



What We Heard

Regulated Midwifery Services in Yukon

February 2019

Background

The Government of Yukon is working to regulate, fund and integrate midwifery into Yukon's healthcare system. Midwives are health professionals who provide care to patients during normal pregnancy (pre-natal care), labour and birth. Following birth, they provide care to both the birthing parent (post-partum care) and baby (post-natal care). Our goal as a government is to provide Yukoners additional options within a range of healthcare services that support healthy pregnancies, birthing experiences, and care after childbirth.

The plan we presented to participants during the engagement proposed the following:

- Initially introducing regulated midwife-attended births and pre- and post-natal services (before and after childbirth) as an option in Whitehorse, where processes and emergency services that support pregnancies and birth are already in place. These supports include physicians with birthing expertise and facilities that can support urgent interventions, such as blood transfusions and Caesarean sections.
- Initially introducing some regulated pre- and post-natal midwifery services in other communities.
- Identifying options to potentially support similar services in Dawson City and Watson Lake.

Engagement process

Purpose

Our goals for this engagement were:

- to better understand Yukoners' needs and perspectives on regulated and funded midwifery;
- to gather information that could potentially refine our proposed approach to implementing midwifery in the territory; and
- to identify opportunities and considerations for midwife-led births outside of Whitehorse.

Process

In the fall of 2018, the departments of Community Services and Health and Social Services sought public and key stakeholder input on this initiative and our proposed plan. For this, we used an online survey and in-person focus groups. Focus group participants included members of the general public and targeted stakeholders (midwives, physicians, and community nurses).

Engagement methods

We used an online survey and focus groups to conduct this engagement. We hosted the survey on engageyukon.ca from September 20 to November 16. During that time, we received 618 valid unique responses.

We held in-person focus groups between October 22 and December 14 in Whitehorse, Dawson City and Watson Lake. We also conducted one teleconference focus group with people located outside of those three communities. We held a total of 15 focus groups, with 80 total participants. We held focus groups with both the public and targeted stakeholder groups (midwives, nurses, and physicians).

We extended an invitation to First Nation governments to provide written or in-person submissions, and asked that they encourage their citizens to participate in the discussion. We discussed the engagement at a meeting of the First Nations Health Commission, and in other meetings with First Nations Health program staff. Although we did not receive direct input from First Nation governments, staff asked us to keep them informed on progress.

We analysed focus group responses for themes and incorporated these themes with survey responses to create this document.

Notification

We notified Yukoners of the online survey and the opportunity to sign up for focus groups through:

- a news release
- content on engageyukon.ca
- community posters
- newspaper advertisements
- online Google, Instagram, and Facebook advertisements
- direct outreach to key contacts
- social media posts on the Government of Yukon's and Health and Social Services' Twitter and Facebook pages

Term definitions

This document synthesizes information we received from both the survey and through our focus groups. The following definitions provide clarity on who we are referring to throughout the document.

- **Respondents:** people who completed the survey.
- **Participants:** people who attended the focus groups from both the public (Whitehorse and communities) and targeted stakeholder groups.
- **Public participants:** people who attended the focus groups and did not self-identify as a healthcare professional.
- **Targeted stakeholders:** Healthcare providers including midwives, physicians, and nurses who participated in the focus groups

What we heard

We have grouped what we heard from the survey and focus groups into the following themes, based on questions we posed.

What interests Yukoners about midwifery services?

The majority of respondents and focus group participants supported funding and integrating midwifery services into Yukon’s healthcare system. Many respondents and public participants also shared that they were very interested in having access to regulated midwifery services.

“I am not likely to birth more babies myself, but want every Yukon woman to have the opportunity to have such an amazing birth experience and enjoy the wonderful, personalized care of a midwife.”

Respondents most frequently indicated they were interested in having midwifery services for their community (76 per cent) or themselves (41 per cent). Table 1 below provides a full summary of the responses we received to this question.

	Total responses	Percentage
I’m interested in having midwifery services for my community	467	76%
I’m interested in the services of a midwife for myself	254	41%
I’m interested in the services of a midwife for a family member or friend	187	30%
Other	59	10%
I am not interested in midwifery services	44	7%

Table 1: What interests you about having regulated and funded midwifery in Yukon? Select all that apply. (n=618)

In the focus groups, public participants and some targeted stakeholders explained their interest in accessing midwifery services. In general, these participants felt midwifery’s holistic approach could complement and enhance Yukon’s current pregnancy and birthing supports. Some also shared that it aligned with their desired birthing experience.

