

# A safe and satisfying system is the goal of Ontario midwives

BY ELEANOR BARRINGTON

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ONTARIO MINISTER of Health Murray Elston recently heartened thousands of parents by announcing his Government's intention to introduce midwifery into the health-care system. But those who have struggled to see midwifery recognized barely had time to cheer before the victory was tempered.

Ambitions for an autonomous midwifery profession providing a real alternative to medical maternity care could yet be quashed. The second part of Mr. Elston's announcement was the composition of a task force to weigh options and avenues toward legislation: two lawyers, one doctor and one nurse.

Each of the individuals appointed is widely respected and beyond reproach. Indeed, three of the four are women. But the absence of a parent who has experience of midwifery is regrettable, and the lack of a practicing midwife is very worrisome.

In a culture where midwifery has been misunderstood and maligned for decades, who but parents and midwives has the experience to envision the appropriate midwifery system for Ontario? Surely the objectives in introducing midwifery must be to improve safety and increase satisfaction with maternity care.

Will the nurse and doctor in the task force be able to set aside the vested interests and biases of their respective professions? Will they be able to look clearly at options that represent real change?

Those parents, practicing and non-practicing midwives, and other health professionals who have been involved in the Midwifery Task Force of Ontario (founded in 1983 to promote the recognition of midwifery), know that real change is what we need.

Mr. Elston courageously introduced his midwifery proposal in the midst of the extra-billing controversy. He was careful to praise doctors and nurses for the quality of our maternity system. International statistics are not so kind. Our infant mortality rate is higher than comparable countries where midwifery services are widely available. Our Caesarean section statistics are three or four times higher. Public disillusion with medical maternity care is creating an environment of distrust and controversy on obstetrics wards across the province.

The Midwifery Task Force of Ontario (not to be confused with the newly announced government task force) wants change, but not just any change.

Midwifery, but not just any kind of midwifery. The MTF has examined many other systems for their ability to meet parents' needs. It advocates that midwives give primary care within the health-care team, with direct-entry professional training. In several U.S. states where a "nurse-midwifery only" system has been instituted, vital principles of midwifery like continuous personalized care and respect for parents' choices in childbirth have been corrupted by medical pressure from above.

The internationally respected philosophy and practice of midwifery is often at odds with current medical practices. Since nurses are subordinate to doctors, it is difficult for nurse-midwives to uphold their non-interventive principles in face of medical pressure. Thus the MTF seeks the autonomous status for midwives that they enjoy in many countries. The International Confederation of Midwives supports this position.

The nurse member of the Government's task force must be aware of her profession's bias in favor of nurse-midwifery. This option would enlarge the nursing power base, increase its stature and expand its professional schools.

The physician on the task force is no doubt aware that the medical governing bodies would prefer nurse-midwifery or no midwifery at all. Independent midwives chosen by parents would break the medical monopoly. Doctors would be required to consult midwives as colleagues. Therein lies a possible conflict of interest for any doctor weighing options for our midwifery system.

The College of Physicians and Surgeons of Ontario also has a stated bias against home birth, one of the choices in childbirth that parents demand and midwives offer. Who will defend that important option?

It is not difficult to imagine why the consumer and the practicing midwife are absent from this task force. Government does not generally accord much stature to mere mothers. It would not wish to associate itself with the midwives who have been operating "outside the system."

But, in the absence of these two vital viewpoints on the task force, the nurse and doctor must regularly check themselves for professional bias by assuming those too conspicuously empty chairs. They must be more than fair. Then, when Mr. Elston introduces his midwifery legislation a year from now, Ontario parents will be able to celebrate an unqualified victory: the recognition of a midwifery system that maximizes safety and consumer satisfaction. A real change in our maternity-care system.

Canada is the only Western industrialized country with no legal provisions for midwifery care. The Ontario government has made a commitment to change this by introducing legislation to recognize the profession. Midwifery has reemerged across Ontario and the rest of Canada in the last decade due to public dissatisfaction with the present impersonal and fragmented maternity care system with its high rate of obstetric intervention.

