



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

Midwifery Capacity Task Force



Report to CMNRP Network

- EXECUTIVE SUMMARY -

July 2015

Midwifery Capacity Task Force

Executive Summary

BACKGROUND

In April 2014, the CMNRP Network identified the lack of midwifery capacity in the Eastern Ontario region as a potential issue. This issue was brought to light with the recent opening of the Ottawa Birth and Wellness Centre (OBWC) in February 2014 and anecdotal reports of an increasing number of unaccommodated clients.

The CMNRP Network recommended the establishment of a task force to examine midwifery capacity.

The Midwifery Capacity Task Force (MCTF) consisted of a broad range of midwifery, medical and nursing leaders from the Champlain and South East LHINs and carried out its work based on terms of reference approved by the CMNRP Network (see Appendix A).

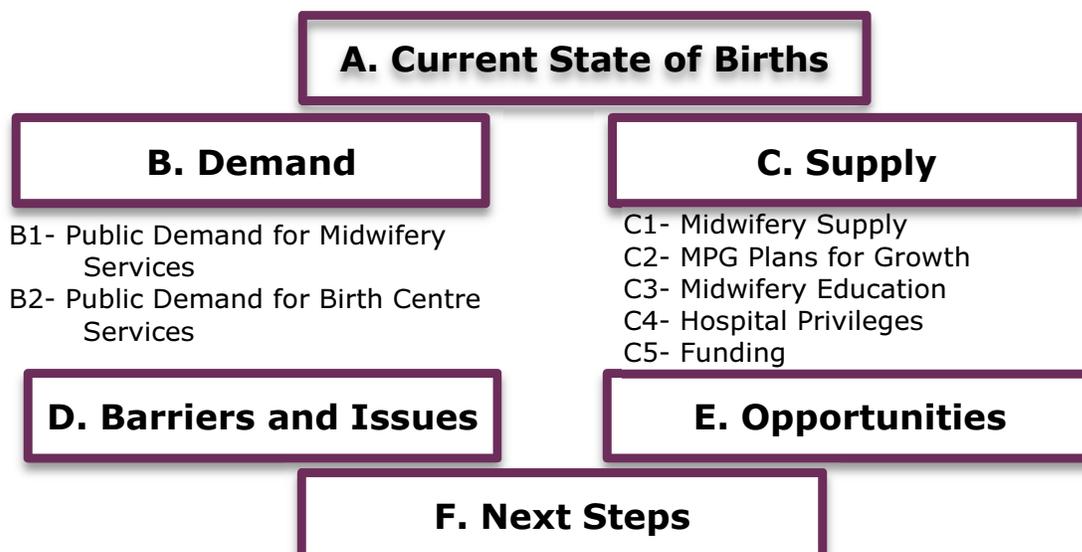
OBJECTIVES OF THE TASK FORCE

The objectives of the MCTF were to:

- Determine the current state of midwifery services, volume, access, public demand, funding process, birth centre appointments, and hospital privileges.
- Identify barriers, gaps and factors constraining the growth to midwifery services.
- Identify opportunities to enhance midwifery capacity.
- Develop recommendations to address the midwifery capacity issue for CMNRP Network.

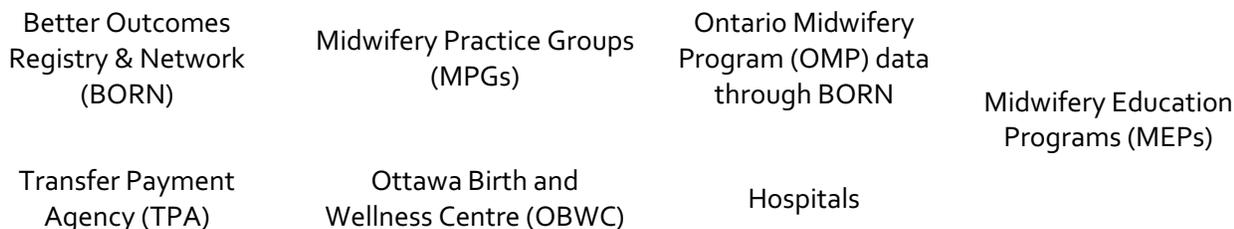
FRAMEWORK

The following framework was used to structure the analysis and report of the MCTF:



HIGHLIGHTS

The MCTF met four times between June 2014 and February 2015, working closely with a range of stakeholders and sources of information to gather and analyze the data necessary to address the questions posed by the Network:



At stake in the short term - understanding and removing constraints to increasing birth volumes at the newly established Ottawa Birth and Wellness Centre (OBWC).

