



Saskatchewan  
**Health Authority**

# Midwifery Care 101

Saskatchewan Health Authority

Midwifery Programs



CS-PIER-0017

## Canadian Association of Midwives' Position Statement – Canadian Midwifery Model of Care

- **Professional Autonomy:** Canadian midwives are autonomous primary health care providers, who provide comprehensive care during pregnancy, labour, postpartum and the newborn period. Midwives work in home, hospital and community settings, including maternity centres and birth centres.
- **Continuity of Care-Provider:** Midwifery provides continuity of care-provider, whereby a known midwife or small group of midwives, provides care throughout pregnancy, labour and the postpartum period. This approach creates the opportunity for building a relationship of familiarity and trust, and facilitates informed choice discussions.
- **Informed Choice:** Midwives recognize the right of each person to be the primary decision maker about their care. Midwives encourage and enable clients to participate fully in the planning of their own care and the care of their newborns.
- **Choice of Birth Place:** Midwives are responsible for providing care within their scope of practice to their clients in their setting of choice. People may choose to give birth in their homes, hospitals, birth centres and health clinics safely with midwives in attendance.
- **Partnership:** Midwives engage in a non-authoritarian and supportive partnership with clients throughout their care
- **Evidence-based Practice:** Midwifery practice is informed by research, evidence-based guidelines, clinical experience, and the unique values and needs of those in care.
- **Collaborative Care:** Midwives are autonomous healthcare providers, working independently and in collaboration with other healthcare professionals as needed.

[https://canadianmidwives.org/wp-content/uploads/2018/10/FINALMoCPS\\_009102018.pdf](https://canadianmidwives.org/wp-content/uploads/2018/10/FINALMoCPS_009102018.pdf)



## Saskatchewan College of Midwives – Philosophy of Care

- **Midwifery care is based on a respect for pregnancy** as a state of health, and childbirth as a normal physiological process. The practice of midwifery is founded on the understanding that pregnancy, labour, and birth are profound experiences, which carry significant meaning for a woman, her family, and her community. Midwives strive to enhance these life experiences, providing continuity of care within a relationship of mutual respect with a woman and her family.
- **Midwives promote decision-making as a shared responsibility** between the woman, her family and her caregivers, by providing relevant, objective information and counselling to facilitate informed choice. Midwives respect the woman's right to choose both her caregiver and place of birth in accordance with the Standards of Practice of the College of Midwives. All women, regardless of their socio-economic circumstances, have a right to accessible, comprehensive midwifery care. Fundamental to midwifery care is the understanding that a woman's caregiver respects and supports her so that she may give birth safely, with power and dignity.
- **Midwifery is traditionally holistic**, combining an understanding of social, emotional, cultural, spiritual, psychological and physical aspects of a woman's reproductive experience. Midwives promote wellness in women, babies and families, both as autonomous practitioners and in collaboration with other health care providers. With midwifery care, the woman is the centre of the childbirth experience and a great influence on the health and well-being of herself and her family. The practice of midwifery centers upon the individual, recognizing each woman's unique strengths and needs. Midwifery care promotes self-care, growth, awareness and confidence and is delivered in a manner that is flexible, creative, empowering and supportive.

[http://www.saskmidwives.ca/aboutmidwifery/philosophy\\_of\\_care](http://www.saskmidwives.ca/aboutmidwifery/philosophy_of_care)



## What to expect in midwifery care

Before you decide to work with us, please make sure that you understand and feel comfortable with care by registered midwives employed by the Saskatchewan Health Authority. We welcome your questions and comments about this information.

In this document, when using the term ‘midwife/midwives’, it is in reference to registered midwives with the Saskatchewan College of Midwives.

In order to be effective health care providers, it is requested that clients discuss any issues of concern with their midwife.

## LEGAL STATUS AND FUNDING

Saskatchewan proclaimed Midwifery as a profession on March 14, 2008. Since proclamation of the Midwifery Act, a person may only practice as a midwife in Saskatchewan if they are registered with the Saskatchewan College of Midwives. Midwifery care is publicly funded through Saskatchewan Health.

