Midwifery Program Review and Expansion Analysis

Department of Health and Social Services

Presentation Overview

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Introduction

- Project Purpose: To provide recommendations to help enhance the quality of perinatal care available to NWT families by increasing access to midwifery services and further integrating midwifery into the existing NWT framework of perinatal care

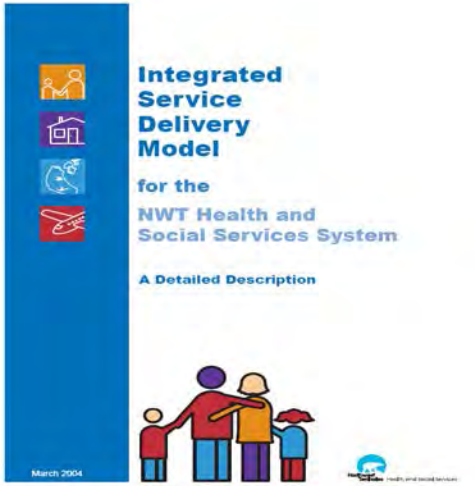
Methodology

Project lines of evidence:

- NWT document and data review
- Cross-jurisdictional / International literature review
- Key stakeholder interviews
- Financial data review
- Focus group sessions
- Hay River chart review
- Midwife guidance

Context for Presented Models

- The midwifery models developed for this project are designed to align with existing knowledge and frameworks developed within the NWT and nationally



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Current Perinatal Situation in the NWT

- Birthing statistics reveal that from 1995 to 2010:
  - Average number of births per year in the NWT was 701
  - Highest annual birth rates:

Mother's Community of Residence	Average Annual Birth Rate
Yellowknife	297.6
Inuvik	67.6
Hay River	56.5
Behchoko	46.8
Fort Smith	36.7

Current Perinatal Situation in the NWT

- Most deliveries occur in Yellowknife, Inuvik, Alberta, Fort Smith and other locations outside the NWT and AB
- Evacuation for birth generally occurs between 36 – 38 weeks

Current Perinatal Situation in the NWT

- Some identified strengths of current perinatal services:
  - Health care providers with expertise and interest in maternity care
  - Availability of quality care in all communities and a broad range of services in Yellowknife
  - Flexible approach to perinatal care

Current Perinatal Situation in the NWT

- Some identified challenges of current perinatal services:
  - Limited continuity of care
  - Remoteness of many NWT communities that necessitates travel for labour and delivery
  - Health care provider human resource issues