A better understanding of midwifery capacity may also identify a range of opportunities to improve and optimize the delivery of maternal and newborn care in the region over the longer term.

SYSTEM COMPLEXITY

It became evident early in conducting the study that the nature of the issues being examined was closely linked to multiple factors and to broader health care / public policy questions.

Many factors influence the capacity of midwifery in the two regions and the most significant barriers are related to system challenges such as **funding** and **hospital privileges**.

Establishing the OBWC was an important early step in shifting low-risk women out of a hospital setting, but a number of other elements need to be in place for this transition to be fully realized.

Addressing the issue of OBWC birth volumes in the immediate term and midwifery capacity in the longer term is of critical importance but challenging given the number of complex system-level considerations.

THE CURRENT SYSTEM

In both the South East and Champlain LHINs:

- Midwives provide service to a relatively small percentage of pregnant women.
- The majority of births take place in hospitals with obstetricians.
- In smaller communities, family physicians and to a lesser extent midwives are the main primary care providers, close to home.
- Differences in transfer of care rates between the LHINs and in different hospital settings, along with different scopes of practice suggest this might be a future area of inquiry.

Within both LHINs, there is likely an opportunity to safely and significantly increase the number of clients in midwifery-led care and out-of-hospital births for low-risk clients who desire such an option.

Various stakeholders in the system are focused on addressing the many challenges they face:

- Hospitals are addressing their own funding challenges.
- MPGs have indicated they have very modest plans for practice growth and are close to ideal practice size. MPGs are also limited in their ability to grow if they were to desire to do so.
- The Ontario government is facing financial pressures and is looking to reduce the cost of current delivery models.

**Other than the unmet demand from clients,
there is little incentive for change within the system.**

On a promising note, *Patients First: Action Plan for Health Care*, the next phase of Ontario's plan for changing and improving Ontario's health system, highlights the commitment to put people and patients at the centre of the system by focusing on putting patients' needs first. Matching the intent of this Action Plan with tangible changes to the system is the challenge moving forward.

A regional body such as the CMNRP is the obvious agent that can take the client perspective on shifting the delivery of maternal and newborn care in the region.

DEMAND FOR MIDWIFERY SERVICES

Although there were challenges in identifying the precise number of unaccommodated women, this was undertaken using various sources of data.

**The data¹ indicate that there are approximately
1200 unaccommodated women in the two LHINs.**

These numbers appear to be growing, particularly within the Champlain LHIN/Ottawa area where the opening of the OBWC likely increased public awareness and demand for midwifery services.

Unaccommodated clients are also an issue for the Cornwall, Arnprior and Kingston areas.

BIRTH CENTRE DEMAND

There has been interest in OBWC among the general public despite minimal promotional efforts. There has also been frustration voiced from the general public about not being able to get a midwife.

**Many women in OBWC catchment area are both suitable for
and would desire a birth at OBWC.**

Despite this potential demand, the ability of the OBWC to meet its targets is directly linked to the number of midwives in its catchment area as midwives are the sole providers of care at OBWC. At present, the OBWC has about half the number of midwives as the Toronto Birth Centre but the same target of 450 births/year.

Although many clients are registered to give birth at the OBWC, about 50% of clients do not end up giving birth there due to a range of reasons, largely because of a change in their medical risk profile which makes them ineligible.

¹ Data is from the Midwifery Invoicing System (managed by BORN on behalf of the Ontario Midwifery Program).

Significantly more midwives are required for the OBWC to support the community in reaching its potential for out-of-hospital births.

Implementation of other strategies to increase admissions by the MPGs such as cross-practice secondary coverage or alternative models of care might also be of benefit.

SUPPLY OF MIDWIFERY SERVICES

There has been a steady increase in both the funded number of midwives and courses of care over the past five years in both LHINs. However, these increases in midwives and courses of care have not kept pace with the demand for midwifery services.

Midwives remain a small percentage of the HCPs who provide maternal and newborn care.

