Midwives…
What is your Role?

Presented by:
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Preamble

• In the summer of 2012, an educational opportunity was developed with the Midwives of Windsor and in cooperation with Essex–Windsor EMS.

• The information was essential to collaborative practice and a great learning experience which needed to be shared with our fellow colleagues across the SWORBHP.
Preamble

• “….A midwife is a primary caregiver specializing in pregnancy, labor and birth. He/she has been formally trained through the midwife education program and duly recognized in the country in which it is located. He/she must be registered with the college of midwives of Ontario as well as the association of Ontario midwives in order to be able to practice midwifery in Ontario…”
Let’s enjoy the fruits of our labour!
Learning Objectives

• Upon completion of this webinar, paramedics will be able to:

  • Describe what a midwife is and his/her role in the birthing process,
  • Describe a midwife’s medical training and how he/she is regulated,
  • Establish when a midwife might call 911, and when he/she might treat a patient while enroute to the hospital, and
  • Determine whether the paramedics or midwife are responsible for the patient(s).
Outline for Discussion in Webinar

• Midwives – who are they and what do they do?
• Discuss the training that midwives have and what their limitations are?
• What are the midwife criteria for the 911 call?
• 911 response arrives…who’s in charge at the scene and enroute?
• Questions?
What is a Midwife?

• Admitted to a midwifery educational program
• Successfully completed the prescribed course of studies in midwifery
• Has acquired the requisite qualifications to be registered and/or legally licensed to practice
• Considered primary caregivers.
What is a Midwife?

- Responsible and accountable
- Works in partnership with women to provide support, care and advice during pregnancy, labor and the postpartum period
- Conduct births
- Provide care for the newborn and the infant.
  - Preventative measures
  - Promotion of normal birth
  - Detection of complications
  - Accessing of medical care or other appropriate assistance
  - Carrying out of emergency measures
What is a Midwife?

• Important task in health counseling and education
  • Not only for the woman, but also within the family and the community.
  • Involves antenatal education and preparation for parenthood
  • May extend to women’s health, sexual or reproductive health and child care.
What is a Midwife?

• A midwife may practice in any setting including the home, hospitals, clinics or birth centers.
Legal Status of Midwifery in Canada

- Midwifery is recognized as a legal and regulated profession in some Canadian provinces and territories.
Midwifery Scope of Practice

• Midwifery Act 1991

• The practice of midwifery is the assessment and monitoring of women:
  • During pregnancy
  • Labor
  • Post-partum period and of newborn babies
  • Provisions of care during normal pregnancy/labor
  • Conducting of spontaneous normal vaginal deliveries
Midwifery Schools

- Midwifery education in Canada leads to a (4 year) baccalaureate level degree in midwifery.
- There are 7 schools in Canada
- In Ontario, it is offered at the following universities:
  - McMaster University – Hamilton
  - Ryerson University – Toronto (offers part-time courses)
  - Laurentian University – Sudbury (English and French courses)
Regulated Midwives in Canada

- Can prescribe and administer certain medications
- Order appropriate tests during pregnancy
- Deliver babies at home, in hospitals, or in birthing centers.
- Have hospital privileges (not in all provinces)
Midwifery Care

- Provide care for healthy pregnant women
- Offer prenatal testing such as blood work, ultrasound, and other test where indicated.
- Offer postnatal care in the early postpartum period.
- Midwives are on call 24/7 for labor and urgent concerns
- Maintain regular clinic hours
Midwifery Care

• Monitor clients throughout pregnancy with prenatal care
  • Monitoring Blood pressure
  • Growth of baby
  • Baby’s heart rate and position
  • Urinalysis
  • Monitor general overall health of mother and baby
• See clients once a month to the 28\textsuperscript{th} week, then every second week to the 36\textsuperscript{th} week, then weekly until baby born
Midwifery Care

• If complications develop, the midwife will consult the appropriate health care provider as per the College of Midwives guidelines for mandatory consultation, and transfer of care.
• Provide home visits when homebirths are planned so that they can become familiar with location.
• Continuous support from active stage of labor
• 2 midwives attend the birth, 1 to monitor mom and the other to monitor newborn
Midwifery Care

- Provide emotional support and guidance
- If birth plans change in labor, continual support and options are provided
- Following birth, midwives remain to monitor mother and newborn for 2 hours.
- Provide care for mom and baby until 6 weeks post-partum
  This includes first 24 hours, day 3, day 5, 2 weeks, 4 weeks, and 6 weeks
What happens if there are complications?

