

# Uncomfortable Positions

Consumer Comments on Midwifery Implementation in Nova Scotia

**Appendix A: Letter of Invitation**

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## Appendix A: Letter of Invitation

Dear Jan:

We have not forgotten about your request that the Midwifery Implementation Evaluation include an opportunity to hear from women in DHAs that are not model sites, particularly women from the Annapolis Valley. Judy, Cheryl and I met to discuss this and two other potential modifications to the project approach and scope as outlined in the RFP (i.e. the implications of more care provider focus groups and fewer key informant interviews, and increased compensation for women who participate in focus groups). To guide our discussion, we reviewed the RFP which outlined the objectives of the evaluation.

The focus of the evaluation as described in the RFP is the model sites, with a view to providing advice to the DHAs that will be next to implement midwifery. While changing the scope of the evaluation is not possible at this stage, we appreciate your/the Coalition's points about the impact of a phased introduction to midwifery on women in the DHAs that are not model sites. We know that you will represent these views eloquently in your interview with the evaluators; however it's important to hear women's perspectives first hand. With your help we can gather that input and append it to the evaluation as an additional dimension of consumer feedback.

We ask that you communicate the opportunity for written submissions through the Midwifery Coalition and collate the feedback by DHA. We are aware that you may not have active members in every DHA so the communication strategies may be more effective in some areas than in others. Although it is not our intent to minimize the effect of no access to midwives on individual women, we expect that there will be similar themes in the submissions, regardless of the DHA where a woman resides. Since this is an additional dimension to the evaluation, we will describe it as such and acknowledge the limitations of the approach to soliciting submissions. In order to provide some guidance to women and to keep this manageable for you, we should provide a time limit for people wanting to submit, perhaps 4-6 weeks from the time the opportunity to provide a written submission is communicated. That way you know when collating can begin.

We hope that this approach will recognize the importance of the access issues for women while maintaining the integrity of the implementation evaluation plan. Please let us know your thoughts.

Cheers,  
Becky

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## Appendix B: Complete Text of Letters Used in the Analysis

### Cape Breton 1

We'd recently moved to Cape Breton when we found out we were pregnant with our X [not first], much longed for, child. Having had my other children in the attendance of a midwife in [another province], we were looking forward to the same type of care for this long awaited pregnancy and birth. Unfortunately, because there are currently no midwives allowed to practice in Cape Breton, I spent the first 25 weeks of my pregnancy looking high and low for a midwife that would be willing to see me. At the same time, I was dragging my other X children to my prenatal appointments with my family doctor and waiting in the waiting room with sick clients for a couple hours every appointment. (Something which doesn't happen with midwifery care!!)

Finally in January of 2010, I found that the midwives on the South Shore would see me. We had a few "appointments" on the phone in order to get to know each other but that does not compare at all to the continuity of care one receives when one goes to appointments in person with their midwives. Unfortunately, being 6 hours away from the midwives did not allow for that.

We planned to rent a cottage for the due month of our baby (at a whopping 2 THOUSAND dollars) so that we could have the homebirth experience away from home. The month before we were to leave my husband was laid off and when we were supposed to be enjoying the end of pregnancy we were worrying over whether or not we would be able to afford to still travel to have our baby (especially when we couldn't be guaranteed a "home"birth).

In the end we did travel to Lunenburg and our baby was born safely with the midwives there. It, however, was not the same as having a baby in our own home and being tucked snugly into my own bed afterward. We had to uproot our older children from their regular activities for the month (much to their disappointment). The cost (financially) was a lot for a family that does not earn a lot and who are now out of work.

The midwives were excellent and did everything they could for us, BUT it was not the same as having the regular in-person care that we would have had if midwives were able to practice here in Cape Breton. I am currently about 6 weeks post-partum and am trying in vain to find a way that will allow me and the baby the travel for my final appointment with my midwife. It is quite likely, for financial reasons, I will miss my 6 week post-partum appointment, which even after all is said and done, IS important (medically and emotionally) and brings closure. I feel it is unfair that I will not get this last experience, in what will be likely my final birth/pregnancy.

There are so many women in Cape Breton that would not be able to do what we were able to do and I think it is unfair that they are robbed of the chance to have their baby born in a safe, caring manner under the attendance of midwives. This has to change as every woman should have the opportunity to choose how and where their child is born.

## East Hants County 1

I found out I was pregnant with my first child in April 2009, just a month after the Midwifery Act became effective. While I was excited that the new legislation would make midwifery accessible to people who might not have otherwise been able to afford it, I was concerned that there were so few midwives available and that they were only working in a few districts.

Living in [x], East Hants, I had the option of delivering at either the IWK Grace or Colchester Regional Hospital. I chose the IWK, knowing that they were in one of the districts that had midwives working with them, but when I inquired about the program, I was informed that I was outside their service area and therefore ineligible.

I still went on to have an unmedicated birth at the IWK, after spending a lot of money on a doula (who did not help at all during the delivery) and finding a naturally-minded doctor (who did not arrive in time for the birth), but I tore quite badly (second degree tearing into the labia), which I think could have been minimized with more support during the pushing phase. I still experience a constant dull aching pain in my clitoral region almost 5 months later. I do plan to have another child someday (maybe if I can ever have sex again), but I think I will wait until Colchester East Hants has its own midwifery program.

## Halifax 1

Hello,

There's a posting on HRM Parent asking for stories of NS families who haven't been able to access midwifery care since regulation.

I wasn't able to, due to an apparent lack of space in the program. I tried to obtain a midwife for my April 2010 birth last year, in late September. I answered the phone questions but was later informed that I wasn't accepted due to a lack of available space.

I don't know what other information you might need for this research, but if it helps, I'm a healthy, married, 27 year old woman, currently living in central Halifax. I ended up going with a family doc/OBGYN and two doulas from the Single Parent Center. [I had] a fully natural birth at the IWK. I'll definitely do what I can to have a homebirth next time, even if it means going to another province to obtain midwifery care.

Cheers,

Please feel free to contact me if you'd like any further information!



## Halifax 2

I feel it necessary to paint this picture from the very beginning: six years prior to [this baby's] birth, when my first child was born. I knew, even at eighteen and terrified, that a homebirth was what needed to happen. So, in unlegislated Nova Scotia, [my first child] was born, at home and complication free, with the assistance of two supportive and unsupported midwives. This was a profoundly empowering experience for me as a woman, especially a young woman facing societal bias about "proper parenthood". I believe that having a homebirth was instrumental in this process of becoming, this process of parenthood.

So when I became pregnant with my second child, I knew without question that homebirth was once again the obvious choice. But now, the situation had changed. Legislated midwifery was here to save the day! Or at least help me and my family. The resulting events have left me embittered and enraged by what is, ultimately, a misogynistic and disempowering system masquerading as "options for women". Why does Nova Scotia have to prove over and over how behind the times we are? Using an outdated and unfeasible system for midwifery (that no-one else in the country uses!) is setting midwifery up to fail – through no fault of midwifery itself, but rather, the system regulating it (that doesn't want options for women there in the first place).

During the course of my pregnancy and subsequent labour there were several issues that were concerning for me as a woman, mother, and cognizant being and I alerted the midwives to these concerns during my labour, but ultimately, I was deeply dissatisfied with my IWK midwifery experience.

The details of my daughter's birth are removed here due to issues of liability and ongoing legal proceedings.

I fought with the people who were supposed to support me, and in my own home! That is so wrong. While I received midwifery care initially, I was denied post-partum care, which is why I feel my story is relevant to this report.

I also realize that some of what happened was due to unrealistic pressures on the midwives from the monolith that is the IWK. I personally rue the day that midwifery was legislated, and would go back to an non-regulated midwifery experience in a second. But midwifery makes sense, despite the twisted system that it's being forced into right now.

In the weeks following [my baby's] birth, my partner, friends, and I reviewed the birth countless times – out loud and in our minds. Everyone was traumatized but relieved that in the end both mama and baby were well. Why does it have to be a fight though? Had I known how things would go with the IWK midwives, I may have chosen a hospital birth just so I at least knew to expect a fight. Or I would have had my baby in my livingroom, squatting in a corner by myself. The strife and conflict was so very, very unnecessary. I hope that those present learned from what happened. I know I did.