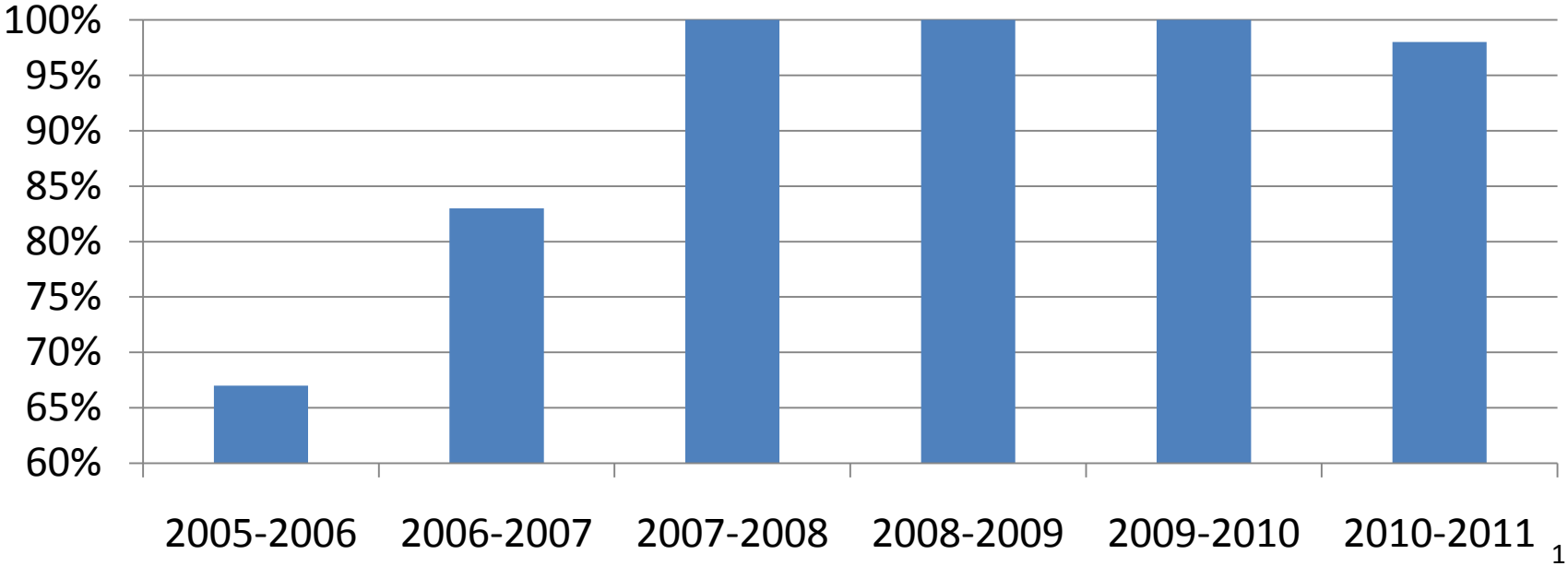
Fort Smith Midwifery Program

- Fort Smith Health and Social Service Authority (FSHSSA) Midwifery Program
  - Operates out of the FS Heath Centre
  - 2 full-time registered midwives
  - Program targets:
    - All pregnant women (low and high risk), new moms and newborns
    - Temporary FS residents, women requiring short-term care or reproductive services, women who travelled to FS to birth with a midwife

Fort Smith Midwifery Program

- FSHSSA Midwifery Program
  - 244 birthing women (out of a total of 264) utilized midwifery services from 2005/06 to 2010/11

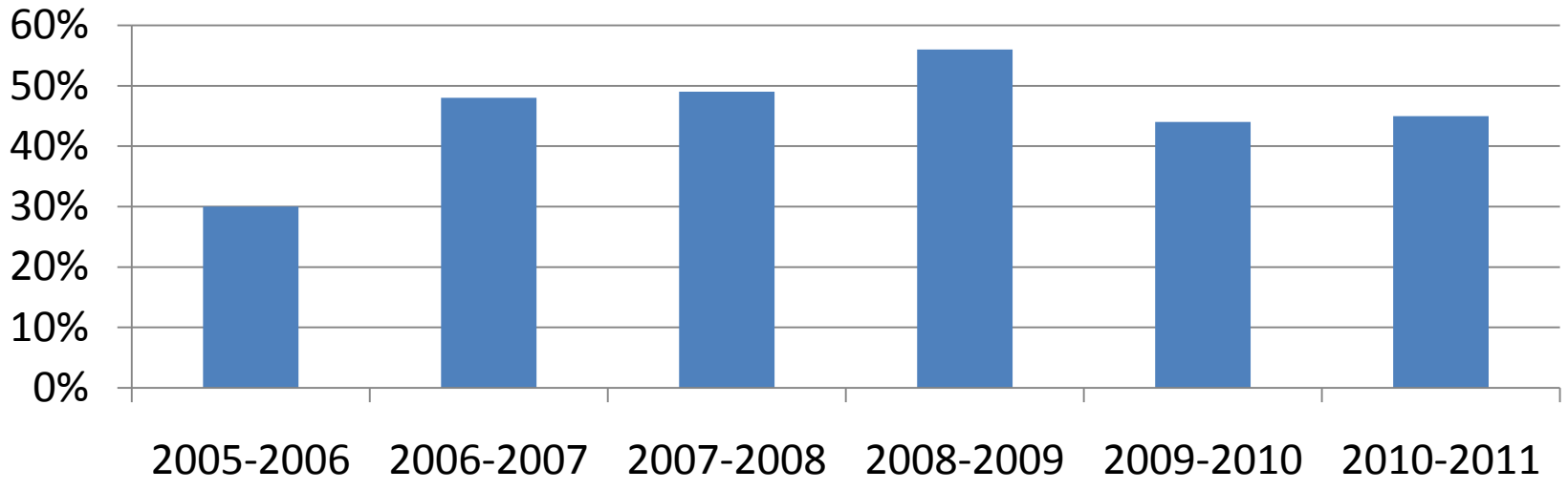
Percentage of Birthing Women Served by the FSHSSA Midwifery Program



Fort Smith Midwifery Program

- FSHSSA Midwifery Program
  - The proportion of women who chose to birth in Fort Smith from 2005/06 to 2010/11

Percentage of Women who Birthed in Fort Smith using the FSHSSA Midwifery Program



“My midwife provided the information we needed to make choices and responded to our concerns in a professional and non-judgemental way. She always seems to have time for patients, even with so much going on.”