Many public participants also advocated that it was their right to be able to choose a healthcare provider. For these participants, the most commonly described benefits of midwifery included that it was:

1. holistic;
2. attuned to needs for emotional and mental health supports;

3. inclusive of the whole family;
4. provided opportunities for patients to develop a relationship with the care provider;
5. open to discussion and questions throughout and after the pregnancy; and
6. focused on letting birth naturally progress.

“Women should have midwifery services available to them, if they want it. I think it’s about having the choice, and not having to pay out of pocket.”

Choice came up frequently as a theme during the focus groups. Public participants told us they wanted the ability to choose a midwife as a recognized professional. Public participants also told us that midwives can empower birthing parents by providing them in-depth information and putting them into the “driver’s seat” so they can make informed choices throughout their pregnancy. They viewed this as desirable and those located in rural communities (where choices have traditionally been more limited) told us this was particularly important.

Many public participants and some targeted stakeholder participants shared that the way midwives deliver services also appeals to them. They told us that midwives can offer longer and more frequent appointments – often in a patient’s own home. As well, since midwives typically work in small teams, these participants appreciated that one or two midwives could consistently provide support throughout pregnancy and after birth. They viewed this continuity of care as important, and shared that it gave them a sense of added confidence in the process. These participants contrasted their expectation and desire for continuity of care when midwives are introduced, with their experiences of seeing multiple doctors during the course of their pregnancy and having yet another doctor attend their birth – depending upon who was on-call.

In describing their experience, some public participants referenced the exhaustion of re-explaining their situation at every appointment, feeling as though doctors did not have sufficient time to understand their unique situation, having test results missing or unaccounted for, and a resulting increase in anxiety.

Physician participants also expressed that under the current funding model for physicians, they cannot give as much time as they would like to patients; time that midwives are able to provide under a typical midwifery funding model. Physicians suggested that the midwifery model of care can be integrated in a way that enhances the existing healthcare system.

Many focus group participants saw the introduction of midwifery into the Yukon healthcare system as an opportunity to allow choice of birth place. Overwhelmingly, both survey respondents and focus group participants wanted women to have the choice of whether to give birth in a hospital or at home. In both the public and stakeholder focus groups, participants had extensive discussions on how far

away from the Whitehorse General Hospital people should be able to give birth. However, the majority of focus group participants supported home births within a safe distance from emergency obstetric care.

What services do Yukoners want regulated midwives to offer?

Focus group participants told us they overwhelmingly supported a full continuum of midwifery services – from pre-natal to post-partum. Many focus group participants emphasized that only offering limited midwifery supports would diminish the benefits of the initiative. The public, midwives, and some nurse participants would like midwives to offer other services such as support for contraception, fertility issues, miscarriage and still birth. Physician and some nurse participants suggested that, in order to reduce duplication and confusion of healthcare provider roles, there needs to be clarity on what services midwives will offer.

Through the survey, we asked about the importance of access to pre- and post-natal midwifery services and midwifery-led birthing, both in general and specifically in respondents' communities. Survey respondents supported both, but were slightly more likely to indicate that access to midwifery-led pre- and post-natal services were “very important” (75 per cent) than midwifery-led birthing (66 per cent). You can see full responses in Chart 1 below.

