

COLLEGE OF
MIDWIVES
OF ONTARIO



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Policy Review: Midwifery Model of Care

The College of Midwives of Ontario Member Consultation Forums Summary Report

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Background

When midwifery was regulated by the government in Ontario in 1994 as part of an effort to broaden the range of primary care providers through support for an expanded role for non-physician professionals, it was the culmination of more than a decade of petitioning and planning headed by the Midwifery Task Force of Ontario, a consumer-based lobby group.

Since then, the profession has grown from 75 registered members to more than 450 practising midwives, and the Association of Ontario Midwives (AOM) projects that there will be approximately 800 midwives registered in Ontario by 2012.

During the past fifteen years, the province's health care system has seen significant and widespread changes: changes to how health care services are financed; to how they are administered; to who is providing them; to what Ontarians need and expect from their providers.

For midwives, this means that the settings and circumstances in which they practise have changed – in some cases significantly - while their role and scope of practice has remained largely constant. Despite this, midwives have consistently provided care that is safe, effective, efficient, and deeply satisfying to the women receiving that care. The principles of midwifery have supported members in ensuring that women remain the centre of care that respects the woman as primary decision maker, that ensures informed choice, and that offers choice of birth place.

The CMO believes that, while midwives have been resourceful and adaptable in the face of this apparent incongruity; it is time to review the policies, standards and guidelines that govern the model of care with a view to ensuring continued stability and growth of the profession in this province. The CMO has been made aware that some of the existing requirements are a source of difficulty for a significant number of members, and that many are seeking flexibility and increased choices in regard to their practice structures. This review, and any resulting changes, should be an expected part of the evolution of midwifery.

Equally as important as the expectation that evolution should and will take place, are the principles that history matters and that it is dangerous to strive for change that occurs too quickly, too broadly, or without a strong basis (i.e., change for change's sake alone). That is to say that planning for the future must be based on what has happened to shape the policies that are already in existence and that it should be implemented in a way that does not create the potential for destabilising the places or situations in which the status quo is effective. The CMO believes that policy legacies should not create a dependence (i.e., we should not be limited in the decisions we can make going forward by the decisions that have been made in the past) but should provide the basis from which to conduct a thorough examination of why and how we do things in order that we not lose the opportunity for change and retain what we know is effective.

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Currently, there are a number of developments within the wider health care system that constitute opportunities for evolution. These include:

- Bill 179 - *An Act to amend various Acts related to regulated health professions and certain other Acts*. This Bill, introduced by the Minister of Health and Long-Term Care on May 11th of this year, seeks to broaden the scope of a number of professions including midwifery as part of a strategy to make the system more accessible and more efficient.
- Continued focus on interprofessional care and collaboration at the system level, resulting in expectations and requirements that professionals will work increasingly in interprofessional teams and / or settings.
- Growing demand for maternity care in a system where fewer communities are offering these services, resulting in an acknowledged maternity care provider shortage.
- Government strategy, driven through its Health Force Ontario initiative, to establish innovative new health care professional roles in areas of high need.
- Increasing pressure on family physician and obstetrical specialist resources, being borne out by the fact that an estimated 850,000¹ Ontarians do not have a family physician and the AOM predicts that more than 10,000 women in Ontario will not have access to any primary maternity care by the year 2012.
- Increasing intervention rates and the accompanying increased incidence of resulting complications,² as well as the subsequent increasing national and international focus on promoting and supporting strategies for normal birth (i.e., fewer unnecessary interventions) for women experiencing uncomplicated pregnancies and deliveries.^{3, 4, 5}

In addition to the system changes, the demographics (for example, increasing numbers from vulnerable populations in some communities) and preferences of midwifery clients are also evolving and therefore creating new opportunities for midwifery care. Similarly, members themselves are seeking flexibility and increased choices in regard to their practice structures. It is the CMO's position that enhancing flexibility will promote the sustainability of the profession through a decrease in attrition rates.

The CMO is aware that, associated with these significant opportunities to ensure sustainability and growth in the profession, is the potential for the loss of the approach to or components of care that differentiates midwifery from other maternity care. It is the CMO's view that such a loss is unacceptable.

¹ Ontario seeks expanded role for many health-care providers. Keith Leslie Globe and Mail May 15th, 2009
<http://www.theglobeandmail.com/life/article1140115.ece>

² Zwelling E. The emergence of high-tech birthing. J Obstet Gynecol Neonatal Nurs 2008;37:85-93.

³ SOGC. Joint Policy Statement on Normal Birth. J Obstet Gynaecol Can 2008;30(12):1163-1165

⁴ Health Canada. Family-Centred Maternity and Newborn Care: National Guidelines, Minister of Public Works and Government Services, Ottawa, 2000. <http://www.phac-aspc.gc.ca/dca-dea/prenatal/fcmc1-eng.php>

⁵ Royal College of Obstetricians and Gynecologists (UK). Making Normal Birth a Reality: Consensus Statement from the Maternity Care Working Party – our shared views about the need to recognize, facilitate and audit normal birth. (2007). <http://www.rcog.org.uk/files/rcog-corp/uploaded-files/JointStatmentNormalBirth2007.pdf>

Following from this, the CMO has consciously and logically anchored this policy review and any potential resulting changes to its mandate of public protection. It is the CMO's contention that midwives working in stable, balanced, flexible situations are in a better position to provide safe, effective care that satisfies the needs of women and families. The CMO believes that increased access to the quality care provided by midwives is in the public interest.

