MODELS OF MATERNITY CARE IN RURAL ENVIRONMENTS

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

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

- MSP
  - Physicians: Fee for service
    - Labour & delivery: $557.16
  - Midwives: Course of care
    - Postnatal visits: $30.15* per visit
    - Labour & delivery: $1014.04
  - Interprofessional: Alternative payment plan (APP)
    - Postnatal visits: $1014.04

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?

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Check out the publication:


Acknowledgments