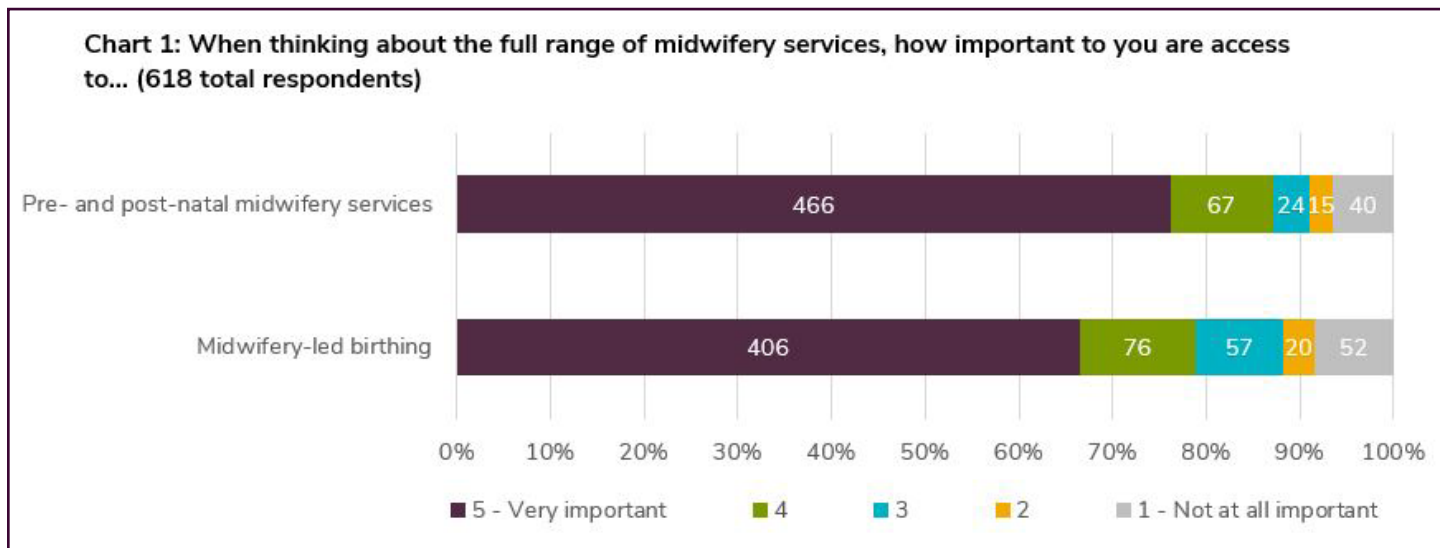


Chart 1: When thinking about the full range of midwifery services, how important to you are access to... (618 total respondents)

Focus group participants also highlighted the particular importance of midwifery-led pre- and post-natal supports. Participants generally agreed some Yukon families currently have limited pre- and post-natal supports. Maternity nurses told us of times when they would keep a patient and baby in the hospital longer than necessary because they were concerned that if they discharged the patient and baby immediately they may not receive sufficient post-natal supports. These nurses indicated

increased comfort discharging a patient into the care of a midwife, knowing the midwife would provide or link the patient to that immediate follow-up care. As well, some participants stated that midwives can provide breastfeeding support as well as post-partum support for the birthing parent, which they reported could be difficult to access.

What needs to be done to ensure the successful integration of midwifery?

Many public, midwife, and nurse focus group participants emphasized that the Government of Yukon should allow midwives to practice to their full scope of practice (care that midwives are typically allowed to provide under law in Canadian jurisdictions where midwifery is regulated) so that they can successfully integrate into Yukon's healthcare system. Some public focus group participants advocated for expanding this scope, considering Yukon's northern, remote, and rural context. As well, many participants emphasized that midwives should be autonomous healthcare providers. Some participants shared concerns that allowing anything less than a full scope of midwifery practice might result in challenges recruiting midwives, and reduce potential benefits to the healthcare system.

Healthcare providers suggested that establishing solid communication systems amongst all healthcare providers could help ensure midwives are successfully integrated into Yukon's healthcare system. Participants stated that respectful relationships between midwives and physicians are particularly important, as poor relationships between them can negatively affect many other healthcare provider relationships. Both the hospital and community nurses noted that if the foundational relationships between physicians and midwives were not functional, it would make their jobs more difficult. Some healthcare providers suggested initiating co-learning opportunities prior to the implementation of midwifery to help build trust between healthcare providers. Healthcare providers were most interested in using moreOB (a program designed to enhance patient safety in obstetrical units) to build those collaborative relationships.

Throughout the focus groups, we heard that all healthcare providers wanted to see roles – for all professionals – clearly defined before we integrate midwives into the healthcare system. Many stakeholder participants told us the government needs to do this for each healthcare provider because integrating midwives into the healthcare system has the potential to affect both nurses' and doctors' roles and responsibilities. They specifically stated that this should include clear procedures for when a midwife should consult with, and/or transfer their patient's care to, a physician.

Stakeholder participants emphasized that the Yukon Hospital Corporation and Emergency Medical Services (EMS) are critical to the successful integration of midwifery into Yukon's healthcare system. Healthcare providers told us that hospitals will need to update their processes and procedures to ensure they can seamlessly integrate midwives into that part of the healthcare system. More generally, throughout the focus groups and survey responses, participants emphasized that it would be valuable for midwives to be able to obtain hospital privileges to ensure continuity of care. Hospital privileges

give healthcare professionals permission to use a hospital's resources in specific ways to provide care. Targeted stakeholder participants told us it is especially important to consider the EMS system when developing homebirth procedures and protocols as the EMS system provides emergency transportation to specialized medical care.

What do Yukoners think about birthing at a distance from emergency obstetrical supports?

