were to synthesize research in order to communicate something important to the community. I chose to write a paper discussing Midwifery on PEI, and from the suggestion of my professor Dr. Philip Smith, and in honour of international women's day, I would like to invite you and all MLAs to read this paper. I understand that the possibility of making midwifery a regulated health profession has come up in the Legislative Assembly on various occasions. I hope this paper provides you with some useful background.

Kind Regards,

A handwritten signature in black ink that reads "Alex MacDonald". The signature is written in a cursive style with a large, prominent initial "A".

Alex MacDonald

The Case for Midwifery on Prince Edward Island

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December, 2017

As of 2016, Prince Edward Island (PEI) became the only province in Canada in which midwifery is not a regulated profession (“Year of Midwifery Regulation”, 2017). The International Confederation of Midwives defines a midwife as anyone “who has successfully completed a midwifery education programme...” and that a midwife is

recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant (ICM, 2005).

This means that most women across Canada have access to the information, guidance, support and care provided by midwives, while Island women do not. This places Island women and their babies at a disadvantage in several ways. First, studies have shown that midwives improve the health of babies, with reduced fetal loss and increased levels of breastfeeding. Second, midwifery also has many positive impacts on pregnant women and mothers, providing them with ongoing care and useful information. Women often report higher levels of comfort, confidence, and overall satisfaction when receiving care from a midwife before, during, and after birth, compared to care provided by a physician. Third, it is not only women and babies who benefit from midwifery, but society as a whole benefits as well. Midwives allow for a minimal sufficiency of care for pregnant women, and costs of midwifery have been found to be much lower than traditional physician and medical costs. Overall, pregnancies and births involving midwives can contribute to healthier babies, happier mothers, and cost savings for provinces. It is clear that midwifery must be brought to Prince Edward Island, so that all babies, women, and families can benefit from their impact.

There are many misconceptions about midwifery, one of them being that it is not safe for a woman and her unborn child. This, however, is incorrect. It has been found that midwifery is actually related to *less* fetal loss, not more. In 2010, Sandall found that within trials in the United Kingdom, Canada, New Zealand, and Australia, women in “midwife-led models of care were less likely to experience fetal loss or neonatal death at less than 24 weeks’ gestation” (256). Considering that it is often early in pregnancy that women experience fetal loss, it is important to recognize that midwives have been found to reduce these early losses.

Beyond fetal loss, midwives are also beneficial as they improve breastfeeding rates for babies. The World Health Organization explains that “breastfeeding is one of the most effective ways to ensure child health and survival” (WHO, 2017). Many experts agree that ‘breast is best’ and that there are numerous health benefits for women and babies who breastfeed. With that in mind, it is then important to note that “women whose baby was delivered by a midwife were more likely to initiate breastfeeding than by all other providers except nurses/nurse practitioners and to breastfeed either in combination with other nutrients or exclusively at 3 and 6 months” (O’Brien, 2011, 211). In addition to O’Brien’s study, two other researchers, Bäckström and Sutcliffe, found similar results. Bäckström studied breastfeeding in Sweden and found that women expressed that ongoing support from health professionals was important to continuing their breastfeeding (Bäckström, 2010). Often, physicians do not have the time to provide ongoing support to women after they give birth, which is where midwives differ. Midwives remain with women throughout their pregnancy, birth, and for a period of time after the birth. This allows the mother to get access to information and support, ultimately contributing to prolonged breastfeeding. Sutcliffe backs up this idea with the finding that women with midwives were much more likely to initiate breastfeeding than women without midwives (Sutcliffe, 2012, 2383).

Overall, midwives contribute to the initiation and retention of breastfeeding, which has clear and numerous health benefits for babies and mothers alike.

Though it is certain that midwives can improve the health of babies, there is perhaps no greater contribution made by midwives than the impact they have on the mother. There are numerous physical, psychological, and emotional benefits for women who are cared for by a midwife rather than a physician. From the point of view of physical health, in 2011 O'Brien found that women who went through births with midwives were more likely to have a vaginal birth, less likely to have induced labour, and less likely to use medication for pain management (210-211). Even if women did not experience these physical improvements, Sutcliffe found that "none of the three reviews reported any evidence of risks to women's physical health by having midwives lead care rather than physicians" (2012, 2381-2382). Therefore, while there are many potential physical benefits, at the bare minimum there are no additional risks associated with midwife versus physician led care.