• In pregnancy and labor, complications sometimes do arise.
• Midwives are trained to identify problems.
• They would consult appropriate healthcare professionals.
• Midwives carry the necessary equipment to monitor maternal, fetal, and newborn health as well as equipment to manage obstetrical and postpartum complications.
Midwife Equipment
Midwife Equipment
What happens if there are complications?

- Midwives are prepared and trained to respond appropriately to emergency situations and update skills on a regular basis.
  - NRP and CPR yearly
  - Emergency Skills workshops—every two years
    - Need to maintain skills to deal with emergencies prior to the arrival or accessing of specialized medical care.
Midwife Scope

• **Medications Administered**
  - IV fluids, Epinephrine, dimenhydrinate, diphenhydramine, Oxytocin, antibiotics, (misoprostol), hemabate,
  - O2, Nitrous Oxide
  - Epidural analgesia
  - Narcotics and narcotic antagonist, Acetaminophen with codeine, sedatives with physician consultation/order
Midwives – Emergency Skills

- Canadian Association of Midwives provides continuing education in emergency skills within a midwifery context both in hospital or home/out of hospital settings.
  - Managing Emergencies
  - Antepartum Haemorrhage
  - Postpartum Haemorrhage
  - Abnormal Fetal Heart Rate Patterns
  - Malpresentation and Cord Prolapse
  - Shoulder Dystocia
  - Undiagnosed Breech
  - Undiagnosed Twins
Why would a midwife call 911?

• Though midwives are trained to handle emergencies, they too require assistance.
• Further emergencies may be included:
  • Prolonged active phase
  • Prolonged second stage
  • Retained placenta
  • Suspected placenta abruption and/or previa
  • Abnormal intrapartum bleeding
  • Cord prolapse
  • Shoulder dystocia
Why would a midwife call 911?

• Undiagnosed twins
• Undiagnosed breech
• Pain relief needing transport into hospital
• Particulate meconium
• Gestational hypertension
• Abnormal presentation
• Abnormal fetal heart rate
Why would a midwife call 911?

• Maternal shock
• Infant less than 2500 grams
• Less than 3 vessels in umbilical cord
• Abnormal findings on physical exam of infant
• Persistent cyanosis, temperature instability
• APGAR lower than 7 after 5 minutes / Neonatal resuscitation
911 arrives – Who is in charge?

- As per the 2007 BLS Standards of Care, section 5-16 states:

  - “Paramedics and Midwives will work cooperatively in making decisions and providing quality patient care to mother and neonate during an out-of-hospital birth.”
• Upon arriving the scene where a person is assisting the mother, the paramedic will determine the following:
  • Confirm the nature of the request for an ambulance and who requested the service.
  • The patient(s) condition and the progression of labor and delivery.
  • The capacity of the person assisting with the birth.
911 arrives – Who is in charge?

• An identified midwife is present at the scene, the paramedic will:
  • Confirm with the patient that this person has been retained to assist them.
  • Confirm that the midwife present is registered with the College of Midwives (if not known to the paramedic)
911 arrives – Who is in charge?

• As stated earlier, the paramedic will work cooperatively in providing quality care for the patient and/or neonate at the scene and throughout transport to hospital.

• Midwives are allowed/expected to be transported in the ambulance and continue patient care to hospital as per Section 5 of the BLS Standards.

• Very similar to physicians on scene, can assist paramedic within paramedic scope, can phone BHP, or can use their scope and accompany as “physician on record”
911 arrives – Who is in charge?

• Very similar to physician situation

• Should the midwife’s care or management of the patient and/or infant be in contradiction of the approved BLS Patient Standard of Care, the paramedic will, with the patient’s consent, assume full control of the situation. Where available consult with the BHP.

• **Note**: When the patient’s consent for care and transport is obtained, the paramedic is ultimately responsible for the welfare of the patient, regardless of whether or not the paramedic utilizes the midwife’s expertise and experience.
911 arrives – Who is in charge?

• Once the call is completed, for an out-of-hospital birth, with a midwife present, the paramedic will note on their ACR the midwife’s presence and involvement (including the name of the midwife present).
Questions???
Thank You

• Thanks to Natalie Piche for attending and providing the midwife perspective to this exciting time in a patient’s life. Also for providing us with the information and perspective as to where our out-of-hospital care is going for future parents.
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