I am writing in regards to the lack of midwifery care available to women in April 2010.

I am currently 12 weeks pregnant, and have been on the waiting list for a midwife since late July 2009. I was informed yesterday by [the midwifery clinic] that due to staff shortages and mandatory vacation, no midwifery care would be available for patients expecting in April 2010. You can imagine my surprise, shock and disappointment upon hearing this news. I spoke to [the clinic] this morning, asking for clarification, and am further angered by the fact that my choice in health care is being determined by bureaucratic policy.

I would like to ask [the IWK] and the IWK midwives to reconsider this policy that negatively impacts on my choice in prenatal care. It seems incomprehensible that such an oversight would be allowed to happen. I had wonderful prenatal care by a midwife for my first child, and it saddens me to say that I think the care was more accessible when it wasn't under the care of the IWK. I'm sure the women seeking home births would feel the same way.

I am already 12 weeks into this 40 week journey, and it is my last pregnancy. I will be incredibly disappointed if I am not able to receive the exceptional midwifery care I received with my last pregnancy. I hope you can appreciate that many women (myself included) have been waiting a long time to see midwifery publicly funded, and it is unacceptable that mandatory vacation time get in the way of that. I hope you will be able to work to find a solution.

May 25<sup>th</sup> 2010

Comments/story for the midwifery coalition

I had always planned on having a midwife when I decided to start a family, so needless to say, as soon as I knew I was pregnant I started looking for one. This was right after midwives were 'integrated' into the system. It took me a VERY long time to get any information at all on how to access midwifery care as the only information that I could find was no longer valid. It was quite some time before I was even informed that I now had to go through the IWK, and that not only could I not choose a midwife that was right for me, but that I may not be able to have one at all! I went through the interview process and when I finally heard back, I was told that the only reason I couldn't have a midwife was because there were not enough to go around. (I also later found out that my due date was around the time that they may all be required to be on vacation; at the same time!) I was absolutely devastated! I have never had a whole lot of luck with traditional doctors, and didn't have a doctor here in NS. (I've lived here for a number of years and am an official resident, but just hadn't found a doctor yet.)

I didn't know for sure at the time if I wanted a home birth, but wanted to learn more about it and have the option. Still devastated, I really didn't know where to go from there. I really disliked the doctor I'd been referred to for prenatal care, and there was no way I was staying with her. I was going to have a natural birth, and didn't know where to turn. This was my first time doing any of this.

I contacted the midwifery coalition, the woman I talked to was so supportive, and suggested that if I couldn't have a midwife, I should at least have a doula. I found a fantastic doula, and took her Lamaze classes. The further into my pregnancy I got the more I wanted to stay at home for the birth, and the more bitter I became about the situation in the province that now prevented me from having the proper support for doing so! To this day (my daughter's about 3 ½ months) I am still very angry about this. I even had the thought come into my mind that maybe I would just stay home. What would anyone be able to do about it?! Despite the obvious risks, about the only reason I didn't give this thought more credence is the fact that no one who knew what they were doing would be there (to clamp and cut the cord and in case we needed a tiny bit of extra help-after the birthing part).

When I went into labour (on a Tuesday morning) I laboured at home for two days before even admitting to myself how far along I was. I called Tuesday evening to update my doula, but it wasn't until Wednesday evening that I called her to say that we were going to go in to get checked.

When I arrived at the IWK I was already 5 cm and fully effaced. We decided to stick around and our doula joined us. Most of my labour was slow and relaxed. I used no medication. It did start slowing down later that evening as my water hadn't broken and it was cushioning my daughter's head so that the pressure on my cervix wasn't enough to cause any change. If I had been home this is the point where I know a lot would have been different. I am a huge proponent of listening to my body and know my body very well. I needed a rest. If I had been at home, I could've rested and then continued to labour well (I'm certain). However, since I was at the hospital I was 'on the clock' and we chose to break my water in order to avoid further intervention.

I am a little resentful that I was in this position at all and know that even with a midwife, had I been in the hospital, I may have been pressured at this point. I also know that had I not had [a doula] and a very supportive nurse, and been very firm on my intent to have a natural, drug-free labour, I would've been pressured for more and sooner. I am fully aware of how big a fight (non-related to my labour) I would have had to go through if I didn't say ok to that one minor intervention.

An hour and a half later I was pushing, and after 20 minutes of pushing (and holding back since I knew she was coming fast – though no one else seemed to know that, by the way – my baby girl was born. I had a little bit of extra bleeding afterwards (that for all I know wouldn't have happened without that bit of medical interference to 'speed things along'), which was brought under control incredibly quickly with only a tiny bit of medication. My baby had skin-skin immediately and latched onto the breast quickly and by herself, and was breastfeeding like a pro in no time at all.

[My baby] was born at 5:03 am. We stayed in the hospital that day and night and went home as soon as we could the following day. Though I must mention that I was well looked after by the nurses (especially during labour!) and very well fed, It is obvious to me that there was no real need to have been at the hospital. There was no risk factors leading up to the birth that would lead us to want to be there "just in case". We only live 5 minutes from the LWK anyway if we did need it. I did not have continuous support from my doctor (she arrived after I started pushing, and left immediately after). I had a really bad experience with the PMC on that day, which I would really like to file a formal complaint about. Yes, I believe it was that bad, though I'm desperately trying to not dwell on it, but have barely had a few moments to myself to write this. You know, with a new baby and all!

In conclusion, having completed my birth experience, if anything, I feel even more strongly about not being given midwifery care. In fact it really makes me think twice about trying for a number two in the future. Will the situation be any better?

I am a little more resolved to NOT be in the hospital the next time around. Will I have to leave the province to get the care I want? Or move to the south shore? What can I do to ensure I get what I want the next time around?

One of the only positives I can take away from this instead of having the experience exactly as it could have been, is that the two nurses I had the night of my labour were blown away, since it is so rare that someone has such a natural birth and handles labour so well when they are having a hospital birth. The more experienced nurse could count on one hand the number of natural births she'd seen and the younger one had NEVER seen one before! If I can show even one person in the medical world, or even one woman who may have children herself one day, that it is indeed possible to do what your body was designed to do without medical interference, then maybe I can tell myself it was a little bit worth it.

My hope in writing this is that perhaps my voice can be heard by someone who can actually make a difference in how things are run. It makes my heart ache that the situation is what it is. Everything can be improved upon, nothing is perfect, so there is no harm in admitting that a system could be improved upon. I sincerely hope that it will be. There is a place for medical intervention, it is sometimes needed, but we are not all high risk, and we do not all need it. So please don't treat us like we do.

## Halifax 5

I am writing to share my experience with the midwifery program. I have received an invitation to participate in a focus group as one of the women who have come through the new midwifery program. However I have returned to school and the timing does not work. I left a message with the clinic asking for a way to share my experiences and thoughts about the new system but [the clinic] has not returned my call. I was glad to see the Midwifery Coalition of Nova Scotia is collecting letters from women to bring to the discussion table.

When I discovered I was pregnant, in September 2008, there was no question in my mind that I wanted to have a home birth with a midwife. I moved here from [X province], and so was familiar with midwifery. Having done some research I also knew that outcomes for low risk women (a category I fall into) were as good or better at home with trained midwives attending as they are in the hospital. I had faith in my bodies' ability to birth a baby and did not want to put myself or my baby at risk for unnecessary interventions. I also believe very strongly that hospitals are a place to deal with illness and injury. Birth is neither and as such has no place in a hospital. This is not to say I am ignorant of the risks, and some births do progress into emergency situations where a trip to the hospital can and does save lives, but the vast majority of births do not progress to this point. A healthy woman under the care of a competent midwife will likely not face this kind of a situation, and the midwife will be able to detect any warning signs early on. Unlike a doctor, a midwife is present through the entire process of labour once active labour has set in.