“There is no better example than Fort Smith. Fort Smith would be the example I would show for an ideal midwifery practice anywhere in this nation.”

Yellowknife Midwifery Program

- Yellowknife Health and Social Service Authority (YHSSA) Midwifery Program
  - Program initiated in 2006
    - Client care on and off until December 2010
    - Spring 2011 program suspended pending findings of this review
  - 1 full-time registered midwife
  - Program targeted:
    - 50% of the clientele was intended to be composed of at risk, disenfranchised individuals

Yellowknife Midwifery Program

- YHSSA Midwifery Program
  - A total of 96 women and their families received midwifery care over a 3 year period

Number of YHSSA Midwifery Program Clients, 2008 – 2011

Timeframe	Number of Clients
Year 1 (February 2008 – March 2009)	27
Year 2 (April 2009 – March 2010)	41
Year 3 (April 2010 – December 2010)	28
Year 4 (January 2011 – May 2011)	0
Total	**96**

“We both learned a great deal and felt very involved with the whole process. We were able to have meaningful input on the labour and birth experience. In all this was a very positive experience for us. We will recommend the program to all expectant families.”

“The [Yellowknife] midwifery program has been incredibly helpful to me and my husband in giving us a positive birth experience and getting our new family off to a great start. The easier access and longer appointments that are available with the midwife made a very big difference to my level of comfort and my knowledge and understanding of the birthing process and my pregnancy.”

Fort Smith – Hay River Comparison

- When compared to Hay River, Fort Smith maternity clients experienced:
  - Increased number of visits
  - Increased continuity of care within the community
  - Decreased number of C-sections
  - Decreased amount of time out of the community
  - Increased rates of breastfeeding initiation
- Cost savings to the health system associated with decreased medical travel costs

Assessment Criteria for Models

- Primary criteria for assessment of proposed models:
  1. Degree to which the model promotes the cost effectiveness of perinatal care services
  2. Extent to which the model impacts health outcomes of maternity care recipients
- Other assessment criteria

Assessment Criteria for Models

1. Cost effectiveness:
   - Very few studies systematically examine the costs of midwifery-led care versus the costs of other types of maternity-led care
   - A few international and national studies have demonstrated small cost savings or equal cost associated with midwifery-based care compared to other maternity models of care
   - **None of these studies included costs associated with evacuating women for birth**

Assessment Criteria for Models

2. Health Outcomes:
   - In 2009, the Cochrane Pregnancy and Childbirth Group collaborated to review midwife-led versus other types of maternity-led care for childbearing women
   - Review identified 10 out of 39 health outcome measures in which midwifery-led care demonstrated statistically significant differences than those represented in other models of care for childbearing women and their infants

Assessment Criteria for Models

2. Health Outcomes continued…
   - Increased opportunities for health promotion and disease prevention activities:
     - Smoking cessation
     - Screening for conditions such as preeclampsia and diabetes

     - Promotion of breastfeeding and proper diet
     - Monitoring of fetal growth and development
     - Monitoring existing mental health and addictions problems

Assessment Criteria for Models

- Other Outcomes (Social):
  - Brings birth closer to home
    - Decreases stress, restores community pride, improves culturally appropriate care, increases continuity of care
  - Decreases in domestic violence and sexual assaults - improves social functioning
  - Enhances autonomy through choice
  - Increases control over decision-making associated with the birth

Future of Perinatal Care in the NWT

- We heard that a sustainable and successful model of perinatal care in the NWT requires:
  - Collaboration
  - Education
  - Funding
  - Strategic planning
  - Community consultation
  - Holistic and family-centred approach
  - Respect