In addition to providing physical benefits for mothers, midwives provide many emotional and psychological benefits. One of these benefits is the ability of the mother to know her care provider during labour. Familiarity can do a lot to ease nerves, and O'Brien found that women were more likely to have one provider for prenatal/delivery if that provider was a midwife (2011, 210). This finding was supported by Sandall, who found that 63%-98% of women knew their care provider during birth if it was a midwife, compared to only 0.3%-21% of women knowing their provider if it was not a midwife. (2010, 257). Since pregnancy and birth are already unfamiliar and potentially stressful experiences, knowing the person who is helping you give birth can contribute to a more positive experience for women.

Since midwives are more likely than physicians to remain with women throughout their birth and pregnancy, midwives provide a unique opportunity for women to consider themselves as individuals, rather than simply a number in the health care system. This unique opportunity for individualization can have numerous beneficial impacts. Bäckström found that getting care as an individual is crucial to the confidence of the woman and her interpretation of the experience as positive (2011). Additionally, Bäckström also found that midwives were able to provide women with individualized breastfeeding plans, which were helpful in allowing each woman to find a unique strategy that worked best for her. Finally, Bäckström found that what women wanted most out of their maternal care experience was “to be listened to....more time, understanding, and follow-up from health professionals” (2010, 1). It is clear that due to their unique position, midwives are better equipped to meet these criteria than physicians or obstetricians. Sutcliffe also found that midwives helped women feel more confident overall in their ability to take care of their child, as well as having a sense that their questions had been fully answered (Sutcliffe, 2012). Finally, Sandall found that women with midwives had higher levels of satisfaction with their “information, advice, explanation, venue of delivery, and preparation for labor and birth, as well as perceptions of choice for pain relief and evaluations of carer’s behavior” (2010, 257). It is clear then, that midwives often provide a more positive emotional and psychological experience for mothers than regular physicians do.

Though midwives can be a better choice for both women and babies, it is important to also consider the societal impacts associated with midwifery. One impact would be the humanization of pregnancy, rather than its medicalization. Women for decades have commented that pregnancy in North America is too medicalized, and they feel too removed from the processes of pregnancy and birth. Having a pregnancy and birth with a midwife remedies some

of these feelings, making the pregnancy a more humanized experience overall. In regards to reducing the medicalization of birth, Sandall found that

women who received models of midwife led care were nearly eight times more likely to be attended at birth by a known midwife... 19% less likely to have regional analgesia, 14% less likely to have instrumental birth, 18% less likely to have an episiotomy, and significantly more likely to have a spontaneous vaginal birth, initiate breastfeeding, and feel in control (2010, 259).

With fewer medical interventions, women are able to feel more connected to their pregnancy and birth.

Beyond the humanization of pregnancy and birth, midwifery can benefit Prince Edward Island on a broader scope due to its cost effectiveness. When dealing with pregnancy, there is a lot of variation to how risky it could be. Some are very simple and straightforward, while others are more complex and require more intense medical attention. Therefore, pregnancy is an excellent example of the effectiveness of using minimal sufficiency. Minimal sufficiency refers to effectively meeting the needs of the situation while using the least resources possible to meet those needs. Sandall explains this concept as ““providing services based on sound scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)”” (2010, 257). Currently, most pregnant women in PEI see an obstetrician or family doctor for their pregnancies. If they are low-risk, and their pregnancy is going well, it is not very effective for women to seek the help of someone as specialized as an obstetrician. To achieve a happy and healthy pregnancy, a midwife could be used in place of an obstetrician. If PEI were to introduce midwifery to the province, we could meet the needs of women without using unnecessary resources.

If Prince Edward Island were able to stop overusing obstetricians and start using more appropriate health care providers such as midwives, there would be a substantial savings for the province. One researcher in British Columbia “calculated costs of physician service billings, midwifery fees, hospital in-patient costs, pharmaceuticals, home birth supplies, and transport” and found that “in the first 28 days postpartum, [there was] a \$2,338 average savings per birth among women planning home birth compared to hospital birth with a midwife and \$2,541 compared to hospital birth planned with a physician” (Janssen, 2015, 1). It is likely that PEI could also experience such savings, as midwives would reduce the need for pain medication, transportation, hospital costs, and medical specialist fees.

Prince Edward Island remains the only Canadian province that does not regulate midwifery. Considering that the cornerstones of midwifery are “continuity of care, normality of birth, and safety...” (O’Brien, 2011, 213), PEI should be striving to provide this service to Island women. Midwifery has been shown to improve the experiences of women and their babies, and is cost effective for society on the whole. Midwives improve the physical, psychological, emotional, and financial aspects of pregnancy, birth, and the postpartum period. Though it is clear midwifery should be brought to the Island and regulated, it is also imperative that it be funded and promoted by the province. Thiessen found that some main barriers to midwifery were lack of provincial funding and a lack of education on midwives (2016). Moving forward, it is crucial that PEI fund and regulate midwifery so that Island women can have access to the best maternity care available.

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