I interviewed a few midwives and decided to hire [x midwife]. At the time she explained how, likely during my pregnancy, legislation was going to come through, but it wouldn't have much effect on my care. Throughout my pregnancy I was seen by both [my midwife] and [an OB] at the IWK. I had no family doctor and was referred to the clinic at the IWK by a walk in clinic. Every visit with [the OB] was pleasant enough, but I couldn't help feeling two things: [the OB] was a trained surgeon who was not accustomed to treating healthy women and attending natural births, and the cost to the health care system for me to see [the OB] was a ridiculous waste of money. I believe it was in *The Business of Being Born* where the costs of birth were laid out, but the differences in costs were astounding.

When we told our families our plans we had to spend quite a bit of energy defending our choice to have our baby at home. [Our midwife] supplied us with some medical studies that had been done around the world with which we could "prove" our case using real numbers. Finally, everyone was on side. We were getting really excited as the date came closer. We began researching the benefits of water birth and were beginning to collect up the supplies we were going to need for our home birth.

Mid-April when the legislation went through we became a little anxious. When it became clear that [our midwife] was going to be one of the midwives hired by the IWK we relaxed a bit. We still had our midwife! When we started seeing her again, now at the IWK, we had the opportunity to meet the 2 midwives we hadn't met (we had met one midwife previously because she was the acting back up midwife for our planned home birth with [our midwife], pre-legislation). All in all, we were thrilled with the team, and I felt comfortable knowing that if for some reason [our midwife] was absent the midwives who would take over were all competent, compassionate and on the same page as far as our desires and preferences were concerned.

Then everything fell apart. Two weeks before my due date I was told (by a nearly tearful midwife) that home birth was not going to be "allowed." That [a homebirth] policy hadn't been approved for mid-May, and that she wasn't sure when it was going to be approved. I was devastated. I cried and yelled. My partner got incensed. We were furious that because of some bureaucratic bullshit (pardon my language), our plans were being dismissed as lightly as if there was no cream for someone's coffee and they had to take milk instead. Some people who had never met us, were never going to meet us, and likely had never seen a home birth were making decisions (or waiting to make them) that were having a huge impact on our lives. The worst part was if our midwife had broken the rules and delivered our baby at home, not only would she lose her license, but she would have jeopardized the whole program.

After a few days we accepted our fate. We were going to have to go to the hospital. The place I had never thought I would end up. The silver lining was that we could still have a midwife attending the birth, and the midwives of the program seemed to band together to make the experience as "un-hospitalized" as possible. Our midwife met with us a few times to help us write up a birth plan and to go over all the procedures we would need to actively

decline (such as bathing the baby at the hospital) to have the experience meet our desires as closely as possible. The midwives agreed it would be best to keep me at home for as long as possible. We planned to move to the hospital when I reached 8 cm. Being a 5 min drive from the hospital we felt this would give enough time to move before hitting transition.

I went into very early labour the evening before my due date, May 15, 2009. I had an appointment that morning and went in to see our midwife. She checked my dilation and found I was already 2 cm and fully effaced. She thought I would have a baby that night. She had told me the week before that she was going to be away part of the weekend, so if I "went while she was gone, [the other] midwife would take over."

I did not have a baby that night. My labour kept on starting and stopping. The next morning our midwife called to check in. Having learnt from us that not much had changed, she called [the second midwife] to let her know she likely would be taking over. That evening [our midwife] came to the house with [the second midwife] to check on me. Labour was no longer start and stop, but it was not progressive. [Our midwife] checked my dilation and found I was still at 2 cm. Nothing had changed in over 30 hrs. They sent me out for a walk with my partner and said to call if anything changed, so out we went.

Finally, at 1 am on Sunday, contractions started coming fast when I went to the bathroom. My sister was up with me and she called our midwife and my doula. [They] all arrived at about the same time. This is where my memory gets foggy. At this point I hadn't really slept since Thursday morning and was feeling exhausted. The imminent transfer to the hospital was weighing heavily on my mind and as much as I tried to focus on "opening," my mind would flit back to how tired I was and how if we went to the hospital I would be hooked up to machines and given pitocin.

It was [our midwife] and [the second midwife] who helped me through. Our midwife would crouch down next to me whenever these thoughts came into my mind and tell me how well I was doing. It was as if she knew. Labour progressed steadily until I reached 7 cm. One centimetre away from transfer time. I stalled at 7 cm for about 5 hours (I think). [Our midwife] and [the second midwife] were getting worried during this time and I think they suspected the cause was that I didn't want to leave the house. They got me in the bath where I slept between contractions for an hour. They decided they had to break my waters, and that it would be best to do this after the transfer. When I got out of the bath we got bundled up and headed to the hospital. It was somewhere around 10 or 11 am.

The hospital was not as bad as I had feared. Because we had [our midwife] with us and the nurses on the ward felt we didn't need to have a labour nurse. My team managed to form a protective bubble around me while we went up to one of the nicest rooms we'd seen on tour of the hospital. There we locked the door and hid all the equipment from view. After a tedious hour of following all the protocols placed on the midwives in the hospital (ie., the need to do some electronic fetal monitoring) [our midwife] performed the AROM. She informed us that we had 2 hours after AROM was performed before she would be required to consult an obstetrician. This was based on hospital policy. She expressed to us that she really did not want to do this and that she understood that we did not want it either. [Our midwife] and my doula had me moving around the room, getting me to change position whenever it seemed I was getting used to it. My sister and partner were spelling each other off in supporting me. We worked hard. I felt better knowing that the transfer was over, and knowing that [our midwife] and [the second midwife] weren't letting anyone from the hospital come in unless I needed them.

Finally we hit the two hour mark. [Our midwife] checked me and found I was almost a full 10 cm. I had a contraction while she was checking me and she took advantage of the moment to help stretch me over my baby's head. We had managed to avoid my worst fear - intervention! This was around 3 pm. I remember seeing the clock, and in my delirium thinking that I couldn't look at it again as long as I was in labour. Somewhere in the back of my mind I was calculating how long it had been since I'd slept.

I started pushing and [our midwife] checked after 3 pushes because the noises I made were rather "intense." She found I was already crowning and she told me to "slow down!"

My daughter was born at 4:44PM on Sunday. [Our midwife] caught her as she somersaulted out. She scored 9 on her first APGAR, 10 on her second. I didn't tear at all.

[Our midwife] organized a private room for us to spend the night and gave the night nurses the low down on our wishes. I believe she pulled a lot of strings for us, knowing the staff and

all. We are forever grateful to her for being able to create an almost “home birth” atmosphere for us. It wasn’t the birth we had wanted, but it was what it was.

Post-partum is where the care given by midwives really stands apart. I had daily visits from [our midwife] for the next 2 weeks. I had a lot of problems with latching and breastfeeding. [Both midwives] made themselves available to me at any hour of the day or night. If it hadn’t been for them I probably would have given up. This continuity of care is something that is not possible or available in the medical model. Midwifery is about so much more than “management of risks during labour.” It is about birthing a mother as much as it is about birthing a baby.

Since my experience I have heard a bit about the goings on of NS midwifery. I have had 5 friends unable to get a midwife. Three were due in March/April when the midwives were unable to practice because they’d clocked too much overtime. One of them is currently on a wait list. She previously had a midwife and is feeling extremely depressed about the prospect that she likely won’t get in with the three midwives who are practicing in the city. I was incredibly dismayed by the dismissal of [one of the midwives], whom I found to be not only extremely competent, but also incredibly sensitive to the needs of a new mother. I do not believe that she would ever do anything to put a mother or baby at risk.

I am dismayed by the attempts by the Capital Health Authority and the IWK to force midwifery into the medical model. Midwifery does not work the same way. How can midwifery work to its full capability when it gets shut down for a month at a time because of “overtime hours?” Why pay by the hour? That forces time restraints on the women in labour. If midwives are to be covered by health care, wouldn’t it make more sense for them to be compensated per birth rather than per hour? For NS to be able to experience the benefits of midwife-attended births, the bureaucrats need to make room for the midwifery model to work separately from the medical model. Why we don’t look to the rest of Canada? Ontario, Quebec, British-Columbia etc, all have models we could emulate. Why re-invent the wheel?

Despite how much I love my midwives, my partner and I are hesitant to “grow our family” in NS, because we are concerned that we won’t be able to access midwifery care, let alone home birth. It is one of the major factors we are considering in where to buy a home. Currently we are thinking of returning to [our home province] once my University degree is complete.