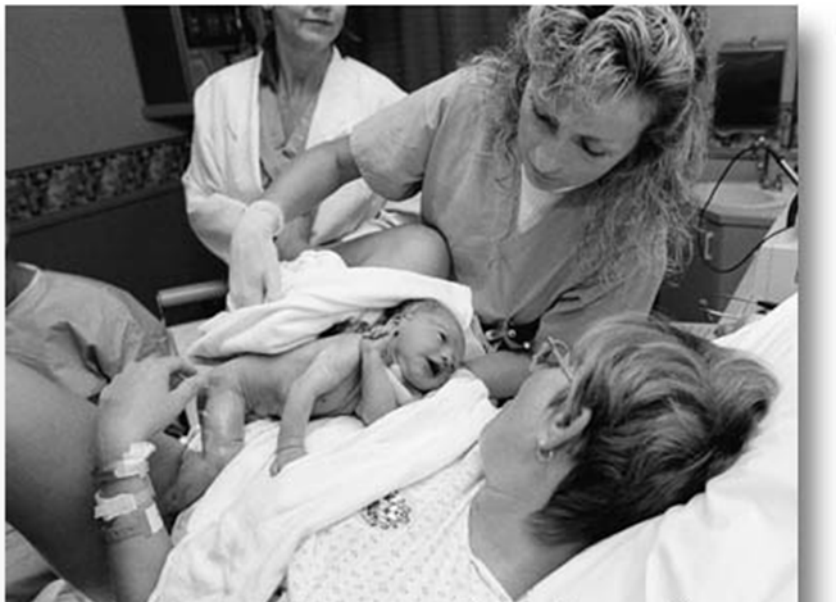
“[Midwifery is] not about replacing doctors but giving women an option to birth at home.”

“Focus in on what women need, not what midwifery needs or what family practice needs or what obstetrics needs. If you keep focused on the issue being what women need then it all falls into place.”

Midwifery Models for Consideration

- Three midwifery models of care were put forth for consideration based on information obtained and analyzed from all lines of evidence

1. Community
2. Regional
3. Territorial



Community Model

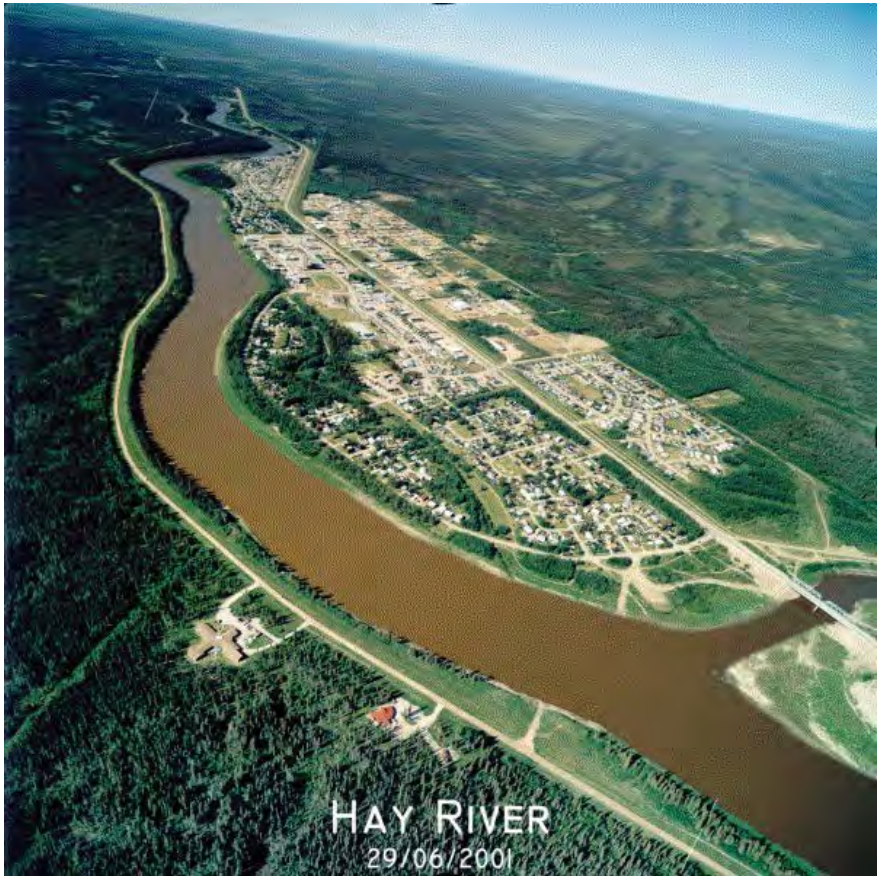
- This model is based on:
  - Bringing birthing back to the community
  - Providing the option to birth in the community
  - Taking a caseload approach to midwifery

