

Midwifery Care: What Women Want

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EXECUTIVE SUMMARY

As the regulation of midwifery evolves, changes in delivery of midwifery services are inevitable. The purpose of the project *Midwifery Care: What Women Want* is to document women's experiences of midwifery care and to determine if these experiences match the perceptions that midwives have about the care women want. In doing this, the project's objectives were to determine if midwifery care is responsive to the needs of women; to establish a benchmark against which further evaluations can be measured; to strengthen links between midwives in Manitoba and Saskatchewan; and to provide recommendations to policy makers regarding the implementation of midwifery.

Sixteen women were interviewed and asked to share their experiences with midwifery care and to provide policy recommendations regarding the implementation of midwifery. Two focus groups were held with a total of eleven midwives, one in Saskatchewan and the other in Manitoba. Midwives were asked what they thought women wanted to know about themselves as midwives and the care they offer.

Five dominant themes emerged from the interviews with women. Sub-categories were identified within these themes. Themes and subcategories were **time spent with women** - quality and quantity; **personalized care and support** - home visits, choices and responsibility; consultative, not directive care; self esteem and empowerment; respecting and strengthening family relationships; midwifery care and support in different contexts; **style of care** - holistic care; observant, hands-on and low-tech care; postpartum care; trust and safety; **accessibility** - finding a midwife; cost; and **policy recommendations from women**.

From focus groups midwives identified priorities they felt women wanted: individualized care and continuity of caregiver; women wanted to know about cost of care; the midwife's experience and training, the midwife's philosophy and scope of practice. Midwives also assumed that women wanted to know about the legality of midwifery and the political ramifications surrounding their choice of midwifery care.

There were more similarities than differences between midwives' assumptions regarding what women want and women's reported experiences. Midwives assumed women were concerned about cost. Women identified this issue as a difficulty for them and as a barrier to receiving

midwifery care for some people. Midwives thought women wanted individualized care and continuity of caregiver. Women appreciated personalized care and midwives' style of care (the expression of a midwife's philosophy). Midwives assumed women wanted to know about midwives' scope of practice. This was identified by women as something that medical personnel, the public and policy makers need to know more about.

Summary of policy recommendations from women:

- C that midwifery services should be publicly funded;
- C that midwifery services should be available in rural and northern communities, as well as in urban centers;
- C that the essence of midwifery care should be supported and maintained after regulation (In practical terms this translates into facilitating midwives' autonomy in implementing care; into ensuring reasonable workloads and flexibility in practice so that time can be spent providing personalized care; and into providing opportunity for women to have appointments and care in their homes); and
- C that education and awareness campaigns regarding the value of midwifery services should be targeted at medical personnel, health administrators and the public.

INTRODUCTION

The midwifery philosophy of care considers birth within the social, biological and psychological context of women's lives. This holistic view of birth translates into a model of practice which places the women at the centre of control in the birth experience. Until recently, midwives practicing in Manitoba and Saskatchewan have, for the most part, been accountable to the women they serve. However, with the move to regulation and the recognition of midwifery as an autonomous profession, certain changes in the delivery of midwifery services are inevitable.

While some women, midwives, and other professionals see the regulation of midwifery as a move forward, other women and midwives are concerned that professionalization could lead to less responsiveness to women's needs. While certain barriers exist with unregulated practice, midwives have been relatively free to focus on addressing the needs that women have identified to them.

As health care reform continues to encourage consumer participation and responsibility, the views and perceptions of women and midwives will help to ensure the development of public policy that meets the needs of childbearing women. This goal can be realized when women and midwives work collaboratively in planning for health care. Appropriate assessment of local needs before implementing change is imperative in the development of responsive services (Williamson and Thomson, 1996).

The purpose of the project *Midwifery Care: What Women Want* is to document women's experiences of midwifery care, to determine if the kind of care women receive from their midwives is satisfactory, and to see if this care corresponds with what midwives think women want.

The objectives were as follows:

- to determine whether midwifery care is responsive to the needs of women;
- to establish benchmarks against which further evaluations of midwifery care can be measured;
- to strengthen links between midwives in Manitoba and Saskatchewan; and
- to provide information that may be used to advise policy makers on the importance of consumer-driven midwifery care and policy.