## MIDWIVES AS PRIMARY CARE PROVIDERS

Midwives are primary caregivers from becoming pregnant to six weeks postpartum. This care includes low risk gynecology, prenatal and postpartum care, prenatal and postpartum education, feeding and general care of a newborn.

As primary caregivers, it means we are the most responsible practitioner for your pregnancy, labour, birth and postpartum. Seeing a family doctor or obstetrician as well as midwife for your pregnancy, labour, birth and postpartum can create confusion amongst the care providers and the possibility of medical errors. We ask that you do not see another provider for pregnancy care unless we have initiated the contact.

Attached you will find the standards developed by the Saskatchewan College of Midwives, Policy for Mandatory Discussion, Consultation and Transfer of Care. This standard lists those situations in which a midwife may be required to work with another health care provider and/or transfer your care or that of your newborn to another health care provider. Midwives will consult and refer to other providers and work collaboratively with them as needed in order to ensure that the best possible care is provided to you if it is required.

## INFORMED CHOICE

Responsibility for well-being rests with both the health care providers and with each person. We believe that the best midwifery care is attained when clients and their families make informed decisions about their care and develop a comfortable and co-operative relationship with their midwives.

As midwives, we strongly stand behind the principal of informed choice, and do our best to provide you with evidence-based recommendations and the opportunity for you to make decisions.

It is our responsibility to inform you of the risks, benefits, advantages, disadvantages, and specific recommendations for your care. We recognize that there are situations where you may make choices for yourself and your family that differ from our recommendation or medical community standards. We want to find ways to continue to support you in these decisions, while still offering safe and appropriate care. Informed choice requires open, honest and cooperative dialogue, from us and from you.

Sometimes complications arise in pregnancy or labour and you find yourself faced with decisions you never wanted to make. We understand that these moments are extremely difficult. It is our goal that you retain autonomy over your body, remain the primary decision maker, and feel that your voice was heard and understood.

### **PREFERRED CHOICE OF BIRTHPLACE: OUT OF HOSPITAL OR IN HOSPITAL**

If your pregnancy remains low risk as determined by your midwife, you may choose to have your baby out of the hospital or in the hospital. We provide full midwifery care in both settings.

There are benefits and risks to any place of birth. Medical and midwifery research has not indicated that out of hospital or in hospital birth is safer.<sup>1</sup> Adequate prenatal care and careful monitoring in labour by a skilled health care provider are important in preventing, detecting, and managing complications.

People must be free to make decisions regarding birth based on physical, emotional, social, spiritual and cultural considerations. Birth is more than a physical or medical event. It is the responsibility of parents to become as informed as possible, to consider risks and to make decisions appropriate for themselves.

There are times when an out of hospital birth may not be available. This includes, but is not limited to, medical conditions for you or the baby that may arise, road conditions, availability of midwives to provide back up or the distance from the hospital. The midwives will review different scenarios with you.

### **SECOND BIRTH ATTENDANT**

It is important that two skilled providers be at every birth. In the hospital, a nurse will assist your midwife with the delivery. In an out of hospital setting, the second person may be another midwife or a second attendant.

A second attendant is a non-midwife that has the necessary skills required to attend to baby after the birth or to help with complications or emergencies that may arise. They are usually someone with a nursing or paramedic background or a senior midwifery student.

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<sup>1</sup> “Several recent studies in high-income regions compared outcomes from births planned in hospitals and at home. They found no significant difference in risk of adverse perinatal outcomes for planned home births among women with low-risk pregnancies (de Jonge et al., 2015, de Jonge et al., 2009, Hutton et al., 2016, Janssen et al., 2009) and among low-risk parous women (Birthplace 2011, Homer et al., 2014). Similarly, studies found no significant differences in adverse outcomes between births planned in labour wards and in birth centres (Birthplace in England Collaborative, 2011; Gottvall et al., 2005, Homer et al., 2014, Laws et al., 2010).” Vanessa L Scarf RM, PhD Candidate, et al. Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: A systematic review and meta-analysis. *Midwifery*. Volume 62, July 2018, Pages 240-255

## PRENATAL CARE

Adequate prenatal care is important for a healthy pregnancy and a well newborn. Your care starts with an initial midwifery appointment to discuss what to expect with midwifery care, and review your personal health history to ensure you are a healthy, low-risk client who is appropriate for our care.

