Position Statement

Midwifery Model of Care

College of Nurses and Midwives of Prince Edward Island

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CAM ACSF
Canadian Association of Midwives
Association canadienne des sages-femmes

While there are provincial and territorial differences in how midwifery is legislated, organized, and practiced in Canada, the basic model of midwifery practice is generally the same in Prince Edward Island as it is across all regulated jurisdictions in Canada. Midwives provide care from pre-conceptual counselling through pregnancy to at least six weeks postpartum to women and their infants. The midwifery model of care is adopted from *The Canadian Midwifery Model of Care* (Canadian Association of Midwives, 2015) described below.

Purpose

The purpose of this statement is to articulate the essential principles of the Canadian midwifery model of care, which has achieved worldwide recognition and admiration. This statement is meant to serve as a reference for the public, midwives, policy makers, government, health professionals, and educators, as well as those engaged in research, education, regulation, collaboration, and professional development.

Background

Historically, Aboriginal midwives have held a distinct traditional role within Indigenous, First Nations, Inuit and Métis communities, which included all aspects of the health of women and their families throughout the lifecycle. A grass roots movement, born out of social activism and the struggle for women's rights, resulted in the development of a parallel midwifery practice in Canada. Together, these two foundations, alongside research, evidence-based guidelines and clinical practice have helped to develop and solidify the current Canadian midwifery model of care.

Context

The Canadian Association of Midwives (CAM) recognizes that pregnant individuals, supporting partners and co-parents, as well as the midwives who provide their care, may self-identify as female, male, two-spirit, transgender or otherwise. In this statement, the words used to describe midwifery clients were carefully selected to honour and acknowledge both the roots of midwifery in the women's rights movement as well as the diversity of midwives and clients in their care.

The Seven Core Principles of the Canadian Midwifery Model of Care

The delivery of midwifery care is flexible and aims to meet the diverse needs of families and communities across Canada. Within this flexible framework are seven essential principles which form the core of Canadian midwifery care:

Professional Autonomy

Canadian midwives are autonomous primary health care providers, who provide comprehensive care during pregnancy, labour, postpartum and the newborn period. Midwifery in Canada is a direct entry profession and is self-regulated. Midwifery services are publicly funded and integrated within the Canadian healthcare system. Midwives work in home, hospital and community settings, including maternity centres and birth centres. Midwives access emergency services as needed. Midwives maintain hospital privileges for the admission of clients and their newborns.

Partnership

Midwives engage in a non-authoritarian and supportive partnership with clients throughout their care. Midwifery recognizes the intimate client-care provider relationship as being integral to the provision of care that is responsive to the unique cultural values, beliefs, needs and life experiences of each client. Research suggests that the nature of the relationship between a client and healthcare provider is one of the most significant determinants of positive outcomes. For Aboriginal communities, the inclusion of extended families and the integration of culturally safe care increases positive health outcomes. Midwifery has grown from and continues to be driven by the voices of women and all people experiencing midwifery care.

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. Sufficient time is offered during routine visits for meaningful discussion and ongoing health assessment. This approach creates the opportunity for building a relationship of familiarity and trust, and facilitates informed choice discussions. The presence of a known and trusted caregiver during the birth experience enhances client safety and satisfaction, and is an aspect of midwifery care that is highly valued. Continuity of care-provider results in excellent health outcomes, increased client satisfaction and cost-effective care.

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. Informed choice requires cooperative dialogue and encourages shared responsibility between client and midwife or midwives. Midwives share their knowledge and experience, provide information about community standards, and offer evidence-based recommendations. Midwives encourage clients to actively seek information and ask questions throughout the process of decision-making. Midwives recognize and respect that clients will sometimes make choices for

themselves and their families that differ from their midwife's recommendation and/or community standards. In such circumstances, midwives will continue to provide access to the best possible care.

Choice of Birthplace

Everyone has the right to choose where they will give birth, and midwives are responsible for providing care within their scope of practice to their clients in the setting of their choice. People may choose to give birth in their homes, hospitals, birth centres and health clinics safely with midwives in attendance. Midwives are an essential part of quality maternity care that supports people to give birth as close to home as possible in urban and rural communities.

Evidence-based Practice

Midwives support physiologic birth. Midwifery practice is informed by research, evidence-based guidelines, clinical experience, and the unique values and needs of those in their care. Aboriginal communities value the traditional knowledge that has been passed down orally and experientially through generations of midwives and use this knowledge in practice for optimal birth outcomes.

Collaborative Care

Midwives are autonomous healthcare providers, working independently and in collaboration with other healthcare professionals as needed. Where it meets the unique needs of a specific community, population, or geographical area, midwives may work collaboratively within creative interdisciplinary models of practice. CAM supports collaborative care that is innovative and midwifery led. The principles of continuity, informed choice, partnership and choice of birthplace remain essential elements of midwifery care within a collaborative practice.

Conclusion

Excellent research evidence has demonstrated that midwifery in Canada offers optimal health outcomes and increased client satisfaction compared to other models of reproductive healthcare. The Canadian model of midwifery care is a highly valued paradigm of the profession globally. CAM believes that these principles of the Canadian model of midwifery care must be safeguarded as midwifery grows and evolves to meet the diverse needs of families, communities, and the midwives themselves. Midwifery services in Canada must be universally accessible to all people wherever they live, and adequate supports must be in place to ensure that the Canadian model of midwifery care can flourish. CAM supports the sustainability and growth of Aboriginal midwifery across Canada and access to midwifery care for all Aboriginal communities. The profession of

midwifery, well-integrated and supported within existing health care services, is essential to improving reproductive and child health outcomes across Canada.

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