“Women have been giving birth for thousands of years without modern medical facilities – and many moms and babies have died in the process to be sure. The issue now is to find a balance between providing access to 21st century life-saving care, while allowing women to experience birth in as natural and as supportive an environment as possible. This is a huge, life-changing event for each and every mother that will be remembered forever and always. We should not underestimate the lasting impact of this experience.”

We posed this question only to focus group participants, given its complexity, and heard a wide range of responses. Some public focus group participants thought the question unnecessarily focused on the potential negatives. These participants suggested we should look instead at the opportunities that we could create by offering birthing in communities outside of Whitehorse, such as keeping patients closer to their families, support networks and communities. As well, a few public participants suggested that there is risk in travelling for birth (the current practice for people from communities outside of Whitehorse), and also some risks in giving birth in hospitals.

However, many participants acknowledged this was an important question to consider. Some public participants suggested that equipping the Dawson City and Watson Lake hospitals to support safe birthing could reduce the risk of birthing at a distance. Even though some Yukoners would still have to travel, they would not have to travel the full distance to Whitehorse. These participants believed that for low-risk births, travelling to Whitehorse before giving birth added unnecessary stress and financial burdens. Other participants pointed out that these two locations do not currently have the necessary supports, and suggested that introducing birthing in any of the communities outside of Whitehorse would be too resource intensive.

Some participants suggested that regulating midwives could reduce some of the potential risks to birthing at a distance. Most members of the public and some health professionals said that regulated midwives would add support to screen and assess candidates for birthing at a distance. They also said that they believed that regulated midwives would recommend that patients only birth in safe locations. They also noted that the ongoing pre-natal education and birth planning that midwives provide also reduces risk as it informs pregnant women and their families of the supports available (or not available).

Some healthcare professionals emphasized that even with low-risk births “anything can happen” and they expressed concern that, if people choose to give birth at a distance, midwives could require their back-up in emergencies. In general, those health professionals who do not currently provide regular birthing supports, told us they felt unequipped to provide support in these situations, citing a lack of the specific training needed to assist at a birth, and a general lack of opportunity to assist at a sufficient number of births to maintain the required certifications and skills. They stressed that outside of Whitehorse, EMS response times can sometimes be significant, and emergency transportation may simply not be available in a time sensitive situation. This can be due to factors such availability of volunteer EMS ambulance services and medevac services, and environmental factors like, bad weather and road conditions in winter travel in Yukon. In birthing emergencies, these factors can potentially endanger birthing parents, infants and possibly EMS staff, as they may take risks they might not otherwise given the situation.

Health professionals also shared with us concerns that if they were required to serve as back-up, an adverse event could negatively affect their own mental health and career. As well, community nurses noted that if they were required to provide back-up for a midwife, it would take them away from the nursing station for hours at a time, in which case the rest of the community would not have access to medical attention, creating risk for the wider community. They also noted that the responsibility could pose a barrier for recruitment of healthcare professionals in communities, given the need for higher levels of training and certifications related to birthing.

“While I believe women should have informed choice about health, it’s important to remember that informed risks can negatively impact not just the woman and/or her baby, but also healthcare providers who may experience anxiety and trauma managing negative outcomes from high-risk situations.”

During the focus groups, we also heard about the potential role of medevacs (EMS evacuations using planes or helicopters) in birthing at a distance from emergency obstetrical supports. Some public focus group participants had no concerns relying on the current medevac system and felt that medevacs could reliably and quickly transport an individual as necessary. Some participants, particularly health professionals and those located in communities outside of Whitehorse, expressed hesitation about relying too heavily on medevacs when planning for birthing. They noted that medevacs cannot land after dark in some communities, which would severely limit their availability, particularly in the winter months. As well, medevac flights are at times unable to land due to weather in some communities. (Dawson City, in particular). Given the constraints, some participants did not think medevac should be viewed as the primary support for emergency situations. As well, a few healthcare professionals noted that medevac planes are not equipped for more complex emergency birthing situations and would require significant upgrades in order to provide those supports.

What do Yukoners think about the Government of Yukon's proposed approach to regulating, funding and integrating midwifery?

We asked both survey and focus group participants about our proposed approach to regulating, funding and integrating midwifery into Yukon's healthcare system. The proposed approach read:

The Yukon government is working to regulate, fund and integrate midwifery into Yukon's healthcare system, with a current target of Fall 2019 for initial implementation. Given Yukon's context and our commitment, we are considering a gradual approach to incorporating midwifery into the healthcare system. Our current plan is to initially introduce regulated midwifery (pre- and post-natal services and midwife-attended births) as an option in Whitehorse, where processes and emergency services that support pregnancies and birth are already in place. We are also considering introducing some regulated pre and post-natal midwifery services in other communities. Over the next several months, we will also be exploring ways to support similar services in Dawson City and Watson Lake as we continue to develop the capacity of our territory's healthcare system.