## Halifax 6

My first child was born at the IWK. I have nothing against any of the staff there, but although my labour was 6.5 hours long, my doctor didn't make it on time and a man delivered my baby. Even after a night of labour, exhaustion and pain, I was fully aware there was a man where I didn't want one to be, and I felt terrible. This is one of the many reasons I decided to look into midwifery for my second pregnancy.

Shortly before getting pregnant with my second child, I met with [two midwives] and decided that I would like having a homebirth with midwives. That way, no matter how fast the labour, I would know my birth attendants. Not only was my labour pretty short (2 hours), but there were some minor complications, and the midwives dealt with it so wonderfully that I decided that yes, I could fully trust these midwives.

When I got pregnant with my third child, I was not certain if I wanted to have another homebirth or try to deliver at the IWK. Since my doctor dismissed the idea that I might have a very short labour, I decided to go back to the midwives, even if it cost more than I could really afford at the time. They took me much more seriously, and gave me some great tips throughout the pregnancy. They were present at the birth, and from the moment my water broke, it took only one hour until I held my baby.

Now I am considering the possibility of having another child, but I am just outside the limits of the territory covered by midwifery. What angers me the most is that not only can I not have access to the care we are supposed to be entitled now, but I still have to go deliver at the IWK. [I am angry because] I would most likely have an unassisted birth, unless I am induced at the hospital. I could understand if there was another, closer hospital for me to go to, but this is not the case. Consequently, it is very possible that I will not have one last baby because I am not certain my doctor would be willing to listen to me and [not give me] an induction (water broken or other).

This is just one family, but I am certain there are many more who wish they had access [to midwifery], or think they do, but haven't heard about the geographic limits.

## Hants County 1

Hello,

I saw on a friend's facebook page that you're seeking voices of women re: midwifery.

I would go to lengths to have the care of a midwife and I'm concerned that regulation has severely reduced access to midwives in this province.

I live in rural Nova Scotia, in Hants County, an hour from Halifax.

I'm not even pregnant, but would like to be in the next year. It doesn't make sense to me that I would have to go into Halifax regardless to give birth – since the Windsor hospital doesn't do babies apparently – but I still wouldn't have access to a midwife even in the IWK because of the 30km rule. I would be happy with hospital+midwife birth as opposed to a home birth.

I recently got a job in Annapolis Royal and am even more concerned since it appears there are fewer services available and I would have to drive over an hour to a hospital to give birth.

I would much prefer to have the care of a midwife. I realize that there are only so many midwives, but please don't underserve rural women, Department of Health. We already have less access to health care services and have to travel much more than 30 km in many cases. If we have to come into the hospital anyway, why not have the choice of a midwife? Please make midwifery care more accessible.

I very much hope that my pregnancy and labour will be with a Nova Scotia midwife.



## Kings County 1

I live in Black Rock, Kings County, with my 11 month old baby and my partner. I grew up in this area, and returned last spring after living in many parts of the country, from the west, to the north, and the east.

On the very west coast all the women I came to know had midwives and planned home births, as Salt Spring Island has no doctors who provide maternity care (high risk women go to Vancouver Island for care). They do have a beloved long-time midwife, who has served the women of the island for over twenty years. It was on this island that I discovered my own passion to midwife, and so moved to Ontario to study in the four-year Midwifery Education Program. During my studies I followed the slow progress of midwifery implementation in Nova Scotia, and also hoped to be able to start a family soon. When I met my partner and became pregnant I felt reasonably sure that by the time I graduated and returned home to settle down, I would have access to a midwife for our first baby. When spring came, and I made that final trip east, I was very disappointed to be returning to a province with limited access to midwifery. Not only would I be unable to have a midwife at my birth, but future job prospects in serving the women and babies of my rural community looked grim.

I had had prenatal care with the midwives who I apprenticed with while in Ontario, and transferred care to a family physician, and then an OBGyn in Nova Scotia. I planned to stay at home as long as possible in labour before moving to hospital to give birth. My partner was away for a month at a time and would be returning a week before my due date, so I felt sure that he would make it for the birth.

Though I am from this area, it had been many years since I lived here, and I felt quite isolated. I talked to a new friend about being with me during labour if my partner wasn't home, and she agreed to do that. I wrote up a list of phone numbers, friends, cousins, who I might call if I went into labour, and kept it by the phone. The idea that I may go into labour before my due date (as 30% of first time mothers do) crept into my mind.

Sure enough, contractions started ten days before my due date. I remembered the advice of my midwife teacher, and went on with my life, trying to ignore the contractions. I spent the first day of sporadic contractions gathering supplies, setting up for the arrival of the babe, wondering if labour would establish itself or not. Labour did pick up that night, and at 1 AM, when I knew things were really happening, I started trying to call for help—cousins, friends, no answer.

By now my body was pushing with the contractions, and finally I got hold of my brother and his partner (a nurse) who said they'd be on their way. In the midst of contractions, I was trying to midwife myself, making plans for getting to the hospital, feeling like I would never get there. When they arrived half an hour later my body was pushing the baby out and I told my brother to call 911.

A few minutes later I pushed out my baby, followed by the placenta. Shortly after the paramedics arrived, relieved to find the action all over! We transferred to Valley Regional for a few hours, and then returned [home]. My partner had managed to get off the ship and we were all together the following day. All went well until the second week, when the baby started vomiting, but was otherwise well. At that point I had no contact with any care provider, no follow up had been arranged with my family doctor. The vomiting got worse, with me frantically trying to make a diagnosis, while recovering from the birth. We went to hospital and he ended up needing a simple day surgery, then made a quick recovery.

So, what has lack of access to midwifery meant for me? I was unable to plan a home birth, I was alone and unsupported during the birth of my first baby, and I had no post-partum follow-up (resulting in a delayed diagnosis of my baby's condition). I was put in the position of going through pregnancy, birth, breast-feeding and post-partum recovery while trying to midwife myself. All I wanted was someone to be there, and that did not happen for me. Despite being a well-educated, white, middle class, 32-year old with much family near-by, I felt isolated during this time.

The current state of midwifery in Nova Scotia has put women, families, and midwives in uncomfortable positions. Women who need help are not getting it. At a time when women need to focus on growing a healthy babe, on nourishing themselves and their relationships, they are instead grappling with hard choices. Midwives who may wish to work are unable to serve their own communities legally.

In retrospect I am very happy that I got to have a healthy home birth, despite the bit of panic! I feel that my training allowed me to let my body birth with confidence, despite being alone. I should not have been alone, though. A registered midwife would have allowed me to birth in privacy, while supporting me emotionally and technically. She would have provided the assurance of safety and quick access to medical services if necessary.

All women of Nova Scotia deserve access to midwives. This is not an optional service, only for those who are informed, this is an essential element of maternity care which will have far-reaching benefits for all Nova Scotians. The current unequal access to midwives is unacceptable. Not only does it degrade the level of maternity care services for all women, it puts those women searching for home birth providers in precarious positions and limits their choices at this very important time in their lives. I hope things will be different for all women in Nova Scotia when my next baby comes.

## Kings County 2

My first child was born at home under the care of a midwife. It was a straight forward birth and the treatment and service we received left my family feeling very positive about the experience. Since the new midwifery legislation has been brought in, I have spent countless nights nursing my child to sleep, worrying about the birth of his younger brother and sister.

I'm not pregnant, but already I am concerned about the logistics of working with a doctor and birthing in a hospital. Does this mean I will put off having another baby until I can have a midwife? Will I have an unattended home birth? Will I leave the province for my next pregnancy?

I'm pleased that the province has legislated the practice because it means increased access for Nova Scotian families. I am very disappointed by the government's choice of implementation. Granting access in only three areas of the province has, unnecessarily, left the rest of us with very few options. Though I understand the desire and need to roll things out slowly, there seemed to be no recognition that a service was being taken away. Or perhaps no one cared. That is the feeling I am left with.

After working with a group of families in the Annapolis Valley for over a year to figure out what was going on and how we could play a role in getting midwives practicing again, I've come to realize we are just out of luck. We've educated ourselves about the issues here in Nova Scotia and across the country. We made numerous calls to our District Health Authority, the Department of Health, and even met with our MLAs. The message was clear - we know you want this service, and its too bad your services got taken away, but we are not ready to make it happen. I'm angry. I've never felt so forgotten by my government and insignificant as a child-bearing woman.

