

# MODELS OF MATERNITY CARE IN RURAL ENVIRONMENTS

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Barriers and Attributes of Interprofessional Collaboration  
with Midwives

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# Introduction



The state of rural maternity care in BC

# Introduction

- 1 Rural maternity services are in crisis.
- 2 Many rural women desire local midwifery care.
- 3 Interprofessional collaboration in rural communities is a potential solution for local, sustainable maternity care.

# Introduction



**Shared practice**

**Parallel practice**

# Study Design

## Approach

- Qualitative exploratory approach
- In-depth interviews & policy analysis

## Setting

- 4 rural BC communities
- 100-360 annual deliveries

## Participants

- 55 interviews, 18 focus groups
- Midwives, physicians, labour and delivery nurses, public health nurses, hospital administrators, decision makers, doulas, and birthing women

# Findings



- 1 Scope of Practice
- 2 Funding

# Findings

## Scope of Practice

- 1 Physicians, midwives, and nurses provide different models of care.
- 2 Shared care requires that providers relax their professional boundaries.
- 3 Midwives offer choice in place of birth – home or hospital.



# Findings

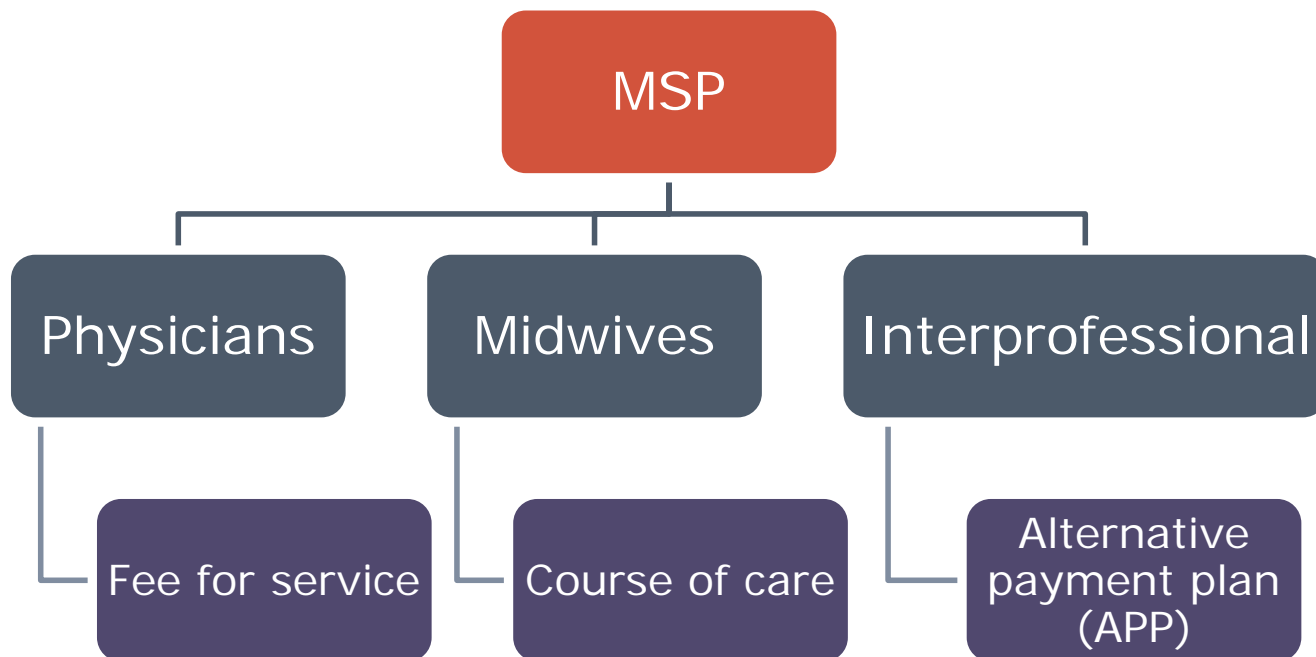
## Funding

- 1 Many physicians believe that midwives receive better remuneration.
- 2 There is no formal model for interprofessional practice.
- 3 Differences in remuneration → challenges in pooling billings





# Findings



**Labour & delivery**

\$557.16

\$1014.04

**Postnatal visits**

\$30.15\*

\$1014.04

\*per visit

Sources: Medical Services Commission April 2013 General Practice pay schedule; MSP Preamble and Payment Schedule: Midwifery Services (April 1, 2012)



# Findings

- **Cost savings** at midwifery assisted births in comparison to matched controls (standard physician care).
- **Due to** lower intervention rates, shorter hospital stays, fewer hospital readmissions, and home births.

## **Example:** Alberta

- Average saving of \$1172 per course of care
- No adverse effects on maternal-newborn outcomes
- Partially due to home birth savings

See Reinharz et al. in CJPH (2000); Association of Ontario Midwives (2007); O'Brien et al. in JOGC (2010)



# Recommendations



"True interprofessional collaboration is much more than one plus one equals two. It really is synergistic."

Participant A10: 153

# Recommendations



Provide students with interprofessional practice experience.



Expand homebirth training for physicians.



Develop new fee structure for interprofessional collaboration.

# Questions?

## Get in touch:



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## Check out the publication:

Munro S, Kornelsen J, Grzybowski S. (2013). Models of maternity care in rural environments: Barriers and attributes of interprofessional collaboration with midwives. *Midwifery* 29, 646-652.

## Acknowledgments