Community Model

- Identification of communities as potential sites for a community-based midwifery program based upon:
  1. Critical mass required to sustain a community midwifery program (25 births per year)
  2. Need to ensure the continuing competency of the midwives
  3. Need for the program to be cost effective and sustainable

Potential Community Sites

- Hay River
- Inuvik
- Yellowknife
- Behchoko



Community Model

- Staffing requirements:
  - A minimum of two (2) FTE midwives
  - Administrative support staff
  - Locum support to cover annual leave

Community Model

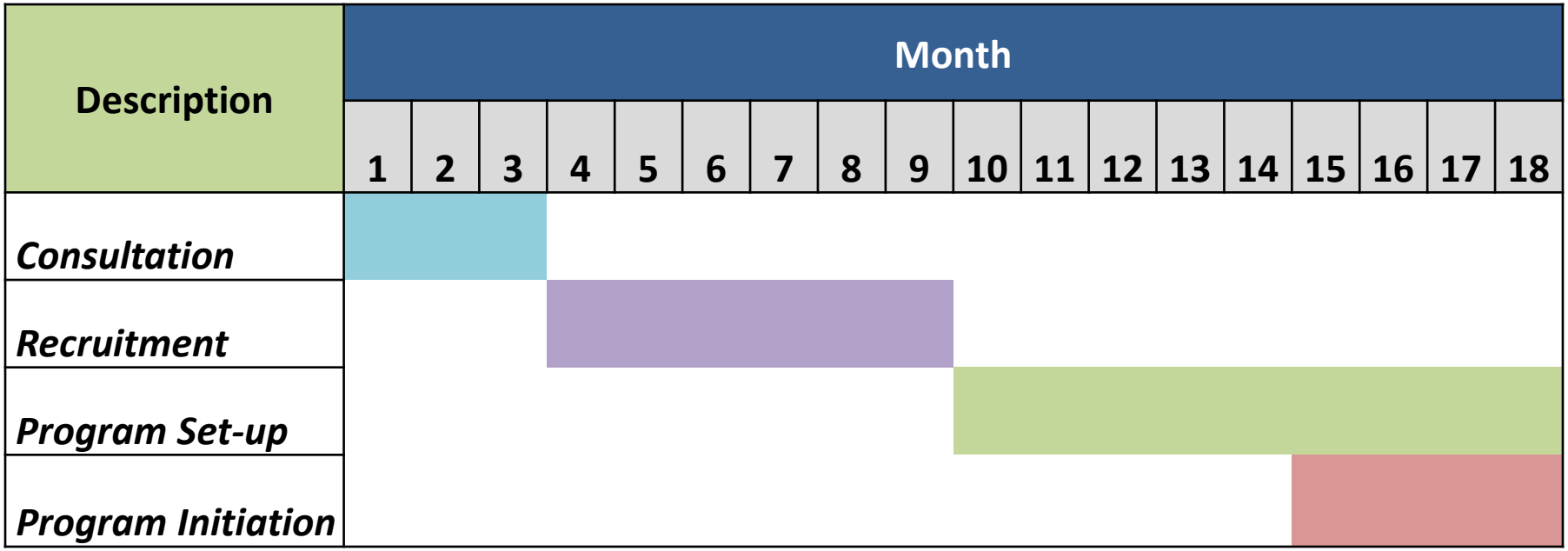
- Potential Positives:
  - Eliminates the need for evacuation for low risk clients
  - Reduces in the amount of time outside of home community
  - Cost effective
  - Increases potential for improved health outcomes
  - Increases opportunity for family/community support

Community Model

- Potential Challenges:
  - Limited integration of the program into territorial initiatives → continued lack of program awareness
  - Success is linked to community desire for a midwifery program
  - Success is highly dependent on the recruitment and retention of qualified and dedicated staff
  - High risk clients still have to be evacuated to appropriate facility for birthing

Community Model

- Proposed timeline



Regional Model

- Intended to keep birth as close to home as possible
- Offers communities, within a specified region, access to midwifery services offered at a centrally located regional birthing centre which:
  - Provides choice of care provider
  - Improves continuity of care
  - Decreases the length of stay outside of the home community