With this starting point, the goals that have been set by the CMO for any potential changes to the policies and guidelines that govern the model of care are as follows:

- allowing timely, seamless, efficient, and cost effective access to safe primary maternity care, as close to home as possible;
- providing more flexibility for members;
- reflecting current and emerging maternity care best practices;
- allowing responsiveness to community needs (i.e., the needs of women and care providers);
- supporting members' participation in interprofessional care, where appropriate;
- enabling midwives to contribute to solving the maternity care provider shortage; and
- supporting efficient use of the health care system.

Policy Review Process

Based on the information that was gathered prior to beginning the member consultation phase of this review (specifically, member Forums that were conducted in 2004, the results of a pre-strategic planning survey that members were asked to complete in October 2007, and ongoing interaction between CMO council and staff and members) the CMO is aware that some of the existing policies, standards and guidelines governing the model of care are a source of difficulty for a significant number of members.

As a result of this knowledge, the review began with the assumption that changes to create flexibility rather than further constraints would be required. The CMO is committed, through the various steps in this review but particularly through the member consultation, to testing this assumption. For this reason, the survey given to members (Appendix A) was developed using a modified policy Delphi approach, which is a research technique that gathers information from experts (in this case, midwives) and then feeds the results of the survey back to the experts for further discussion on the topic. This process was undertaken with the intent of generating the strongest possible opposing views on the issues raised.

To accompany the survey, members were provided with a series of resource documents that were developed following a thorough, initial review of the literature. These documents included:

- a discussion paper that considered possible options for revising policies related to the requirement that there be 2 midwives at every birth, active practice requirements, and continuity of care (Appendix B);
- an initial summary of relevant literature and jurisdictional review (Appendix C);
- an annotated review of the literature summary (Appendix D);
- a series of illustrative case reviews (Appendix E).

Every registered midwife received these resources at the same time as the link to the on-line survey – paper copies of which were available to anyone requesting it. Members were informed that their responses would be used to develop an agenda for Forum teleconferences, in which all practices were encouraged to be involved and which were held the week of June 15th, 2009.

Each of the 8 Forum sessions included a CMO council representative and was attended by the Deputy Registrar and Policy Analyst. Six of the 8 calls were also attended by the Registrar. Each session followed the same format, namely:

- introductions were made and the agenda outlined by the staff member chairing the session;
- background information was provided on the consultation process and approach;
- key themes emerging from the survey responses were provided;
- clarifications were made regarding the existing Temporary Alternate Practise Arrangement framework;
- each of the survey areas was reviewed with each participating practice having the opportunity to speak to their position on the related issues;

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- a summary of the discussion was provided at the end of each section and participants were asked to confirm that the summary accurately reflected their comments and / or to add more to the discussion;
- next steps were presented.

The intent of these teleconferences was to allow members to discuss, with their peers, all of the existing positions and viewpoints on the issues under consideration. It is the CMO's strong belief that this opportunity to hear from midwives working in different settings under different circumstances, who may be facing diverse challenges in their work environment, was a critical piece to ensuring that the implications of any revisions that might be contemplated are understood by all members.

Following the teleconferences, every participating practice received a summary of the notes taken at their Forum session. These practices were asked to review the notes and to provide any revisions. Of the 58 participating practices, one had revisions that were incorporated into the record for the Forum session in which they participated.

Results

Two hundred and seventy respondents registered to complete the survey. Some of these 270 respondents did not complete every question on the survey. Appendix F provides a detailed breakdown of the results and how many respondents answered each question.

Sixty-nine of the 70 practices in the province are represented in the survey responses. The one practice that is not represented is a solo midwife. The following chart provides a summary of the answers to questions that dealt with the basic policy issues. A representative sample of the comments shared by members regarding each policy under consideration follows in appendix G.

POLICY UNDER REVIEW	% RESPONDENTS IN SUPPORT OF CHANGE	% RESPONDENTS NOT IN SUPPORT OF CHANGE
TAPAs	90.9%	9.1%
2 midwives at a birth	78.4%	21.6%
Practices authorised to decide re: 2 midwives	79.4%	20.6%
Active practise	86.1%	13.9%
Change to active practise for all midwives	61.9%	38.1%
Continuity of care	76.1%	23.9%

In general, there was considerable support for the changes that were proposed in the discussion paper and the survey. It was noted from the comments that those who support the change fall into two groups: those who feel that they need and want the changes in their own practice and those who do not need or want the changes themselves, but support them for their peers. Members who indicated that they were eager to see the increased flexibility cited the need for changes in order

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to sustain their practice through the development of more achievable working conditions or to be able to move into other areas of health care.