Upon passing of the legislation, exceptions should have been made in non-model site areas. Whether it was grandfathering practicing midwives into the system or not making it illegal for them to practice privately without insurance, it should have been possible to avoid cutting families off from midwives entirely.

As the implementation of midwives around the province moves forward (assuming this will eventually happen), it is essential to involve families in the design and implementation of each unique model for each unique area. This will ensure that the services provided meet the needs and (hopefully) expectations of women and families, which in turn will help smooth the implementation process. The more communication between District Health Authorities and child-bearing families, the smoother the transition to provincially funded midwifery care.

I'm ready to have another baby. I want to see rural Nova Scotia thrive with my children and the other young families around me. I want my government and District Health Authority to listen when I say that I need midwifery services now.

## Pictou County 1

We are writing this letter in direct support of 'legalizing, regulating, and publicly funding' midwifery province-wide across Nova Scotia. We'd like to share a bit of our story and the path taken to bring our [baby] into our world as naturally and as safely as [he] deserved. . . . never did we imagine that it would be such a difficult journey!

We moved to NS from [another] province in late 2008. Back in 2004, we welcomed our Daughter to our lives by way of home/water birth under the brilliant guidance and loving care of our primary midwife & our doula. Our midwife, accompanied by her assistant midwife and also a midwife-in-training, all excitedly arrived at our home, very discreetly set up their ample equipment and let nature take its course. Solely moving through my body's natural process we welcomed our Daughter into our arms less than 8 hours later from the very first contraction to hearing her very first beautiful cry, "Hello!"

Without incident, stress, extreme pain, or a revolving door of new faces 'checking in on the birthing progress', our Daughter was born in a calm, comfortable, loving, natural home environment while being able to fully share our experience surrounded by those we love. She's happy, healthy and thriving 6 years later. Naturally we wished the same for the birth of our [second baby].

It's January and WE'RE EXPECTING. So began our journey to seek out a community of support primarily through midwifery. We quickly learned that this CHOICE was not ours to have here in rural Pictou County Nova Scotia due to ongoing 'government legalities,' even though there were numerous more than qualified Midwives available in our Province. We discussed options with our wonderful family doctor. He then referred us to a doctor in New Glasgow that had assisted in the birth of his own children, in hopes of us having the 'most natural experience possible.' Fortunately [a doctor] accepted us under her care while we still sought out the assistance of a Midwife for our planned Home/Water Birth.

We contacted a very kind Midwife in the Valley who was willing to lend a guiding hand. [In] mid-[month] she informed us of her choice not to take on any new clients due to 'legalities.' Unfortunately, her hands were tied. She further offered us to contact her early [season], [but] for us this was not a possibility, as our [baby] was due [before then]!

We were given the name of a very well known retired doctor who had delivered side-by-side numerous midwives and fully supported the Midwifery Movement over the course of many years. This wonderful [person] took the time to talk us through the birthing process start to finish, also talking us through possible emergency scenarios if we were to find ourselves alone in a difficult birthing situation. [The doctor] fully commended and applauded us for firmly standing behind our choice of a planned Home/Water Birth.

The end of [pregnancy] neared, still having found no Midwife in our home area of Pictou County or in Nova Scotia as a whole that would be able to 'legally' assist. We networked as far away as New Brunswick and Ontario speaking with midwives and doulas to no avail. We went so far as to offer our former Midwife in [x] province an all-expense-paid 'vacation home' to Nova Scotia in and around our due date out of desperation. Midwife talked us through our panic and instilled in us that I was very healthy with a very healthy low-risk pregnancy, that our first birth was without complications and the odds were on our side that this birth too, would go just as smoothly.

Feeling reassured, only to now hear our GP/OB express her growing discomfort with our firm choice to have a midwife assisted Home/Water Birth and continually express her concern of the 'legalities of her involvement with us.' Our check-ups began feeling rushed and we were left feeling discarded as she explained that she would be passing us on to yet another set of OB/GYN's when they both returned from their summer vacations the first week of September. First come, first serve OB/GYN as we arrived at the Hospital in full labour by the sounds of it. Again, this was not our choice, so NOT an option for us.

Feelings of fear, panic and the 'what ifs' started to set in as we began to research "How To Birth At Home" on our own! Every library book available to us on pregnancy and birth was checked out and hurriedly read cover to cover, yet not a single one was specific to 'our needs'. We luckily stumbled upon an amazing book online written by a Sandra Roberge, in Sooke, BC back in the 70's called, "THE CHILDBIRTH MANUAL". Immediately after contacting Sandra and sharing our story, she sent an online copy and a hardcover copy in the mail in hopes of getting it to us before the arrival of our [baby], again offering as much support as she could from over 6000 km away!

Our decision to have a Home/Water Birth for our [baby] remained solid throughout even though we were thoroughly disappointed by the lack of government support for Midwifery Services throughout Nova Scotia in its entirety by their new legislation passed in March 2009. Nearing our due date we were still very adamant that we would NOT be birthing in the hospital, especially after being taken on a tour of the 'birthing ward' and knowing we'd now have a 'complete stranger' assisting in the delivery of our child. We very eagerly anticipated the arrival of our baby as we hurriedly gathered our home/water birthing supplies and absorbed as much 'book knowledge' as our minds could handle.

Twelve days early, 1.55 hours of smooth, incident free, very mild labour start to finish, our baby was born 7lb 4oz in our home, in our warm water filled bathtub, unassisted...as there was simply no time to fill the pool...no time to gather the supplies...and definitely no time to get to a hospital or to call for any kind of timely medical 'professional' assistance to arrive to our home had that even been our choice.

At 2 days old, we took our baby to the hospital to have the 'mandatory' tests completed. Our family felt somewhat 'shunned' by the attitude and at the hands of the 'professionals' that commenced poking, prodding, and testing [the baby] (while the baby naturally screamed at the top of his lungs), simply because we made a conscious CHOICE to have an unassisted home/water birth.

This was everything we did not want his first moments in life to be, and are very proud to share that our baby was born happy, healthy and AT HOME into the loving arms of his family. At 8.5 months old now, baby too is thriving!

The red-tape process that followed to 'prove without a doubt' to several government agencies that our baby did indeed exist, was indeed born alive, was in fact OUR [baby], is one I hope that no other expectant family in Nova Scotia has to endure. It can surely take away from the special moments of welcoming your new special life into the world if you allow it.

Though not our first choice, birthing 'unassisted' could not have happened had it not been for the unconditional loving support offered us by numerous like-minded individuals in our small and surrounding communities, to you all, we are forever grateful. The deep running support network of midwives and doulas alike is the most welcoming and supportive a person could ever hope to experience. For the government to keep these amazing professionals from providing their services to all those that CHOOSE IT, is simply inexcusable and needs to be changed. EFFECTIVE IMMEDIATELY!!

## **No location given**

I would like to say that I wish this service had been available for me years ago when I had my 3 daughters in the late 80's /early 90's.

I was in my 20's and very healthy with no expected complications and could have easily used the service of a midwife for my deliveries.

The whole idea of going into the hospital to have babies is a fairly new and potentially dangerous practice in which mother and child can be exposed to some pretty nasty viruses and bacteria. We need to leave the hospitals for the cases which require emergency care. You have my permission to use any and all of this email in your endeavors.

## Truro 1

I live in Truro NS, a town which is neither urban nor rural in nature. We do, however, seem to face a lot of the challenges that both urban and rural families encounter. For example we have many family doctors offices, and medical centers yet it took us two years of living in the province to find one that would accept us as new patients. Previous to such we had to seek care from other family members' doctors and emergency staff in our overcrowded/under-staffed hospital for our medical needs. Even after we learned of our pregnancy we did not have a path or anyone to look to for assistance with our birth plan. We seem to live in an environment where you really need to "go out of your way" to get some of the basic services.

