May 6 2008
Washington, D.C.
Canada

- Population approximately 34 million - concentrated near the southern border
- 10 provinces and 3 territories
- Thousands of small remote communities
- Health care under the jurisdiction of provinces/territories
- First Nations reserves under federal jurisdiction
History - Taking Birth Back...

- Long tradition of community midwifery among First Nations and Inuit peoples and certain cultural groups (e.g. Mennonites)

- Virtual disappearance of midwifery by the 1970s

- 1970s to 80s: women dissatisfied with medicalization of childbirth - home birth movement

- Emergence of “the new midwifery” - training largely done via apprenticeship

- Late 1980s: increasing public pressure to regulate midwifery
Bringing Birth Back...

- Evacuation policies in 1970’s require women in northern regions to leave their communities to give birth in southern cities/hospitals
  - Birth among strangers far from family and supportive relationships
  - Loss of age-old cultural ways of care and known care giver
  - Major social and financial costs
1980s: women in northern regions began organizing to bring birth back to their communities

- Midwifery reborn - practice and education developed around traditions and realities of northern peoples

- Women training to be midwives in their own communities
Canadian Midwifery Model of Care

Core principles based on “being with woman”: partnership/relationship, mutual respect, confidence in the woman’s own abilities, nurturing her capacities

- Primary care/promotion of health and well-being
- Community-based practice
- Informed choice
- Choice of birth setting: home, birth centre, hospital
- Autonomy and accountability
- Continuity of care
- Evidence-based practice
Scope of Practice

- Care, assessment and monitoring of women during normal pregnancy, labour, birth and the postpartum period
- Attend and facilitate normal vaginal births
- Care, assessment and monitoring of healthy newborns
- Consultation and/or referral when health conditions exceed midwifery scope
- Extended scope of practice in certain situations/locations
Central to the Canadian midwife’s scope of practice is her ability to facilitate *normal birth*.

The facilitation of normal birth entails fostering confidence through mutual relationship, and draws on the midwife’s ability to hold a secure and intimate space where a woman may bring life into this world in her own unique way.
Birthing Centre

A public place that supports and values normal birth.
Regulation of Midwifery

- 1994 - Ontario is the first province to implement midwifery and establish a university program.
- 2008 - Midwifery is integrated into the health care system in 7 provinces/territories: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and the North West Territories.
- Process of regulation is currently underway in Nova Scotia, New Brunswick, and Nunavut.
- 700 practicing midwives in Canada today.
## Regulation of Midwifery

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<th>Public Funding</th>
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Self-Regulated Profession

- Midwifery is governed by provincial/territorial laws (Acts) and regulations

- Registration and licensing is completed through a professional College/regulatory body in each province/territory

- Professional standards, guidelines and policies are set by the College/regulatory body (e.g. code of ethics, core competencies, continuing competency requirements, quality assurance/risk management, indications for consultation and transfer of care, etc)

- Labour mobility agreement - midwives educated/registered in one province can practice in any other
Canadian Midwifery Education

- Direct entry: values a variety of educational and clinical backgrounds
- Competency-based: practice entry competencies similar across provinces
- Training for practice in a variety of settings
- Preceptorship component
Bachelor of Health Sciences Midwifery

- 4 year baccalaureate program
  - Health science curriculum
  - Clinical placements/preceptorships
  - Problem based learning
  - Intensives/distance learning modules
  - Includes courses to deepen qualities of listening, presence, self awareness, cultural competence/sensitivity

- Limited capacity - currently around 100 admissions per year (but numbers are growing)
  - More clinical preceptors as profession develops
  - Increased provincial funding in Ontario

- Accelerated track for nurses being explored
Bachelor Midwifery Program

There are 6 university programs in Canada - 1 developed specifically for training aboriginal midwives

1. Laurentian University

2. McMaster University

3. Ryerson University
   *This program offers part-time studies.*

4. Université du Québec à Trois Rivières
   *This program is offered in French only*

5. University of British Columbia

6. University College of the North
   *Kanaci Otinowawosowin (Aboriginal Midwifery) Baccalaureate (KOB) Program*
Assessment and Bridging Programs

- Acknowledge diverse ways of learning and training

- Allow midwives an opportunity to demonstrate knowledge and skills gained through practical experience

- Components: portfolio assessment, language fluency, written exam, OSCE, intensives, orientation, clinical placement/ supervision

- Internationally-educated midwives assessed against consistent required competencies and high standards to ensure ability to practice in Canadian system

- Prior Learning and Education Assessment (PLEA) programs run by provincial Colleges (BC, ON, QC, MB)

- International Midwifery Pre-registration Program (IMPP) - Ryerson University, ON

- National Assessment Strategy and Multi-Jurisdictional Midwifery Bridging Program (to replace provincial PLEA programs) - pilot in 2008
Other education programs

- 3 year community midwife diploma program through the Arctic College in Nunavut

- Option for graduates to join the final year at the University College of the North in Manitoba to gain a university degree

- Six Nations Midwifery Education program: culturally based services and training for community women since 1996
Inuulitsivik Health Centre (Puvirnituq/Hudson’s Bay Coast)

- Structured apprentice-based midwifery education program started in 1986
- Births take place in community setting - care in the hands of community midwives
- Local women trained “on the job” using traditional learning pathways
- Mentor midwives provide support for learning and formal training
- Training takes as long as needed - usually 4 years
- Community midwives employed by provincial government but credentials not formally recognized
Hudson’s Bay Coast Midwifery Program...an example

- In place for 22 years
- 8 hours from the nearest tertiary care center (plane is on the strip if the weather permits)
- Locally educated Inuit community midwives (most of whom have no prior high school diploma) provide complete maternity and well-woman care services
- Women receive care in their own language, on their own land, from women they have known all their lives
- Outcomes comparable to or better than anywhere else in the province (Quebec)
Practice and education has grown from and around the tradition and realities of northern peoples.
Recent Developments

- Nunaani Midwifery Working Group of northern midwives and representatives from aboriginal health organizations (with federal funding by the First Nations Inuit Health Branch of Health Canada - FNIHB) are exploring possible routes for credentialing northern midwives who are trained in their own communities according to traditional learning pathways.

- Creation of an Aboriginal Midwives Council of Canada: forum for aboriginal midwives to explore education, scope of practice, and bringing birth back to their respective communities.
Canadian vision of midwifery practice and education

✓ Sees birth as a normal, intimate and uniquely meaningful life event
✓ Birth belongs to families and communities

Based on principles of:

✓ Confidence in women and the birth process
✓ Continuity of care
✓ Care in the community
✓ Partnership with women in the decision making process

✓ Contributes to women’s health and confidence
✓ Adaptable to diverse community needs and requirements for different jurisdictions
In Closing...

Words of an Elder from Salluit in response to authorities who consider it “too dangerous” to plan births in his village:

“When birth and death take place within the community, life is continuous. We know one another, and we are asking that care be with those we know, and so this is also continuous. .... I can understand that you might think that birth here might be dangerous, but we have made it clear to you what it means for us to have our women giving birth here in our community, and what it means for us to send them away...and you must know, that a life without meaning is much more dangerous.”