A Case Study of the Implementation of Regulated Midwifery in Manitoba

Presenter: Dr. Kellie Thiessen, University of Manitoba

Co-Authors: Dr. Maureen Heaman, Dr. Patricia Martens, Dr. Javier Mignone and Ms. Kris Robinson

Background:
In 2000, midwifery was regulated in the Canadian province of Manitoba. Since the inception of the midwifery program, little research has been done to analyze the utilization of regulated midwifery services. Currently, many women are denied access to midwifery care due to the shortage of midwives in Manitoba. Key components of the original implementation plan for midwifery have not met projected targets. Furthermore, a lack of successful educational programs has contributed to the shortage of midwives.

Objectives:
The purpose of this study is (1) To describe the utilization of midwifery health care services in Manitoba from 2001/2002 to 2009/2010 and; (2) To explore factors influencing the utilization of regulated midwifery services in Manitoba.

Methods:
This study used a case study design. The case studied was regulated midwifery services in Manitoba. Both qualitative and quantitative methods of data collection were analyzed. The case study evidence was derived from three sources; documents, administrative data, and interviews. The quantitative analysis was done using population-based administrative data from the Manitoba Centre for Health Policy, to study the utilization of midwifery care in Manitoba between 2001/02 to 2009/10. Document analysis and the long interview method with 24 key informants were used to gather the qualitative data.

Findings:
There was modest growth in the overall rate of midwifery-attended births, as well as in the number of midwives over the 10-year time period. Three main topic areas were identified: barriers, facilitators, and future strategies/recommendations. Themes arising under barriers included conflict and power; lack of an educational program; perceptions of the profession, and a precarious profession. Issues of gender underpinned some of these barriers. Constituent influence was a prominent facilitator of the profession. Future strategies for sustaining the midwifery profession focused on ensuring avenues for registration and education, improving management strategies and accountability frameworks, enhancing the work environment, and evaluating the model of practice and employment. Results of the document analysis supported the themes arising from the interviews.
Conclusion:
Scientific evidence supports the midwifery model of care, however, there remains an inherent struggle to justify and sustain the profession globally. The findings will have implications for health professionals to work at improving collaborative efforts regarding access to midwifery services.

Take Home Messages:
In order for midwifery to be a sustainable profession in Manitoba there needs to be:

1) Accountability within government regarding the strategic planning of the services.

2) Evaluation of the employment model as it relates to the workload of the midwives and the efficiency of those services.

3) Interprofessional collaboration on research endeavors to inform policy makers and key stakeholders regarding the planning of midwifery services.