My family was fortunate enough to be accepted into the care of the South Shore Community Midwives for the birth of our second son. From our first meeting until our final follow-up visit we traveled over 5,000 KM. and spent over \$2,000 on food and lodging. This may seem pretty extreme but this, in itself, proves the impact on having the privilege of using midwifery services with the birth of our first son in British Columbia. Words can not express the passion I have as a father towards midwifery care.

As a businessman I approach everything I do analytically. I need to be able to weigh the pros and cons of any and all decisions I need to make and see them through their short and long term development. In 2006, The Canadian Institute for Health Information (CIHI) published a report that claims:

"The average hospital costs for healthy normal-weight newborns ranged from about \$800 for vaginal deliveries to just over \$1,400 for caesarean deliveries. Babies who need extra care or monitoring may be admitted to neonatal wards, or neonatal intensive care units (NICUs), which are equipped with highly specialized technology and staff. In 2002.2003, based on data from 27 hospitals, the average cost per baby admitted for care to the NICU was estimated at \$9,700."

(Depository Services Program – Government of Canada)  
<http://dsp-psd.pwgsc.gc.ca/Collection/H118-38-2006E.pdf>

There are thousands of sources from around the world that claim that regulated midwifery practices lower the costs of care by various percentages. There are equally as many sources that claim the amount of unnecessary medical interventions are greatly reduced due to the increased involvement you receive with midwifery care. The only negative reports I have discovered seem to revolve around the need for the proper regulation and certification of midwife practices. These facts coupled with my personal experience with the quality of care received by midwives bring me to a solid conclusion.

As a Province we need to not only get behind midwifery practices but invest in them in order to improve the state of our Health Care System. Sometimes we seem to be forgetting that pregnancy is not a medical condition or illness but a natural part of life. Secondly we need to provide regulated services to all areas of the province in order to discourage the use of unregulated persons who provide illegitimate care.

## Valley 1

I thought it was worth to [send] this letter, describing my personal experience, to support the request formulated in this sending.

Last February (2009), my husband and I learned that we were expecting a baby for October. We were living in the Valley at this moment and were happy with the thought that we were about to experience the pregnancy and the birth of our baby with this community that we both love so much.

So we started looking for a midwife that could accompany us through this experience. [That's] when we learned that a new regulation was taking place in March 2009 for midwifery practice and that it would be impossible for us to hire a midwife in the Valley. We soon learned that no midwife in Nova Scotia, even [those] allowed to practice, was available for us.

Because it was so important to us to work with the care of a midwife through our pregnancy and give birth at home (in case of a normal pregnancy, which was the case), my husband and I decided to quit our respective jobs and leave for Québec, where I am originally from and where we knew we could rely on a competent midwife.

We ended up experiencing a rich and empowering pregnancy and gave birth to a healthy baby boy on the 9<sup>th</sup> of October, at home, in the town of [town], Québec, with our midwife.

Now, we wish to come back to Nova Scotia to live on our land, in [town], and like many woman here in the Valley, I am concerned about having access to a legal midwifery service for a further pregnancy.

It is a serious issue, so please give our request the importance it deserves. I am asking you, once again, to put in your priorities to help us get back our midwifery service, in the Valley.

## Valley 2

Hello,

I am writing in response to the Department of Health evaluation of the midwifery initiative currently underway in three model sites in Nova Scotia. Unfortunately, I do not live in one of those sites. I live within the Annapolis Valley District Health Authority catchment area.

Prior to the Midwifery Act regulating midwifery in NS, my first son was born at home, with a skilled midwife. This was a choice we made in our family because midwives offer continual pre- and post-natal care, allowing time to develop a trusting relationship. Our choice was also a philosophical one. A midwife's minimal-intervention approach to childbirth, and broad range of what is "normal" appealed to our hopes for a "normal" birth (i.e., intervention free, and at home is possible). Though not covered by public health services, we were willing to pay for such high-quality care.

The implementation of regulated midwifery in the province of NS, followed by lack of access to regulated midwifery care in our DHA, has felt like two steps forward, and then two steps back.

While I am happy the the province is making some progress in a long-overdue integration of midwives into our maternity services, it has made it impossible for me to choose the best choice for my family for my next child. Midwives who previously practiced privately, for many reasons, now can't. Many families, including my own, would like to continue a relationship with a midwife to deliver their next children, but can't. For us it is more than a lack of access, it is a direct removal of services to our area.

I understand that health administrators in our DHA are interested in moving forward on integrating midwifery into maternity services. I commend their common sense, and look forward to a very near future with access to midwifery care.

## Valley 3

My name is [...], and I am writing in response regarding the lack of midwifery care in the Valley.

In July 2008, I had my daughter at home with an excellent team of midwives.

The relationship and trust that was formed between our midwives over the 9 months, I believe had a very positive effect on my pregnancy, birth and postpartum. I am certain that this bond added to a much lower rate of intervention since I felt supported and was making informed decisions the whole way through.

We are now planning on having another child and I feel so upset that I do not have access to this care even if I wanted to pay for it. It puts our family in a tough situation. I do not want to go to the hospital because I don't want to be on anyone's schedule and I want to feel comfortable in my own home. I also do not want to have an unassisted home birth.

We are considering moving to another province where midwifery services are available. This is crazy! Having an interim solution for families would relieve stress from families in this situation. Other provinces have done it, why can't we? For example, using an extra midwife at one of the model sites to assist families in the Valley, or support existing midwives in the Valley to have insurance and hospital privileges in the meantime.

I have lost the right of having a midwife! This is hardly a step in the right direction. I hope we can work together in providing a service that is so important and crucial in supporting families that want family-centred and women based care.

My name is [...] and my family lives in [town], Nova Scotia, an area in which, as you know, has no access to midwifery services. I have a one-year-old son who was born in the Valley Regional Hospital. Although my experience was a positive one, I feel strongly that it would have been made even better had I had access to midwifery services.

Before I got pregnant, I had always assumed that I would have midwifery care throughout my pregnancy, during labour and delivery, and postpartum. I knew that I wanted to have my baby in the hospital but I also knew that I wanted my primary caregiver to be a midwife.

The most appealing aspect of the midwifery model of care, for me, was the continuity of care. It was very important to me that the person who delivered my baby was someone who I had developed a relationship with throughout the 9 months of my pregnancy and someone who, because of that relationship, had an intimate knowledge of my health, my baby's health, and my specific needs.

It wasn't until I got pregnant, and began searching for a midwife on the internet, that I discovered that, as a Nova Scotian, I did not have access to public midwifery services. I have to admit that I was shocked. I grew up in Ontario and, up until I was actually pregnant, I had taken for granted that I would be in the care of a midwife throughout my pregnancy. I was extremely disappointed.

In the end, we hired a doula who was an apprentice midwife. I had a very long labour (50 hours) and I truly believe that her care and support allowed us to labour at home longer than we otherwise would have. She was also a wonderful advocate for us at the hospital and helped us make decisions that allowed me to have a natural birth rather than a caesarean section. Of course, the nurses were also very helpful but because my labour was so long and I was in and out of the hospital, there was no continuity. There were a number of different nurses who helped us, but my doula was the only person to offer continuous care, which is what we would have also had with a midwife.

I think it is a positive step that midwifery has been legislated in Nova Scotia but the impact of having 3 model sites is that now all other areas of the province cannot even access private midwifery services. I am part of a group of families in the Annapolis Valley, called Valley Families for Midwifery, who would like to be involved with shaping the way in which midwifery services are implemented in the Valley. We hope that the Department of Health will involve us, the families using midwifery services, in the process so that our needs can be met. We see this as a tremendous opportunity for government and consumers to work together to determine the best possible model for our area, and ultimately, for the province. Collaboration with existing health care providers is going to be key and perhaps getting families involved will help bridge any gap that may exist. The midwifery model of care is the norm both domestically, in other provinces, and internationally, in other countries. My hope is that rather than reinventing the wheel, Nova Scotia focuses on the proven successes of existing midwifery models in order that all families in Nova Scotia can access midwifery care.