Also, there have not been significant shifts in which Health Care Provider (HCP) provides care to women within the regions because of the small numbers of midwives relative to the other HCPs (e.g. family physicians and obstetricians).

CONSTRAINTS TO GROWTH

MPG Plans for Growth

Despite the significant number of unaccommodated women, MPGs report very modest plans for growth. MPGs view an ideal practice size as 8 to 12 midwives, after which practice management becomes challenging because of such factors as continuity of care and cohesion in practice administration.

MPGs are also limited in their ability to grow, due to the following constraints:

- lack of hospital privileges
- slow and difficult funding process
- lack of additional physical space

Midwifery Education Programs (MEP)

The number of students admitted to the three Ontario universities that offer the MEP has remained static for eight years at 90 students plus international students annually.

Of the approximately 100 midwives graduating per year, the majority of new registrants practice in Toronto or the Southern Ontario area.

An increase in graduates from the MEPs would reduce the number of unaccommodated clients if such graduates have opportunities to practice in areas where there are higher numbers of unaccommodated clients.

Ottawa has a particularly unique challenge as hospital privileges for new midwifery positions are currently limited to the Montfort Hospital which requires HCPs to be bilingual. However, only a limited number of francophone New Registrants graduate and have the potential to obtain these privileges.

Hospital Privileges

Although midwives have privileges at most hospitals within the two LHINs, hospitals take different approaches to managing these privileges, setting caps on the numbers of midwives, or caps on midwifery birth volumes/courses of care, or caps on both.

Setting caps, particularly on numbers of midwives (some of whom work less than a full case load) is constraining growth as MPGs are not able to hire additional midwives that cannot obtain privileges, nor are new MPGs able to be created.

Without granting additional hospital privileges to midwives, there cannot be an increase in midwives within the communities.

Constraints to granting additional hospital privileges to midwives include:

- Recruitment and maintenance of a sufficient number of OB-GYNs necessary to care for transferred and higher risk clients.
- Effective integration of midwives into the hospital setting.

A better understanding of the size and number of MPGs and midwives, the extent to which midwives are working part-time and the case load they are carrying would be helpful in understanding the full impact of granting additional privileges to midwives within the hospital setting.

Funding

Despite the Ontario government's commitment to shift care from hospitals to community settings and improve the capacity of the health care system, the current annual funding process for existing MPGs is slow, creates a great deal of uncertainty and affects midwifery capacity:

- MPGs might not bring women into care if they are unsure of budgetary approval.
- Commitments to new hires may be delayed until funding is approved

The funding of a new MPG is a very labour-intensive and lengthy process.

The process for establishing a new practice appears to be largely driven by interested midwives rather than by a system response to unmet demand and a focused strategy for growth.

Funded base courses of care may not always be fully used by midwives which may not accurately reflect client demand. A better understanding of this matter and any contributing factors is necessary to maximize midwifery capacity.

Different funding models (for institutions and health care providers) and different funding mechanisms (LHIN, direct from MOHLTC, through TPA) do not lend themselves to effective health care integration.

CONSIDERING THE WAY AHEAD... OPPORTUNITIES

There are a number of potential opportunities that can address the issue of midwifery capacity:

- Build understanding and awareness of midwifery capacity opportunities and issues among key stakeholders.
- Consider the development of a centralized wait list for unaccommodated midwifery clients, reflecting privacy requirements.
- Explore options for secondary midwives to facilitate coverage across MPGs, particularly on weekends.
- Set objectives/develop plan to increase the number of women cared for by midwives in the community, targeting areas of high demand.
- Address the issue of hospital privileges and caps, including sharing successful models of integration and considering the size and number of MPGs and midwives, the extent to which midwives are working part-time and the case load they are carrying.
- Support proposals for a new MPG in Ottawa and in underserved areas in the regions.
- Explore other opportunities to optimize the use of the OBWC for suitable women that desire an out-of-hospital birth, including physician use.
- Explore the feasibility and potential benefits of establishing a Midwifery Education Program in Eastern Ontario.
- Discuss strategies for increasing the number of New Registrant placements.
- Building on the work of the MCTF, undertake a broader regional workforce planning effort to support the most appropriate HCPs and settings for women and families.