- \* Midwives are the only health professionals with a focus on pregnancy and birth as a normal physiologic process.
- \* Midwives provide continuous, preventative, personalized care -- physiologic monitoring, education and counselling throughout the entire childbearing year.
- \* Midwives are expert at detecting abnormal conditions which require referral, leading to efficient use of obstetrical services and minimizing unnecessary obstetrical intervention, thus reducing health care costs

In order to meet the strong public demand for safe and humane maternity care, vital principles of midwifery must be preserved. The Association of Ontario Midwives and the Midwifery Task Force of Ontario (a consumers' organization founded in 1983) proposes that:

- \* the midwife, as the recognized expert in normal pregnancy and birth, be the primary care giver throughout the childbearing year
- \* the midwife be a full member of the health care team
- \* midwifery be a self-regulating profession with a College of Midwives to set standards for education and practice
- \* midwifery education allow direct-entry (nursing would not be a pre-requisite)

You can let the Health Minister know your views by writing to:

Murray Elston, Minister of Health,  
10th Floor, Hepburn Block,  
80 Grosvenor St.,  
Toronto, Ont.  
M7A 2C4

(article appeared in The Globe and Mail, Feb. 17, 1986, p.7)

# SUPPORT PARENT'S RIGHT TO CHOOSE HOME BIRTH

A group of parents will be preparing a position paper on home birth to present to the Task Force on the Implementation of Midwifery in Ontario.

It will focus on the safety and benefits of home birth and the important role of the midwife in providing community based care.

We need your names to endorse this position. If you feel that choice of birth place should be an integral part of the maternity care system RETURN THIS FORM to the :

**HOME BIRTH WORKING GROUP**

833 MANNING AVENUE  
TORONTO, ONTARIO M6G 2W9



I SUPPORT PARENT'S RIGHT TO CHOICE OF BIRTHPLACE

NAME: ..... PHONE: .....

ADDRESS: ..... AGE: .....

OCCUPATION(S) .....

I have had a home birth ☐ YES ☐ NO

I SUPPORT MIDWIVES AS PRIMARY CARE GIVERS FOR HOME BIRTH

# Association of Ontario Midwives

P.O. Box 85, Postal Station C, Toronto, Ont. M6J 3M7

## Creating the Midwifery Profession in Ontario

Dissatisfaction with maternity care services has led to public demand for change. Criticism has focused on:

- The rising rate of surgical and pharmaceutical intervention in childbirth
- The overuse of specialist care in a normal physiological process
- Impersonal and fragmented care
- The need for a greater range of choices in childbirth, including flexible family-centered maternity care in hospital, an out-of-hospital birthing centre, and an adequate back-up system for safe home birth
- The desire of the consumer to be a more responsible and active participant in decision making
- The need for preventive care, education and counselling
- Adoption of the international definition of a midwife
- The midwife as a specialist in normal childbirth
- Continuous personalized midwifery care promoting informed choice and parent education
- The midwife as primary care giver and full member of the health care team
- Formal direct entry education
- Self-regulation and licensing

In January 1986 the Ontario government made a commitment to legally recognize midwifery with the establishment of the Ontario Task Force on the Implementation of Midwifery. It will make recommendations to the Minister of Colleges and Universities and the Minister of Health on standards of education, relationship of midwives to other health professionals and setting of practice.

The attention of such prestigious bodies as the International Confederation of Midwives and the World Health Organization to the development of midwifery in Ontario indicates the importance of the opportunity we have to develop a model midwifery system. In order to provide optimal care for Ontario's mothers and babies, midwifery must be established as a separate self-regulating profession, in accord with international standards, and not be limited to a specialty of nursing or an adjunct to medicine. Midwifery in name only will not answer the need for real changes in the maternity system. To create a strong midwifery profession, the Association of Ontario Midwives and the Midwifery Task Force advocate:

The Ontario Task Force on the Implementation of Midwifery will hold public hearings in the Fall of 1986. This is your opportunity to create the future of midwifery and choices in childbirth in Ontario. To make your views known, write:

**THE ONTARIO TASK FORCE ON THE  
IMPLEMENTATION OF MIDWIFERY  
700 BAY STREET, 14th. FLOOR  
TORONTO, ONTARIO M5G 1Z6**

For More information, contact:

**ASSOCIATION OF ONTARIO MIDWIVES  
P.O. BOX 85, STATION C  
TORONTO, ONTARIO M6J 3M7**

**MIDWIFERY TASK FORCE  
P.O. BOX 489 STATION T  
TORONTO, ONTARIO M6B 4C2**