## Valley 5

My name is [...] and my family and I live in the Annapolis Valley, Nova Scotia. When midwifery legislation was announced last year it took a moment for me to fully grasp the situation and the full impact of what it would mean to my family. Needless to say, I felt completely devastated! It did not seem fair to me that based on where I lived in the province I could no longer access the midwifery care that I had previously depended on for both of my children's births. I was also left feeling angry and disappointed that the legislation that so many amazing women worked decades to make happen in Nova Scotia and something I had previously supported, had all of a sudden left my family and community without our valued maternity care service. With midwifery care the norm in so many other parts of the world and with other provincial systems in Canada to look to for guidance, it didn't make sense to me that our province implemented a system of care that completely neglected entire communities. As much as this legislation is a step in the right direction, it is hard to understand that even within the model site districts there are many families unable or uninterested in accessing care under the current models available to them.

Prior to the midwifery legislation, I was involved with a group of women who lobbied our District Health Authority to put in a proposal to become a model site, trying to avoid the very situation we now find ourselves in. Years later, I am involved with a new group of women (Valley Families for Midwifery) who are trying to regain access to midwifery care. I am now proud to be an advocate for midwifery and have valued all the time and effort we have put in as a group to promote our cause and apply pressure to our local and provincial governing bodies. Through our efforts we have been assured from both the District Health Authority and the Valley Regional Hospital that provincially funded midwifery care is on its way back to the Valley, proceeding in a "planned and incremental manner" and to be informed by this Midwifery Implementation Evaluation Report and future provincial funding. With this information it now becomes important for us to have our consumer voice heard in terms of how midwifery care will now be implemented. We hope to be involved in shaping midwifery care implementation for the Valley because it is so important to us that the authenticity of midwifery care remain intact and the quality of care that we have previously received has a place within the new model. Realizing that legislated midwifery care will look different from the private care I have received in the past, it is my hope that the midwifery care services ultimately implemented here will be the type of maternity care that I will want to use.

It has already been over a year without midwifery care and this is unacceptable to child-bearing families in the Valley. As it stands now, my partner and I will hold off on any talk of having more children until I know I can receive the maternity care of my choice. And I am not alone in this position. There are many women and families in the Valley who are making the same choice to hold off on future pregnancies until more is known on the timeline of our reclaimed access and the implementation model chosen. I am confident in saying that the peaceful beauty into which my two children were born is something I can attribute to birthing at home with a trusted midwife. This inspiring birthing experience is one that I hope to provide to all my children and one that I want to see available to all Nova Scotian families.

I am a mother of three, currently living in Kings County. During two of my pregnancies, I enjoyed midwifery care. Having done my research on the benefits of midwifery to mother, baby, family and community, we paid out-of-pocket at considerable financial hardship to hire midwives in 1998 and in 2008.

Over the course of two pregnancies, ten years apart, we got to know four midwives. The care they provided was tremendous. Their knowledge, experience, training and up-to-date, research-based understanding of best practices for reproductive care helped myself and my spouse feel confident we were receiving the best care. The midwives made a difference before, during and after birth for me, for my babies, for their older siblings, for my spouse and for the extended family.

Because midwives were not allowed to practice autonomously until last year, I also saw general practitioners during my pregnancies. Although the duplication of paperwork, appointments etc. was a bit inconvenient—not to mention wasteful—I was impressed with how well my midwives worked with my family doctors. During my third birth, a planned homebirth turned into a hospital birth and the transition of care from my midwives to my family doctor (who consulted with an obstetrician whom I did not meet) was seamless. The only thing that could have improved the situation is if my primary midwife could have continued to provide care after I arrived at the hospital.

Having quietly lobbied for midwifery regulation since the birth of my second child in 1998, I was thrilled when it FINALLY arrived. However, I was very disappointed to learn it is now impossible for me to legally receive midwifery care in Kings County. We have thought about adding to our family, but after enjoying midwifery care, I am hesitant to go through a pregnancy, birth and postpartum care without it. What should we do? Move to Bridgewater?

As a citizen, I am disappointed to see scarce health care funds and resources not being used in the most economic way possible. Practitioners trained for high-risk pregnancy and birth complications—obstetricians—should care for high-risk patients and complications. General practitioners and midwives—specialists in normal pregnancy and birth—should care for most pregnant women.

While homebirths obviously alleviate pressure on hospital, hospital births under midwifery care could also free up beds and staff as the wonderful postpartum care and breastfeeding support can have women and babies home faster and less likely to return with emergency complications. Increased breastfeeding success rates under midwifery models can have far-reaching health and economic benefits for women, babies and communities.

When midwifery care does come to the Annapolis Valley, I hope midwives will be able to practice autonomously, women will be able choose between hospital, birth centre and home births, and women will be able to make decisions about their care with informed consent.

This past year, our family has happily relocated to Wolfville, Nova Scotia. We are delighted to be here and to be calling Nova Scotia our home. However, we were very disappointed to find midwifery services unavailable in our area.

Our daughter, now 14 months old, was born in our home in Waterloo, Ontario attended by midwives (at Kitchener-Waterloo Midwifery Associates). Our experience with midwifery care was extraordinary. We feel we received the highest quality maternity care available in this country. The attention to detail, respect, and expertise of our midwives meant that our pregnancy, delivery, and birth were not causes for undue worry, even when complications arose. Our midwives made it their policy to see us through, whether at home or in hospital. When our daughter had to be taken into hospital to be checked (after a complication during delivery), the paediatrician in the hospital was able to rely on the expertise of our midwife and, owing to midwives having hospital privileges in Ontario, their previous relationship greatly simplified the examination, allowing our daughter to return home quickly.

One of the reasons we chose midwifery services was because it was the only way to guarantee we would know the person delivering our baby. Even had our care been transferred to an obstetrician during labour, it was the policy of our midwives to stay with their patients as advocates and support persons. This level of quality care is unheard of elsewhere in the health care system and was one more example of why we so strongly believe midwives are essential to birthing mothers and to the (over-extended) health care system as a whole. Following our home birth, our midwives were instrumental in supporting breastfeeding and continued to visit us at home during the first week postpartum. Home birth and home visits mean that infants need not be exposed to the numerous illnesses that hospital-born babies can come in contact with (unless a visit to hospital is medically necessary, as it was in our case). Having had a relative who came through bypass surgery without incident only to fall ill for many weeks with *c. difficile*, we feel strongly that the home birth option offers a much safer choice to families having low-risk births.

In sum, we are eagerly awaiting full integration of midwifery services in Nova Scotia. We feel that, in our experience, Ontario seems to be on the right track and we hope that Nova Scotia can aspire to give midwives the support that will enable them to provide the same level of care here. We can't see having another child without a midwife, and we know many families who feel the same way. We feel that owing to how well midwives have been integrated elsewhere in Canada, not to mention in Europe and elsewhere, that models for achieving the same goal in Nova Scotia abound, and we therefore hope that integration need not be held up any further.

Thank you for taking the time to consider our experience, and those of other families in our position.

I would like to add my experience of having anticipated a home birth in the Annapolis Valley (prior to legislation), without realizing what the implications of legislating midwifery in NS might mean for me.

In early April 2009, I was 7 months pregnant and learned I would not be able to have a midwife in the Valley as I had imagined. The midwife I'd planned to have lived outside of the three legislated model sites, and was no longer able to practice.

I was heartbroken. I felt like I was going to have to succumb to a hospital birth - something I knew I didn't want. With a ticking belly, however, I had to consider what options were left available to me.

My next consideration was to have a midwife at the IWK, and so I phoned to see if I could get in. They were completely booked.

I felt helpless. Heading to the woods to give birth alone was looking more appealing all the time.

I had been prepared to pay out of pocket for the services of a midwife and found myself suddenly robbed of my choice to have a natural home birth with the support of my friends and family.

It was recommended that I try the South Shore to see if I could find a home at which to have my baby, or to see if I could be served there while living in the Annapolis Valley. I didn't know anyone on the South Shore whose home I could give birth in, and I wasn't prepared to drive 120 kilometers, while in labor, to give birth in a hospital.

Why does Nova Scotia insist on this half-speed implementation of midwifery when a safe trail has been blazed by other provinces for over a decade? Is it ethical that my ability to have a midwife and to choose the birth place of my child was taken away from me two months before my due date, while others were given full access to provincially funded midwifery care? Where is the justice in that?