The majority (84 per cent) of survey respondents agreed with the proposed approach. Most people who attended the focus groups also supported the approach, but with some concerns and requests for clarification.

Support for the proposed approach

Overall, public and targeted stakeholder focus group participants, as well as survey respondents shared their support for four main aspects of the proposed approach: (1) providing some midwifery services outside of Whitehorse; (2) the regulation of midwives; (3) initially introducing midwife-attended births only in Whitehorse; and (4) publicly funding midwifery services.

- 1. Providing some midwifery services outside of Whitehorse.** There was strong support for providing pre- and post-natal midwifery services in communities outside of Whitehorse. Many survey comments outlined how important it is that all Yukoners have equal access to midwifery services. Similarly, focus groups told us about the need to enhance pregnancy and birthing supports for communities outside of Whitehorse. Some participants emphasized the importance of providing pre- and post-natal services within all communities, and suggested that those in the rural communities have a greater need for midwifery-led, pre- and post-natal care than those located in Whitehorse.
- 2. The regulation of midwives.** Almost all focus group participants viewed the regulation of midwives as important. Both public participants and health professionals felt more confident that regulated midwives, with standards for education and a minimum number of births to maintain competency, would provide high quality care. Participants told us that the education and advice provided by regulated midwives would increase the quality of maternity care, especially for those who are uncomfortable accessing, or who have limited access to, the traditional healthcare system.

Participants also told us that regulation would create accountability for midwives.

“Regulating midwifery in Yukon will allow us to hold midwives to a standard, and prevent unregulated providers from giving poor care.”

3. **First introducing midwife-led birthing only in Whitehorse.** Nearly all focus group participants and over 80 per cent of survey respondents supported starting with offering midwife-led birthing services only in Whitehorse. However, participants held different opinions about what the next steps should be. Some participants indicated support for offering midwife-led birthing anywhere that the birthing parent is comfortable. Others stated a preference for only offering midwife-led birthing in the communities that have hospitals (i.e., Whitehorse, Dawson City, and Watson Lake), and others preferred that midwife-led birthing only be offered in the Whitehorse area. There was no consensus, although the public focus group participants and midwives tended to favour midwife-led birthing in a larger geographic area than physicians and nurses.

Part of our proposed approach was to investigate the opportunity for people to birth in Dawson City and Watson Lake. Participants shared mixed support for this idea. Many healthcare providers highlighted the enormous amount of work and resources that would be required to increase the two community hospitals' capacity to provide emergency support for birthing. This included access to ultrasound, a blood bank and transfusion capacity, operating rooms, trained medical staff (including a surgeon, anesthesiologist and maternity nurses), and liability coverage. Many targeted stakeholder participants and some public participants told us there are not enough births to warrant this increased capacity or to allow healthcare providers to easily maintain their competency, skills and comfort in more urgent birthing scenarios.

4. **Funding of midwifery services.** Most focus group participants told us that the Government of Yukon should fund midwifery services. Some further suggested there should be no limit on the number of births midwives can provide. Some shared that in jurisdictions that have caps on the number of people who can access midwifery, the demand for midwives exceeds the services available. Although most participants did support funding midwifery, a small number of respondents and a few focus group participants said that users should pay for regulated midwifery services out of pocket.

Concerns about the proposed approach

Most of the concerns about our proposed approach centred on a desire for access to birthing in communities outside of Whitehorse and, conversely, potential disruptions to the current healthcare system. Some focus group participants and survey comments suggested the addition of midwives could make it difficult for physicians to support enough pregnancies, and attend enough births to maintain competency. Many family physicians practice in Yukon because of the opportunity to have an

obstetrics practice in addition to their family practice. If maintaining obstetrical competency became more difficult, some family physicians may choose to leave the territory. This could further contribute to the shortage of family physicians available in Whitehorse and may also diminish the appeal for physicians considering relocating to Yukon.

“We do not have a large number of deliveries. It will be important to ensure all providers remain competent by having access to a reasonable number of deliveries.”

A small number of respondents opposed the regulation, funding, or integration of midwifery altogether. These individuals commented that the current obstetrical care in Yukon is excellent and so the regulation, funding and integration of midwifery is not necessary. Some shared their perception that other aspects of the healthcare system are more deserving of the funding government would use for midwifery.