Regional Model

- Women who choose to birth with a midwife will be flown to the centre at between 37 – 38 weeks gestation
- Perinatal care to be carried out by nurses in communities in consultation with midwives
- Midwives fly to communities within the region one to two times annually to provide support to women, families and community nurses

Potential Regional Sites

- Beaufort Delta Region - Inuvik
- Sahtu Region - Norman Wells
- Dehcho Region - Fort Simpson
- Tlicho Region - Behchoko

Regional Model

- Staffing requirements:
  - A minimum of three (3) FTE midwives
  - Administrative support staff
  - Locum support to cover annual leave

Regional Model

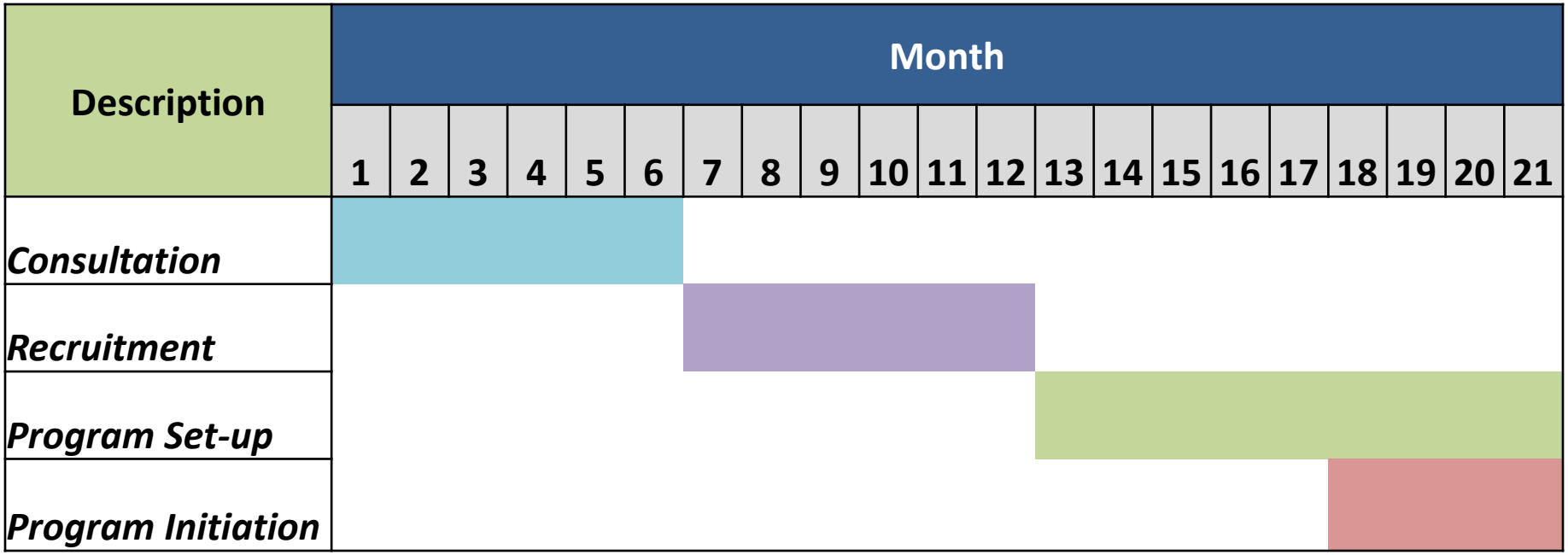
- Potential Positives
  - Increases capacity of community nurses in perinatal and well women care
  - Improves coordination of maternity care services through the development and maintenance of a Regional Women's Health Program
  - Keeps birth as close to home as possible
  - Enhances likelihood of family support

Regional Model

- Potential Negatives
  - Represents a potential duplication of medical services
  - Does not substantially impact medical travel costs given that travel is still required
  - Highly dependent on the recruitment and retention of qualified and dedicated staff
  - Significant infrastructure and staffing costs

Regional Model

- Proposed timeline



Territorial Model

- This model is intended to:
  - Address the long-term sustainability of perinatal care services throughout the NWT
  - Enhance the perinatal knowledge and skill capacity of community nurses through continued interaction and support
  - Enhance continuity of care for women from outlying communities
  - Foster interdisciplinary perinatal care teams

