Primary Care Midwifery

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Midwives are primary care providers;
BUT
Midwifery care is not typically organised to support primary health care
Primary Care Provider

- is the first contact and principal point of entry to the health care system,
- provides continuing care for patients in the health care system, and
- enables access to secondary or specialist care as necessary.
Midwifery Care

Catharina Schrader (1693-1740)
Midwifery Care

- To small group community practices

BBC – Call the Midwife
Midwifery Care

- Birth moved into hospital
- Care focused on system specialisation
- Away from woman-centred care
- Continuity lost
Midwifery-Led Continuity Care

“The underpinning philosophy of midwife-led care is normality, continuity of care and being cared for by a known and trusted midwife during labour.”

Hatem M. Cochrane Systematic Review 2008:4
Cochrane review: Midwifery-Led Care

Improved outcomes:
• Regional analgesia - RR 0.83, 95% CI: 0.76, 0.90
• Episiotomy - RR 0.84, 95% CI: 0.76, 0.92
• Instrumental birth - RR 0.88, 95% CI: 0.81, 0.96
• Spontaneous birth - RR 1.05, 95% CI: 1.03, 1.08

Sandall J. Cochrane Systematic Review 2013
Cochrane review: Midwifery-Led Care

Improved outcomes:

• Preterm birth- RR 0.77, 95% CI: 0.62, 0.94

Sandall J. Cochrane Systematic Review 2013
Midwifery-Led Care

Authors conclude –

• Most women should be offered midwife-led continuity models of care
• and women should be encouraged to ask for this option

Sandall J. Cochrane Systematic Review 2013
Midwifery

An Executive Summary for The Lancet’s Series

“Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries”
Framework: Lancet 2014

### Organisation of care

| Available, accessible, acceptable, good-quality services; |
| Adequate resources, competent workforce; |
| Continuity, services integrated across community and facilities |
Midwifery-Led Care in Canada

How does it fit with Primary Care?
Maternity Care in Canada

380,000 births annually
Maternity Care in Canada

• Obstetricians doing primary care obstetrics
  – 1996, 56% Vaginal Births by Obstetricians
  – 2000, 61%

• Family physicians leaving primary care obstetrics
  – 1989 ➔ 31% did primary care obstetrics
  – 2005 ➔ 13%
Is primary care essential?

“It is not intuitively obvious, that better health will result when services are organised so that primary care forms the first level of care.”

Starfield B. Lancet 1994
Canadian research

- Maternal mortality and severe morbidity
- Low risk planned CS (for breech) compared to low risk planned vaginal birth
- 46,766 CS vs 2,292,420 VB

Liu, Liston et al. CMAJ 2007
Canadian research

- severe maternal morbidity 2.7 vs 0.9%
  - Cardiac arrest  OR 5.1 [4.1, 6.3]
  - Wound hematoma  OR 5.1 [4.6, 5.5]
  - Hysterectomy  OR 3.2 [2.2, 4.8]
  - Major PP infection  OR 3.0 [2.7, 3.4]
  - Anaesthesia comp.  OR 2.3 [2.0, 2.6]
  - Thromboembolism  OR 2.2 [1.5, 3.2]
  - Haemorrhage  OR 2.1 [1.2, 3.8]
  - Transfusion  OR 0.4 [0.2, 0.8]

Liu, Liston et al. CMAJ 2007
Canadian Midwifery

January 1, 1994: First Birth attended by Registered Midwife

Happy Birthday! Midwives celebrate 15 years of regulation in Ontario
Midwifery in Canada

5% of 380,000 births annually
Canadian Midwifery Model of Care

• Primary care to women that is community-based and collaborative.

• This model is founded upon principles of:
  – Woman-centered care
  – Informed choice
  – Evidence based practice
  – Continuity of care
  – Choice of birth place

Source: Canadian Association of Midwives
Continuity of Care

- is an important tenant of midwifery care
  - Same midwife or small group of midwives (≤4) provides care 24-hour coverage

Source: College of Midwives of British Columbia
Midwives:

- Are a first contact and principal point of entry to maternity care system,
- provide continuity of care for women,
- And enable access to secondary or specialist care as necessary.
Policy decisions

College of Midwives of Ontario (CMO)

• Midwives must be registered with CMO
• CMO mandated by government to protect public through regulation of profession
Policy decisions

Regulation determines

- Scope of practice
- Need to consult and transfer care
- Pharmacopeia
- Lab and screening tests
Policy decisions

Education
• 4 year direct entry academic university
Policy decisions

Scope of practice
• Focus on normal
• Prevention vs. cure

Eg. Augmentation of labour, induction of labour to prevent post dates
Policy decisions

Informed Choice

• Including choice of birth place
• Woman as primary decision maker about her care
Policy decisions

Fully funded
• Ensures distribution and access
• Funding controls where midwives practice
Midwifery client outcomes
Data from Ontario 2006-9

- 53,923 women cared for
- 13% primary language other than English or French
- Even distribution across SES quintiles:
  17% in highest; 22%; 21%; 19%; 21% in lowest
Data from Ontario 2006-9

• 3.6% miscarriage or early fetal death (≤28 weeks)
• Fetal or neonatal demise ≥28 weeks = 7/1000
Data from Ontario 2006-9

• 19% home birth
• 79% spontaneous vaginal birth
• 16% Caesarean section
Data from Ontario 2006-9

- 5% Preterm birth
- 0.02% postdates (≥42 weeks)
- Median Infant hospital stay = 24.7 hours
- 82% Exclusive breast feeding at 6 weeks
Thank you
Discussion