“Two of our kids were delivered in the Yukon. Care by doctors and medical staff at hospital was excellent and very personalized, pre- and post-natal too. Just because other jurisdictions have this doesn't mean Yukon needs it. Seems to me our existing level of care is quite high.”

What else did Yukoners tell us?

One issue participants emphasized in nearly every focus group (including Whitehorse, community, midwife, physician, and nurse participants) was the challenges faced by persons travelling from communities to Whitehorse to give birth. These challenges included limited options for accommodation, difficulty in finding accommodation at certain times of the year (such as the summer travel season), the added stress that comes from being away from family and community, and the perceived inadequacy of the medical travel allowance. All public and stakeholder participants believed this issue needed to be addressed.

“The current approach of having women travel to Whitehorse for birth is problematic. Sometimes you're staying for weeks in a hotel. You're out of pocket and isolated from your friends and family. This can be very stressful!”

Some participants believed that offering funded and regulated midwifery would not solve this problem, but suggested that medical travel supports should be reviewed. Many participants spoke of establishing a birthing house in Whitehorse where those waiting to give birth and their families could go prior to and after birthing. Several participants mentioned the existence of the Rural Pregnant Mom's Suite at the Victoria Faulkner Women's Centre. However, they also told us that high demand means the suite is often not available, the environment is not relaxing, and many families can't stay

at the centre because, though it accepts a partner or support person, it does not accept additional children over the age of one.

Many participants told us that we should look at how other Canadian jurisdictions have approached midwifery. Some participants suggested we keep the unique context of Yukon (e.g., low birthing numbers, small rural communities) in mind when looking at other jurisdictions' models. Some also suggested we consider lessons learned from the introduction of other regulated health professions to Yukon and from integrating midwifery in other rural locations in Canada.

Appendix 1: Survey results

	Frequency	Percent
1. Are you a Yukon resident?*		
Yes	618	100
*Non-residents were screened out of the survey.		
2. Where do you live?		
Dawson City	86	13.92
Haines Junction	16	2.59
Marsh Lake	13	2.1
Watson Lake	6	0.97
Whitehorse area	472	76.38
Other Yukon	25	4.04
3. What interests you about having regulated and funded midwifery in Yukon? (Check all that apply)		
I'm interested in the services of a midwife for myself	254	41.10
I'm interested in the services of a midwife for a family member or friend	187	30.26
I'm interested in having midwifery services for my community	467	75.57
Other	59	9.55
I am not interested in midwifery services	44	7.12
4. Do you agree with the proposed approach?		
Yes	516	83.50
No	97	15.70
No response	5	0.81

	Frequency	Percent
5. When thinking about the full range of midwifery services, how important to you are:		
a. Access to pre- and post-natal midwifery services?		
1 - Not at all important	40	6.47
2	15	2.43
3	24	3.88
4	67	10.84
5 - Very important	466	75.40
Don't know / no response	6	0.97
b. Access to pre- and post-natal midwifery services in your community?		
1 - Not at all important	38	6.15
2	15	2.43
3	34	5.50
4	69	11.17
5 - Very important	454	73.46
Don't know / no response	8	1.29
c. Access to midwifery-led birthing?		
1 - Not at all important	52	8.41
2	20	3.24
3	57	9.22
4	76	12.30
5 - Very important	406	65.70
Don't know / no response	7	1.13
d. Access to midwifery-led birthing in your community?		
1 - Not at all important	62	10.03
2	28	4.53
3	67	10.84
4	74	11.97
5 - Very important	374	60.52
Don't know / no response	13	2.10

	Frequency	Percent
6. What is your gender?		
Female	537	86.89
Male	58	9.39
Other	4	0.65
Prefer not to say	19	3.07
7. How old are you?		
18-29 years old	91	14.72
30-39 years old	326	52.75
40-49 years old	112	18.12
50-59 years old	46	7.44
60 -64 years old	24	3.88
65 years old or older	12	1.94
Prefer not to say	7	1.13
8. Do you identify as Aboriginal / Indigenous, that is, First Nations, Métis or Inuit?		
Yes	52	8.41
No	522	84.47
Prefer not to say	44	7.12
9. Which of the following describe you? (Check all that apply)		
A member of the public	551	89.16
A midwife	4	0.65
A physician	31	5.02
A nurse	43	6.96
An Emergency Medical Services worker or volunteer	15	2.43
Other	42	6.80