



**Consumers Supporting Midwifery Care
Minutes for January 9, 2015
at Ottawa Birth and Wellness Centre**

Attendance:

- Margo Seymour (OSM)
- Helen Guesnther (OSW clerk student)
- Tylee Maracle (MCO clerk student)
- Khadija Boulaftali (MCO)
- Vanessa Cates (MCO student)
- Tina St John (MCO)
- Marlee Galline (MCO student)
- Sam Carruthers (MCO student)
- Nancy Salguero (CSMC)
- Wendy Grimshaw (OBWC ex dir)
- Hannad Bernatchez (CSMC)
- Genvieve Gagnon (OEM/OBWC)
- Ola Levitin (MCO)
- Jenya Levin (CSMC)
- Julia Driedger (CSMC)
- Katie Hitchcock (CSMC)

1. Ottawa Birth and Wellness Centre updates:

The birth tubs are being used again.

VBAC and BMI decisions will be made in the next month.

The Centre opened during this difficult year for VBACs. They are trying to work with the General. Only urgent care goes to the General. There have been 3 urgent care transfers, all with good outcomes. 130 births. 30 non-urgent transfers (mostly for pain relief). OBWC brings their completed OHIP forms to the the General.

2. VBAC constraints at the Civic Hospital

There were some questions put forward for the midwives who practice out of the Civic.

- What is the environment like at the Civic for VBAC? HBAC (home VBAC)?

The environment isn't great. There have been some poor outcomes around vbacs.

Compared within Ontario, TOH has the lowest # of elective repeat Cesarean sections.

Everyone is a little more anxious due to the poor outcomes. There was and still is a culture of fear.

The consults are a courtesy. MWs talk to their clients first. They try to arrange consults with “gentle” OBs. But there is no protocol with how OBs handle these consults. So women may not have the same experiences here. A consumer expressed that she didn’t feel like she had a choice to have the consult. The MWs agreed that the communication that comes from each MW might differ on whether these consults are offered or recommended.

- HBAC

HBAC culture is not great. Out of hospital is not the OBs business. But there is an expectation that the MWs will communicate with the hospital re: HBAC. It is helpful when HBAC clients consult with OBs as then the OBs hear directly from the women that they want this and not that the MWs are pushing anything on them.

- Are the OBs supportive of MWs being the primary caregiver for vbac women?
OBs don’t bug you in labour, but VBAC is written on the board as information.

At the Montfort, there are no consults for VBAC. This hospital has learned that you cannot have 1 profession dictating another. This has made things more open there. EFM & saline lock are recommended and most women don’t refuse them. VBAC rates are good at the Montfort. Epidurals are recommended, but not as important.

- What sort of process does a woman have to go through? (meet with 1 OB? 3 OB? Once? More than once?)

The Ottawa Hospital (TOH) recommends that midwifery clients consult with an OB when they are planning a VBAC. This is to discuss the benefits and risks of a VBAC as well as review previous operative reports to ensure there are no flags. There are supposed to be 2 consults (20 & 36 weeks). If 2 are not done, the second may be done in labour.

The MWs squashed any idea of a 3 panel of OBs. OBs were offering to “help” MWs with their “difficult” clients, but the MWs declined this “help”.

- Rumours of multiple VBAC/HBAC cases with poor outcomes in the past year, with MWs and OBs.
- How is that affecting the care of women at the Civic?

Oxytocin is used more cautiously now. When there are unfavourable events, there are reviews. MWs, OBs and nurses all sit in on the reviews. But generally, MWs review MWs and OBs review OBs, etc. There is a Quality Assurance Committee.

The whole culture at TOH needs some improvement, not just in maternity care. VBAC stats are being processed at TOH. They are in the early stages of becoming more VBAC friendly.

- What is the "community standard" for VBAC in Ottawa?

There are different standards everywhere. Some MWs are not comfortable with HBAC, so it falls under the bias of the MW.

3. Other topics that were discussed

- Breech

It really depends on the skill of the provider, whether they have experience. So while it's not out of MWs scope, they aren't skilled.

TOH policy is that MWs cannot catch a breech.

There will be a retreat in February between the OBs and MWs.

The Chief of Obstetrics at the Montfort has recommended that Betty-Anne Daviss have privileges for breech at TOH.

There is talk of creating a breech squad.

Initially TOH told the MWs that they would take on breech, but the OBs haven't done that.

Consumers are getting involved to get breech birth at TOH. There are MWs who can deliver breech and they need to be able to do that at TOH.

On paper there is an on-call breech team, but they're not always available or they aren't confident and do a c-section.

Consumers are working with MWs to get a list of breech experienced MWs-bring it up at a division meeting

- Pay equity is still in the courts. One MW stated that she has been keeping track of her hours over the last 3 years and works consistently between 54-62 hours/week, not including being on call.
- Midwifery departments in the the hospital are needed. CSMC can advocate for this: a paid position for the head midwife

More experienced MW team to mentor less experienced and they would go to members of this team before consult.

It's hard for MWs to take on more as they already work long hours.

More hospital privileges are needed. CSMC can become involved here. If 2 MWs work 1/2 time, that's 2 hospital positions taken up, not 1.

Montfort caps the number of births period (both with OB and MW). They cut back on things like linens, dads bringing their own bedding.

General is also maxed out.

A way to help is to get women in and out quickly of do out of hospital births. Use the hospitals closer to home, such as Almonte, if you live near Almonte.

MWs get 40 births/year, OBs get 300/year so 1 MW doesn't = 1 OB. 40 births at the OBWC should = 1 more midwife at the hospital.

470 MW births @ TOH each year. TOH considers that too many. (+30% more in HB)
Part of why we can't have new MW practices is that there aren't privileges available at hospitals.

Better Outcomes Registry Network

53 MWs can use OBWC
Ministry set a target of 450 births/year at OBWC.

Letter writing to OMP that we need more MWs
letters to QC to get more privileges. Someone was trying to open a new practice at the QC, but several MW practices blocked the proposal.

Champlain Maternal Newborn Regional Program (CMNRP)
LHIN is on top, CMNRP is a subset. Get a CSMC in there.
Family Advisory Committee (FAC)-make a formal request to get a CSMC in there.

OBWC needs +ve birth stories, what it has brought to the community, why OBWC is important.
OBWC wants to be the water birth centre. Their one year anniversary is coming up soon and they are well below the targets, so they are worried that they might be shut down. They feel that it is important to get positive stories out to the community so that there will be more interest.

Maybe CSMC can advertise in Belly to Baby-

CSMC was invited to MCOs practice meeting to spread the word among the midwives there about who we are and what we do as we are not reaching as many people as we could, thus not having as many people to support the growth of midwifery in Ottawa, ultimately.

Action Items that resulted from the meeting:

1. Proposal that Jenya takes over the CSMC email. There was a request for support from CSMC for a new practice proposal, but the email was not checked and so we did not know about it and did not help.
2. Proposal to change hosting for IT as there have been problems with it.
3. The midwives suggested that we send CSMC rep to their practice meetings.
4. LHIN representative
5. CSMC facebook page specifically for these action items
6. Anonymous email
7. CMNRP: FAC & task force
8. Send stuff to practices-who we are, what we're for, etc.
9. Treasurer-Nancy & Katie volunteered to take over the cheques.
10. Postcards
11. Look into Belly & Baby-maybe in exchange for a banner on our website
12. Birth Centre stories
13. Contact the Montfort & Civic