

An Introduction to the integration of Aboriginal health for the SOGC

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Indigenous Birthing and Midwifery:
Rockville, Maryland**



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An Overview

- SOGC history
- 2001 – the first Canadian organization to write a policy that dealt with Aboriginal health
- 2005 – membership designated Aboriginal health as one of its main pillars in their “*Strategic Plan for 2006-2007*”



Aboriginal Health Initiatives

- Currently comprised of health professionals who work closely with Aboriginal people
- Currently co-chaired by
 - Dr. Don Wilson OB/GYN
 - Carol Couchie RM
- Objectives & Workplan reflect the trends, issues and community need



Current Projects

- ***Aboriginal Contraception Awareness Program***

- (but also includes a large section on SRH); this reflects the demographics of Statistics Canada Census data (2006) on the Aboriginal population



Current Projects (cont.)

- ***Returning Birthing Closer to Aboriginal Communities***
 - Evidence based research that was published in the JOGC [March 2007]
 - Soon to be translated into Inuktitut, in collaboration with NAHO



Planned Projects

- Fetal Fibronectin Testing in selected First Nations Communities
- Revision of Policy Statement – “A Guide for Health Professionals working with Aboriginal people.”



Planned Projects (cont.)

- Birthing & Midwifery Guidelines for Aboriginal Medical Curriculum
- Increased data collection on IMMR (as part of CPSS)
- KSTE with Indigenous communities as part of our work with international partners



**So what's our
current largest
program focus ?.....**



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National Birthing Initiative for Canada



A National Birthing Initiative For Canada

The Society of Obstetricians and Gynaecologists of Canada (SOGC) is currently lobbying the Federal Government to adopt a Birthing Initiative for Canada.

Urgently needed because change is necessary to ensure sustainability of maternity and newborn care.



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National Birthing Initiative for Canada

Over past year SOGC trying to convince
Government of growing crisis in obstetrical care.

Urging it to adopt A National Birthing Initiative for
Canada.

Also proposing a unique version for
An Aboriginal Birthing Initiative to meet the needs
of First Nations, Métis and Inuit populations.



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A Women's Right

- **Women must have access to maternity care services 24-hours a day, 365 days a year**
- **Every pregnant woman and their baby should have access to skilled attendance for intrapartum care and a referral process for women and their babies should there be complications**



Elements of A National Birthing Initiative for Canada

- Provide a framework to address health human resource shortages
- Promote communities of practice
- Establish inter-professional education initiatives
- Integrate multidisciplinary collaborative maternity care team
- Implement patient safety initiatives



The Integral Role of Midwives in Canada's Birthing Initiative

- Midwifery care is not available to all Canadians – either it is not legislated or funded in their province, or it is simply not available in all communities
- Only 5 universities offer midwifery programs
- Now only 450 registered midwives practicing in 5 provinces where midwives are regulated
- This means there are insufficient licensed midwives to fill the void left by family doctors leaving intrapartum maternity care
- OB-GYNs are overworked



Where are all the midwives? Where are all the OB-GYNs?

- Midwives and OB-GYNs have suffered from recruitment and retention problems
- Some choose not to register after graduation; some go to teaching, research, etc...
- Registered midwives and OB-GYNs are retiring due to lifestyle, reimbursement and liability issues
- Average age of practicing midwives in Ontario in 2004 was 45 and for OB-GYNs 54
- These dynamics must change!



A National Birthing Initiative for Aboriginal Communities

The return of birthing to First Nations, Inuit and Métis communities is recognized as a first step towards community healing.

This allows the expectant mother to involve her partner, her family and her community in the birth. Aboriginal community visions of maternal and child health care should ideally include a “Healing Map” that will address the determinates of health.



A National Birthing Initiative for Aboriginal Communities II

- Build trust between Aboriginal communities and health care providers
- Appropriate guidelines, protocols and models of care that are culturally competent and culturally appropriate



A National Birthing Initiative for Aboriginal Communities III

The “**Healing Map**” will address:

- Midwifery care, midwifery training and education as integral part to maternity care
- Protocols for clinical care, consultation, transfer for high risk situation must be developed in conjunction with midwifery programs
- Communication between midwives/south referral centers using new technologies for instant consultation/referral when needed



A National Birthing Initiative: 7 Key Elements

1. Listening to Women's Voices:

Ensure that Canada's maternity care system is mother-centered, that the needs, wants, and expectations of the mother and child are heard and reflected in the delivery of maternity health care.