Prenatal appointments are generally every 4 weeks until 28 weeks of pregnancy, and then they are scheduled every 2 weeks. Once you are 36 weeks, we begin weekly appointments until delivery. Our prenatal appointments are scheduled for 30 to 60 mins, as this allows us time to discuss your questions and concerns, review discussion topics, and do routine physical assessments on you and your baby. Our general physical assessment may include laboratory tests, a PAP test, monitoring your blood pressure, the baby's growth, heart rate, position, and screen for the general health of both you and your baby.

## LABOUR AND BIRTH

Early labour is typically done at home with your support person(s). In some circumstances your midwife will assess you at home (no matter where you plan to birth) to determine if you are in active labour. Once it is determined that you are in active labour, the midwife will stay with you in your preferred birthing location.

During your active labour we will do regular assessments of baby's heart rate, your blood pressure, temperature and how your labour is progressing. Once you are in advanced labour, a second caregiver will join us. In the hospital, we use nursing support. In an out of hospital setting, we call in a second midwife or a second attendant.

After informed choice discussions, your midwife will support your decision for pain management whether you choose pain medications or not. We also encourage a variety of positions for labour and pushing: hands and knees, side-lying, semi-reclined, supported squat, among others. When available, we also offer waterbirth.

While midwives provide skilled physical and emotional support during labour, as your medical provider, we are not able to always focus on this aspect of your care while in attendance. Your partner, family and friends are important for the continuous emotional and physical parts of your care.

## POSTPARTUM CARE

After a hospital delivery, the midwife may be present for 1 to 2 hours postpartum with support from the nurse. At an out of hospital delivery, the midwife and second midwife (or second attendant) will remain with you for 2 to 3 hours postpartum to ensure you and your baby are stable before they leave.

We do our first day assessment around 12 to 24 hours after the birth to check in and assess both you and the baby, whether this is at home or in the hospital.

We provide postpartum visits for about 6 weeks. The schedule can vary but it usually involves 3 to 5 visits in the first 10 days at home/hospital and then clinic visits at 2, 4, and 6 weeks postpartum. At 6 weeks we typically discharge you back to your family doctor or primary care provider for routine follow-up care.

For rural clients, we often partner with local public health so you do not have to drive into the clinic multiple times with your newborn baby.

## CLIENT CONFIDENTIALITY

Our practice respects each client’s right to confidentiality. In our office, only midwives and administrative staff have access to your file.

At 36 weeks of pregnancy your prenatal records will be shared with the delivery unit at the hospital in the community where your midwives work, no matter what your choice of birth place is. This ensures the unit is aware of your impending delivery, and that we have all necessary information at hand during your labour and delivery or if we need to change our birth place plans.

You may have access to your file at any time. If we need information from another health care provider, we will ask for your permission. In the event we need to consult another health care provider about your care, we will obtain your consent first. Your family physician or primary care provider is informed when you are accepted into midwifery care.

Saskatchewan is a small world of people who like to make connections of “who knows who”. Even if you know that we know someone, we are legally not allowed to comment, or even acknowledge we are aware of that person or their situation.

## STUDENTS AND RESIDENTS

The Saskatchewan Health Authority Midwifery Program is open to providing midwifery, nursing, medical students and obstetrical residents with learning opportunities. Our practice is committed to ensuring that our quality of care is improved, not diminished by the presence of students. At the initial appointment you may be asked if you are willing to have students participate in your care at different times. Most of our clients welcome and enjoy their involvement. It is your choice whether to have students involved in your care.