As it turns out, I was very fortunate to have met a wonderful midwife while working in Northern Ontario. My partner was still living there at the time, and I intended to return to [town] with him after the birth of our son. When I explained to her the situation I was facing, she graciously agreed to take me into her care. I returned, then, to the North.

I did not feel any fear about having a home birth. I trusted my body and I trusted my midwife. If I had been forced to give birth at a hospital, my anxiety would have been astronomical. I went to great lengths to have a home birth, and while I feel very fortunate that I had one, it was at the behest of having my family and friends present.

The lack of available midwifery care in NS has been a source of great anxiety and outrage for many women, myself included. It is shameful that, with the current implementation of midwifery legislation, many women in Nova Scotia simply do not have a choice about the circumstances under which they will give birth, and about who will care for them through the most important transitions of their lives.

I strongly urge the Department of Health to reconsider its approach in the implementation of midwifery legislation in this province, and to work diligently in making midwifery services available to all women of Nova Scotia.

## Yarmouth 1

I would like to share my story with you in hopes that this helps the midwifery journey here in NS.

I am a mother of two beautiful children, the first of which was born 3 1/2 years ago at home with two wonderful midwives. This was pre-legislation days so I paid for them myself, which I didn't mind because the care I received was absolutely perfect. [My baby] was born with only candles lit in the room. I ate mom's homemade apple pie in our kitchen at 7cm dilation. It was a dream. [I] never would have chosen any other way.

Year and a half later, here comes [my next baby], but this time my home birth option isn't an option anymore because I live in Yarmouth and we are not one of the 3 model sites. So unfortunately for me, my poor [baby] was born to very bright lights and the hustle and bustle of the hospital, despite my "never choosing any other way". I had no choice in the matter.

I think about this often and I wonder about having a third child. But then I remember that I want the CHOICE when that time comes. Now I wonder if that time will ever get here.

I think it's great that the profession is moving forward in terms of legislation, etc, BUT it has restricted so many of us in return. The demand is out there – just ask any woman out there what type of care they want. So I'm wondering why isn't midwifery care available to ALL WOMEN IN NOVA SCOTIA? What are they waiting for?

## Yarmouth County 1

My name is [...] and I do not have access to publicly funded midwifery care.

Before the Midwifery Act came into effect in 2009 I could pay to have a midwife and have access to the very best care during and after my pregnancy. Now, because I live in Yarmouth County, I am stuck going to a prenatal clinic where I see one of many different doctors every time. During a pregnancy I may only ever meet each doctor once( or not at all ) and I will have no idea which one of them will be delivering my baby. I have never felt this to be a comfortable or safe environment for me to share personal matters to do with my pregnancy. I feel alone and helpless. My appointments last only minutes and I am given little to no information when I present a question or concern. I feel because I am healthy and low risk they take that for granted and just push me through.

I have experienced both physician care/hospital birth and home birth/ midwifery care and they can not compare! The care I received with my midwife during my [previous] pregnancy was amazing. Each appointment was at least an hour and a half ( no waiting time involved! ) and we spent that time talking about nutrition, physical/mental wellness, baby's growth and wellness, and creating a strong trust and bond with one another. She provided me with the tools and resources I needed to have the best pregnancy and birth possible. I trusted my midwife because of all the time she took with me. She involved my children and husband by providing a safe and clean space that was inviting to the whole family. At the prenatal clinic I go to in Yarmouth, there are barely enough seats in the waiting room for the expecting moms, no toys for children and not even an extra seat in the doctor's office for your spouse!!

I am now expecting my [x] child and am very saddened by not even having the option any more to having a Midwife/ home birth. I thought this was my body and that we lived in Canada!! I feel let down by the provincial government, saddened that qualified Midwives are no longer able to practice at this time, and worried about the lack of care I am receiving through my local hospital. My family has been left out and I sometimes feel all alone.

I think the doctors we have here are wonderful, but I do believe they could use the help from qualified midwives. They may not see it that way, but women are suffering because the doctors are over-worked and just don't have the time to give to each expecting mom. I am a person and I am carrying precious cargo and I shouldn't have lack of care because the system works best for the doctors in the clinic.

I believe that every women is different and because of that should be able to choose what works best for them and the health of their babies even if it means we have to pay out of pocket. This would ensure a pregnancy with less anxiety and more confidence. Trust me, even after 5 pregnancies I still don't know everything so I need a lot of guidance, but I do know what works for me and how I can have the very best pregnancy and delivery.

I am thankful for this opportunity to tell my story but there is so much more to my story that is too difficult to put in an e mail. If anyone is interested I would love to share the adoption road ( and the heart break )we went down when we knew we couldn't have a midwife for our next pregnancy.

## Yarmouth County 2

For many years, I advocated for the regulation of midwifery in our province. As a student midwife with the intention of working in this province upon the completion of my education, I supported the regulation of the profession to enable all Nova Scotian women to have access to midwifery care.

I do not write today as a student midwife but rather as a woman who is soon to become a mother. Within months of the regulation of midwifery, I became pregnant. I had always envisioned our children born at home with our expanding family receiving the care and nurturance of a midwife. Since we live in a community outside the three DHA's where the model sites were established, I found myself suddenly without the option of midwifery care. I am a well woman with no preexisting health conditions having a healthy, uneventful pregnancy, I would certainly qualify for midwifery care.

In my community, maternity care is provided by a group of seven physicians who staff a clinic where they see women throughout their pregnancy to provide prenatal care. The intention is that women will see all seven physicians during their pregnancy so that there is a mutual familiarity by the time women arrive in labour. A nurse also provides a piece of the prenatal care through this same clinic. Once in labour, one of these seven physicians, whoever is on call, will be the one to provide care to the woman and her newborn.

As someone who values the concepts of continuity of care, choice of birth place, and informed choice, the local maternity care clinic does not provide me with the type of care which I value. I have a limited relationship with the care provider who will be there when I give birth. I don't even know who that will be. This creates some anxiety for me as it is important to me that I receive care from professionals who understand the importance of promoting natural birth and will be supportive of my birth plan. I am not sure who will be there when I give birth and whether they will understand how important these concepts are for me. I am also suddenly without the option of giving birth at home, where I would ultimately feel the most comfortable and safest, and where I believe our children should be born. Further, while the physicians who have provided care to us have been open to discussing prenatal and birth procedures, I do not feel that I have been perceived as an active participant as decisions have been made with regards to my care. My friends who are receiving midwifery care in other DHAs describe to me the options and decisions that have been presented to them by their midwives with regards to the care of themselves and their newborns. In comparison, I have had to initiate those discussions with my care providers and the same informed choice discussions did not take place once initiated.

When I became pregnant, I explored all options, trying to find a solution that would fit with my beliefs and that would enable me to be relaxed and confident about the care I would be receiving. I spoke with the midwives in the DHA closest to our home (two hour drive to their hospital) to explore if we could receive care through their services. They were open to this but explained that they would have to transfer care back to the maternity care clinic in my area if there was enough demand in their own DHA for midwifery care. Knowing that they had been at capacity in recent months, I chose not to pursue this option as I suspected that we would only end up back at the local clinic within a few months. I also explored giving birth at home unassisted as I feel very strongly about the importance of giving birth in our own home. In the end, I felt that my only option was to go through the local maternity care clinic as I value the importance of a qualified birth attendant being present at a birth. I share this to demonstrate the consideration we gave to all options trying to find a way to receive the care we desired. Logistics and the regulation of midwifery limited our choices and essentially removed midwifery care from our list of options.

For me, being pregnant and the upcoming birth of our child has been a very important event in my life. I feel that giving birth is a rite of passage for women, rather than a medical event. It is important that this be understood and honoured by those who provide care to my baby and I. Midwifery care embraces these principles in manner that the medical system is not doing for me. I sincerely hope that by the time that I am again pregnant and seeking care, that midwifery will be an option for me in my community.

As discussions took place during the evolution of regulated midwifery care in Nova Scotia, the plan evolved to begin with three model sites with the remaining DHA's following soon after. When we agreed to this model, it was with the understanding that all women in the province would soon have access to midwifery care. It is my expectation and hope that this will take place as originally planned.

THE MIDWIFERY COALITION  
OF NOVA SCOTIA

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