2. Working Together:

Facilitate maternity care practitioners engagement, collaboration and networking.



A National Birthing Initiative: 7 Key Elements

3. Educating the Next Generation:

Adopt standardized curriculum for post-secondary education.

4. Learning in the Workplace:

Establish inter-professional postgraduate education to manage risks, improve patient safety, and to facilitate collaborative woman-centered care.



A National Birthing Initiative: 7 Key Elements

5. Addressing the HR Challenge:

Establish sustainable maternity care through multidisciplinary collaborative maternal and newborn care.

6. Defining Strengths and Weaknesses:

Establish a process for collection of data / information.



A National Birthing Initiative: 7 Key Elements

7. Establishing Common Practices:

Adopt and implement standardized clinical practice guidelines for all maternity care providers.



An Aboriginal Birthing Initiative

Closer to Home:

Priority to bring safe birthing closer to communities that have been part of Aboriginal families for generations.



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An Aboriginal Birthing Initiative

Similar but Different:

Same core elements with unique considerations to address requirements and expectations of First Nations, Inuit and Métis people.



An Aboriginal Birthing Initiative

Creating Bridges:

To be implemented in partnership with Aboriginal organizations, communities, provinces, territories, agencies and Aboriginal health professionals.



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An Aboriginal Birthing Initiative

Learning & Sharing:

Develop protocols and models of care that enable aboriginal mothers to stay in their communities for birthing, the delivery of prenatal care in the language of choice, with respect for traditional prenatal and maternity methods.



An Aboriginal Birthing Initiative

Leverage existing value: SOGC strategy to link with community programs and services:

e.g., Canada Prenatal Nutrition Program, the Fetal Alcohol Spectrum Disorder program, Nursing services, and the Aboriginal Head Start (AHS), etc.



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An Aboriginal Birthing Initiative

Current Status:

developing Memoranda of Understanding (MOU) with leadership organizations;

Assembly of First Nations

ITK (Inuit Tapiriit Kanatami)

Métis National Council

Congress of Aboriginal Peoples

National Women's Aboriginal Association of Canada

Will be developing MOUs with national (health) organizations such as NAHO, ANAC, IPAC and Pauktuutit.



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National Birthing Initiative: Partners

AWHONN Canada

Canadian Association of Midwives

College of Family Physicians of Canada

Canadian Nurses Association

Society of Rural Physicians of Canada

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National Birthing Initiatives: Partners

Collaboration based on MCP2 –
build on existing knowledge & principles

Consultation amongst partner organizations

Partnership confirmed with
'Letters of Intent' to Government



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SOGC Advocacy

MP Grassroots letter writing campaign by SOGC Council

Pre-Budget Consultation – Appearance at Parliamentary Committee on Finance

Advertisement in *The Hill Times*
(newspaper of Parliament Hill)

Presentation to Conservative Health Caucus

Individual meetings



SOGC Advocacy

Hon. Tony Clement	Minister of Health
MP Steven Fletcher	Parliamentary Secretary to Minister of Health
Dr. Jo Kennelly	Minister of Health Policy Advisor
Hon. Monte Solberg	Minister of Human Resources & Social Development
Hon. Josee Verner	Minister of International Cooperation



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SOGC Advocacy

MP Rob Merrifield Chair of Parl. Health Committee

MP Patricia Davidson Member Parl. Health Committee,
Associate Member Parl. Aboriginal
Affairs and Northern Development

Morris Rosenberg Deputy Minister of Health

Health Canada Program Officials



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SOGC Advocacy: Next Steps

Many allies in Parliament – urging them to raise it in Conservative Caucus and/or PMO

Further Round of Pre-Budget Consultations

Public Affairs Tool Kit to animate more Grassroots contact while MPs at home over the summer



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Babies can't wait

Canada is facing a crisis in obstetrical care ...

**Read A National Birthing Strategy
for Canada >**

Questions?

Comments

Thank you

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