Territorial Model

- This model is intended to:
  - Increase knowledge and awareness of midwifery across the territory
  - Support the education and training of local residents interested in pursuing a career in midwifery practice
- Offers perinatal services to all women in Yellowknife who wish to birth with a midwife
- Enhances continuity of care for women who have chosen to utilize community-based midwifery services but were required to fly to Yellowknife for care or birth

Territorial Site

- Yellowknife

Territorial Model

- Staffing requirements:
  - Eight (8) FTE midwives with complementary skill sets
    - Six (6) midwives for service delivery aspect
    - Two (2) midwives to facilitate the long-term sustainability and administrative component of the program
  - Support staff member
  - Potential for FTE midwifery staff to act as relief for community/regional-based programs

Territorial Model

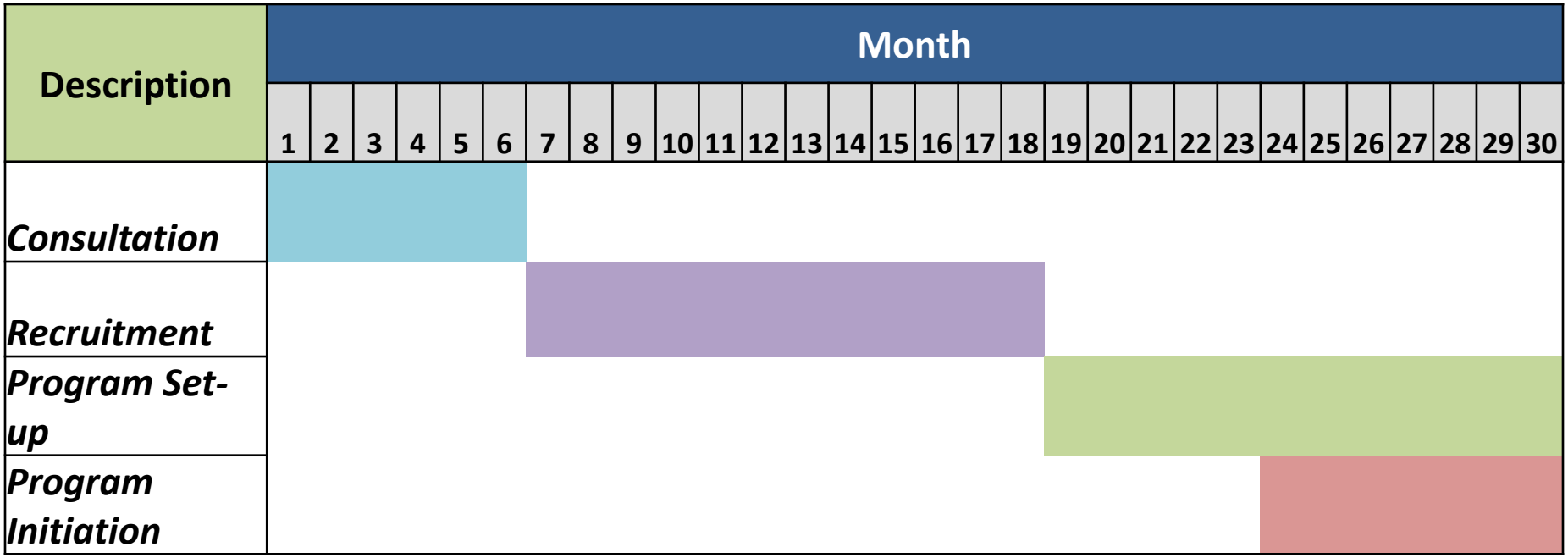
- Potential Positives
  - Helps foster increased collaboration and system-wide integration of perinatal health care providers
  - Helps ensure the sustainability of maternity services in the NWT
  - Improves awareness and understanding of midwifery practice and safety of normal birth across the Territory

Territorial Model

- Potential Negatives
  - Represents a duplication of services
  - Supports a centralized model of care
  - Highly dependent on the recruitment and retention of qualified and dedicated staff
  - Significant infrastructure and staffing costs

Territorial Model

- Proposed timeline



Recommended Model

- A community-based model of midwifery care should be considered for implementation in the NWT assuming extensive stakeholder consultation determining interest and commitment to the expansion of midwifery services in the Territory