The background of the slide is a photograph of two orcas (killer whales) swimming in the open ocean. The orca in the foreground is larger and has its dorsal fin prominently raised. The second orca is smaller and further away. The background shows a hazy, forested coastline under a blue sky. The text is overlaid on the upper half of the image.

Birthing in BC's First Nations Communities: How can we get 'Closer to Home?'

August 3, 2012

**Misty Wasyluk RM, Jude Kornelsen PhD,
Ganga Jolicoeur, MABC**

Midwifery in BC

- * What is a midwife?

Specialists in normal pregnancy, labor, delivery and the postpartum

- * Model of Care- women led, family centered and culturally competent care involving informed choice, continuity of care, appropriate use of technology and option of hospital or home birth for obstetrically low risk pregnancies

- * Funding- Fully covered by MSP



Midwifery in BC

- * Demographics:

- * 181 practicing midwives registered in BC
- * less than 5 aboriginal self-identifying midwives registered in BC
- * one University based Education programme through UBC



Midwifery in BC

- * Good outcomes reflecting safe and sustainable practice:
- * Registered Midwives currently deliver 14 per cent of the babies born in BC- more than 5500 newborns!
- * Increasing midwife delivered births to 35 per cent by 2020/21 will significantly expand rural maternity care and improve health outcomes



Midwifery in BC

- * The facts:
- * Significant cost savings to the health care system by increasing home births (19.9 million by 2020/21), decreasing hospital stays (88.5 million by 2020/21) and decreasing caesarean section rates (9.9 million by 2020/21)
- * Registered Midwife: 18.4 per cent versus
Physician: 31 per cent caesarean section rate



Midwifery in BC

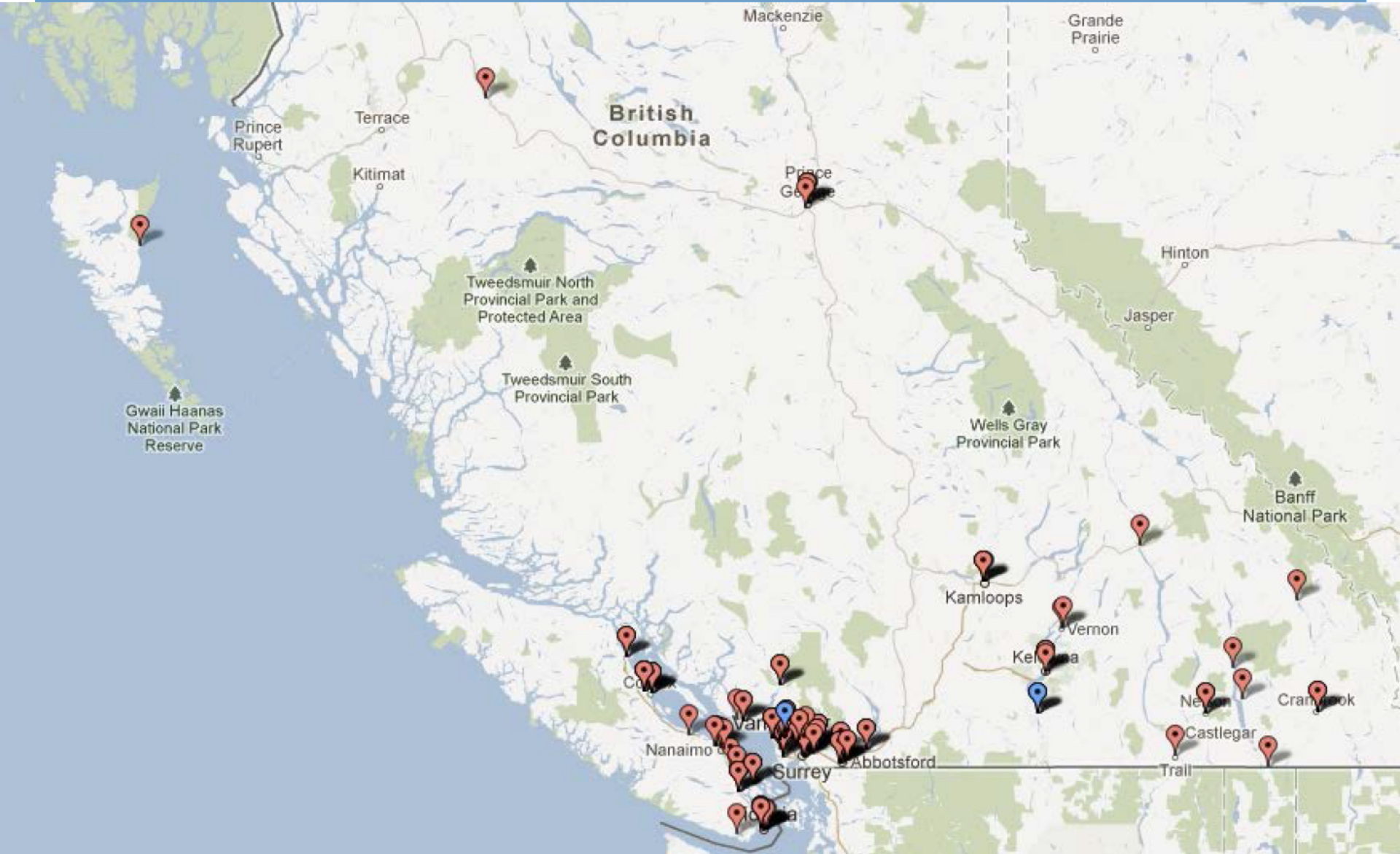
Good outcomes reflecting safe and sustainable practice:

- * Increase in VBAC (93.3% attempted with 82.1% success- RM) vs. (41.6% attempted with 80% success- physician)
- * Decreased use of narcotic analgesia (12.2 vs. 31.3%, $p < 0.001$)
- * Decreased use of Electronic Fetal Monitoring (51.4 vs. 79.5%, $p < 0.001$)
- * Infants less likely to receive drugs for resuscitation at birth (0.4 vs. 2.5%, $p = 0.02$)

Jansen, P, Ryan E, Etches, D, Klein M, Reime B. 'Outcomes of Planned Hospital Birth Attended by Midwives Compared with Physicians in British Columbia. Birth 34:2, June 2007.



Midwifery Practices



Residents who travel to access care (2009)

Service Level	Definition of Service Level	# of Catchment Areas	# of Births
240+	Greater than 240 minutes (4 Hours) from maternity services	10	124
121-240	121-240 minutes (2-4 Hours) from maternity services	10	122
61-120	61-120 minutes (1-2 Hours) from maternity services	22	385
Primary	No local C-section availability (Mat Care Via Family Physician)	11	625
GP Surgery	C-section provided by GP surgeons only	13	1,335
Mixed Model	C-section provided by GP surgeon or Specialist	7	1,492
General Surgeon	C-section provided by General Surgeon	2	594
OB/GYN	C-section provided by Obstetrician	16	8,318
Total		91	12,995

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Rural Maternity Service Closures since 2000

The Importance of Local Birth

- * Evidence suggests impact of travel is more acutely felt by First Nations communities
 - * Historical place of birth in the community
 - * Strong kinship ties
 - * Younger average age for first birth
- * Significant impact of evacuation
 - * Significant psycho-social and physiological stress
 - * Loss of competency felt by older women who acted as midwives
 - * Health effects on women include loneliness, worry, anxiety, loss of appetite, increased smoking behavior [Jennifer Stonier]
 - * Health effects on family include increased rates of illness, school problems for children left behind, loss of understanding of the birthing process for men [Jennifer Stonier]
- * Importance of cultural safety: “Care that strives to honour, support and uplift a patient’s culture and beliefs to improve quality of care and health outcomes.”



Maternal – Newborn outcomes

Increased Distance to Care is associated with:*

- * Increased rate of perinatal death (240+; $p < 0.001$)
- * Trend towards increased premature deliveries
- * Increase NICU2 admissions (60 – 120; $p < 0.01$)
- * Increased NICU3 admission (60-120; $p < 0.01$)
- * Increased rate of inductions (120-240; $p < 0.01$)
- * Increased rate of ‘logistics’ as reason for induction (120-240; $p = < 0.001$)
- * Increased rates of birth outside the hospital (60-120; $p < 0.001$)

*Grzybowski, S., K. Stoll and J. Kornelsen. “Distance matters: a population based study examining access to maternity services for rural women.” *BMC Health Services Research* 2011, **11**:147



Stress in Pregnancy

- * The Rural Pregnancy Experience Scale (RPES) is a reliable and valid measure of the stress rural parturient women experience during their pregnancy.*
- * Women without local access to obstetric services were **7 times** more likely to experience moderate/high stress.**

*Kornelsen J, Stoll K, Grzybowski S. “Development and psychometric testing of the Rural Pregnancy Stress Scale (RPSS).” *Journal of Nursing Measurement*.

**Kornelsen J, Stoll K, Grzybowski S. (2011) “Stress and anxiety with lack of access to maternity services for rural parturient women.” *Australian Journal of Rural Health*, 19(1): 9-14.



Moving Forward

- * MCP2 Final Report, June 2006 recommended that Collaborative maternal / newborn care sites to test alternative funding mechanisms
- * Model exists with physicians in isolated rural communities
- * Alternative payment for responsibilities including:
 - * Community sexual health (sexual education in schools, STD testing, etc.)
 - * Well-woman gynaecological care
 - * Well infant/baby care
 - * Breastfeeding support
 - * Community outreach
- * Model exists with physicians in isolated rural communities



Thank-you!



On behalf of the Midwives Association of British Columbia,
the Midwives Association Aboriginal Committee,
and the Center for Rural Health Research.