PRELIMINARY ACTION PLAN

Regional:

- A. Develop and implement communications plan and present the findings of the MCTF, including to the following organizations:
 - CMNRP Network and South-East Maternal-Newborn Regional Community of Practice
 - Hospitals in Champlain and South-East LHINs
 - Midwifery Practice Groups (MPGs)
 - Transfer Payment Agency
 - OBWC Board
 - Champlain & South East LHINs
 - Association of Ontario Midwives (AOM)
 - BORN Ontario
 - Provincial Council for Maternal and Child Health (PCMCH)
 - MOHLTC / Ontario Midwifery Program (OMP)
 - Midwifery Education Programs (3 universities)

- B. Explore the feasibility of the following actions with the appropriate regional organizations and individuals and develop a detailed workplan:
1. Work with the OMP, TPA, BORN and the MPGs to refine a centralized waiting list for midwifery services and promote this to a broad range of potential clients.
 2. Confirm whether there is a gap between funded and actual midwifery courses of care and better understand factors and implications if there is such a gap.
 3. Discuss the elimination of caps with area hospitals, particularly caps associated with FTEs rather than numbers of births.
 4. Support MPG and stakeholder discussions regarding cross-practice secondary midwife on-call coverage as well as alternative care arrangements.
 5. Share best practices of successful integration of midwifery care among area hospitals. Where appropriate, develop hospital-specific action plans to support effective integration.
 6. Create working group to better understand differences in midwifery scope of practice and transfer of care practices.
 7. Discuss with the area MPGs and the TPA strategies for placements of New Registrants.
 8. Develop a regional strategy to promote low-risk maternal newborn care, addressing birth providers and locations (including out-of-hospital births).

Ottawa Area:

- C. Explore the feasibility of the following actions with the appropriate organizations and individuals:
1. Explore options for coverage between MPGs, particularly on evenings and weekends.
 2. Prepare CMNRP Network letter of community/regional support for the ongoing operation of the OBWC following the demonstration project period.
 3. Support the establishment of a new midwifery practice at the OBWC, as per the practice proposal submitted to the MOHLTC, with privileges at The Ottawa Hospital.
 4. Support the establishment of a new or satellite midwifery practice, located in west-end Ottawa where there is highest unmet demand for midwifery services.
 5. Explore physician interest in, and potential for the use of the birth centre.

Midwifery Capacity Task Force

Terms of Reference and Membership

Purpose

The Champlain Maternal Newborn Regional Program (CMNRP) Network has identified midwifery capacity as an issue to be addressed in the region. The mandate of the Midwifery Capacity Task Force (MCTF) is to advise the Network on recommended strategies to improve midwifery access for women and families in the Champlain and South East LHINs.

Accountability

The MCTF is accountable to the CMNRP Network and will make recommendations to the Network through its report.

Roles and Responsibilities

The MCTF shall undertake the following activities:

- Determine the current state of midwifery services, volume, access, public demand, funding process, birth centre appointments, and hospital privileges.
- Identify barriers, gaps and factors constraining the growth to midwifery services.
- Identify opportunities to enhance midwifery capacity.
- Develop recommendations to address the midwifery capacity issue for CMNRP Network.

Membership

Teresa Bandrowska, Registered Midwife

Ann Mitchell, Director The Ottawa Hospital / Children's Hospital of Eastern Ontario

Sharon Dean, Registered Midwife

Dr. Daniel Moreau, OB-GYN, Hôpital Montfort

Melissa Dougherty, Director Queensway Carleton Hospital

Joanne Rack, Registered Midwife

Dr. Jessica Dy, OB-GYN The Ottawa Hospital

Ann Salvador, Director Hôpital Montfort

Geneviève Gagnon, Registered Midwife

Dana Sidney, BORN Coordinator

Wendy Grimshaw, Executive Director Ottawa Birth and Wellness Centre (Chair)

Kelli Ann Siegwart, Registered Midwife

Dr. Liisa Honey, OB-GYN Queensway Carleton Hospital

Bobbi Soderstrom, Registered Midwife (retired)

Kellie Kitchen, Director Kingston General Hospital

Marie-Josée Trépanier, Director Champlain Maternal Newborn Regional Program

Leslie McDiarmid, Exec Director South-East Ottawa Community Health Centre (TPA for the MPGs)

Dr. Mark Walker, Medical Lead OB-GYN Champlain Maternal Newborn Regional Program

Jacquie Whitehead, Registered Midwife

A detailed report with data and graphics is available upon request.