Those who do not support the changes raised concerns regarding the threat that changes pose to the adherence to the philosophy of care and to the quality of care provided. They also raised the issue of the potential for loss of funding support for various aspects of care provision (e.g., midwife second attendants) if changes are made.

Key themes coming out of the comments included in the survey response were as follows:

- Protect the tenets of midwifery;
- Maintain a focus on protecting and promoting home birth;
- Watch out for the slippery slopes that could lead to the erosion of midwifery care;
- Balance is needed if the profession is to be sustained and be able to grow;
- Flexibility is needed if the profession is to be sustained and be able to grow;
- Hospital support and buy-in is critical and, in many cases, will be difficult to obtain;
- The needs of each community should drive the way that changes are implemented.

Next Steps

The CMO will be undertaking an in depth review of all of the themes and issues raised on the Forum calls. This will be done through further literature review, key informant interviews, and the involvement of expert consultants. The information gathered from this work will be used to develop recommendations that will be presented to the CMO council.

Results from the survey will be shared through this report with CMO's council, all registered members, and other midwifery stakeholders (i.e., the Association of Ontario Midwives, the Midwifery Education Program, the International Midwifery Preregistration Program, and the Ontario Midwifery Program). It will also be posted on the CMO's website. The intent of this wide dissemination is to facilitate the coordination of efforts in areas where the CMO has no authority but where it recognizes there is a potential for policy changes to have impact (e.g., funding).

The issue of system support is critical and so ensuring that this is addressed will be a priority for the CMO. Specifically, the CMO will work with stakeholders to seek solutions to avoid ad-hoc negotiations of hospital buy-in to changes that are needed as a result of revisions to the policies, standards and guidelines that govern the model of care.

The CMO will also continue working with the larger system stakeholders (such as the Ministry of Health and Long-Term Care and the Ontario Hospital Association) to raise the system related

issues (like the need for hospital support) that are potential barriers to the successful implementation of any changes.

This consultation with members was the first of a number of planned consultations. A modified version of the survey members were asked to complete will be sent to new graduates of the Midwifery Education Program and the International Midwifery Preregistration Program (i.e., those who are eligible for registration in 2009) as well as to individuals who have retired or resigned from midwifery since 2000.

The CMO will also be considering how to include the perspective of clients in this review. Potential approaches are under discussion and an expert in the field of satisfaction research will be acting as a consultant to this piece of the process.

Lastly, the CMO will be considering how results-based monitoring and evaluation can be incorporated into any changes that might be implemented. It is important to note that the CMO is committed to a systematic and thorough process for this policy review and is grateful for members' patience as the next steps are undertaken.

Conclusion

Members were active participants in this consultation. Through their survey responses and as participants in the Forum teleconferences, they provided articulate, thoughtful feedback both in favour of and opposed to the proposed changes. They raised a number of important issues that warrant further investigation and consideration.

In general, there was significant support for the incorporation of increased flexibility into the policies, standards and guidelines that govern the model of care. The discussion that took place on the Forum calls validated a number of the assumptions that the CMO had. These included:

- It is important to acknowledge and be vigilant against any pressures to alter the model of care in a way that prioritises the needs of the system (e.g., providers, hospital administration, funders) over the needs of women.
- The community (which the CMO defines as the women and families) needs should drive which changes are adopted and to what degree they are implemented.
- The health care system is complex and changing. The CMO and other midwifery stakeholders need to ensure that they take advantage of opportunities to make positive changes before the opportunities are lost or, perhaps more worrying, before changes are made for midwives by external forces.
- Midwives' professional autonomy should not be compromised by any changes that are made by the CMO.

The consultation process also confirmed support for two concepts that have been foundational principles for the CMO in all of the review related initiatives. Namely: 1) the preservation of the 3 tenets of midwifery, which the CMO believes are integral to the protection of the public is

non-negotiable; and 2) none of the changes will be mandatory since members will always be expected to provide care in the way that best meets the needs of the women they serve.

The CMO believes that sustaining the philosophy of midwifery while allowing for and, in fact, supporting the evolution of the profession is entirely possible if rigorous standards are maintained. The member consultations suggest that, in order to do this, there is a need to explore the possibility of a pluralism of models that meet these rigorous standards. Such an approach would allow the CMO and members to take advantage of opportunities to move forward but to do so in a way that would result in policies allowing those members who were willing and ready to embrace change to do so, without imposing change on the profession as a whole. This approach to policy development, which has been described as “planned diversity”, allows for cumulative incremental change when linked to thoughtful and rigorous evaluation⁶ and could be the key to ensuring that the profession remains sustainable, continues to produce excellent clinical outcomes, and is responsive to client and community needs while creating an acceptable work environment for midwives.

⁶ Primary Care In Canada: So Much Innovation, So Little Change. Brian Hutchison, Julia Abelson and John Lavis
<http://content.healthaffairs.org/cgi/content/full/20/3/116>