This project involves the first-ever collaborative research project between midwives and

consumers from both Manitoba and Saskatchewan. Midwives and consumers have been involved in discussions about this project from its inception to the development of the methodology.

METHODS

The research project, *Midwifery: What Women Want*, took place in Saskatchewan and Manitoba and involved the consumer groups *Friends of the Midwives* (Regina and Saskatoon), the *International Midwifery Day Committee* (Brandon) and the midwives' groups the *Midwifery Association of Saskatchewan (MAS)* and the *Manitoba Traditional Midwives' Collective*. Researchers used a participatory approach to gather data from midwives and women. Using this approach, investigators were participants as well as project researchers. The research team consisted of three midwives and one midwifery consumer who all belong to midwifery associations and consumer groups. Researchers consulted members of their respective groups in the development of the project and checked the validity of data with interviewers to ensure that emerging themes were consistent with the interviewers' perceptions.

Gathering data from women

All practicing community midwives in Manitoba and Saskatchewan were identified through the midwifery organizations and contacted by mail. The midwives were asked to send a letter explaining the research project to their past 30 clients (or alternatively if this was less than 30, to all clients they had attended in the past three years). Clients of two midwives were not included in the project because these two midwives had previously left the country. Clients were asked to contact their midwife if they did not wish to be included in the research pool. Midwives forwarded coded names to ensure anonymity. Included in the coded responses was information regarding where the woman gave birth (at home or in hospital) and whether the woman's residence was rural, urban, or northern. In total 191 women who had used midwives for either hospital or home births over the three-year period were included in the pool. Two draws were conducted, one in Manitoba and one in Saskatchewan. Eight names were drawn from each province for a total of sixteen women. Four women interviewed had given birth in a rural or small urban area. Twelve of the sixteen women interviewed had planned to give birth at home, while four women had planned hospital births. Some women had experienced both home and hospital births with midwives.

Only consumers who understood the purpose and objectives of the project and had signed an informed consent letter were interviewed. The interviews took about one hour and were audio taped.

Gathering data from midwives

All practicing midwives in Manitoba and Saskatchewan were identified and contacted by mail. They were asked to participate in the study by taking part in one of the focus groups for midwives and by contacting past clients to request their participation in the research. Focus groups were held with midwives in each province. Four midwives attended in Saskatchewan and seven attended in Manitoba. In these meetings the facilitator used participatory techniques to determine what assumptions midwives held regarding the care they believed women were looking for from midwives. Each workshop began with a short reflective writing exercise to answer the question: “What are five of the most important things you can say to your client about who you are as a midwife and the care you offer?” Participants were then asked to share their responses with the rest of the group. These were recorded on flipchart paper. Participants were then asked to reach a consensus on the five most important things regarding who they are as midwives and the care they offer. Participants then role-played a midwife-client interaction to validate that they had identified elements that are important to women.

Research Questions

The style of interview employed was a dialogic approach advocated by feminist researcher Anne Oakley (1981). In this style of interview, the interviewer participates in the discussion when appropriate to express ideas and gather additional information. In addition to dialogue, the researchers gave several questions to use as discussion prompts. These questions are outlined in Appendix A.

Data analysis

An independent transcriber transcribed the taped interviews, after which project researchers analyzed the written transcriptions for broad themes. Themes were then explored further to determine any consistency between what women reported and the perceptions of midwives about what they thought women wanted from their care.

FINDINGS

Dominant categories or themes that emerged from the data in *Midwifery: What Women Want* fell broadly into five categories: the quality and quantity of time midwives spend with women, the personal care and support women felt midwives gave to them and their families, the style of care or practice midwives provided, the issues associated with accessing a midwife, and the recommendations for policy development around midwifery. Related ideas reappear in various thematic groups. In the following section, quotes have been selected to demonstrate themes. The data is reported using pseudonyms followed by the page number from the transcript.

Theme #1: Time

The thing that I really like about it [midwifery care] was that there was no rush. I was very relaxed ... I could ask as many questions as I wanted. And I got answers that made me feel like I was getting an answer. (Canna 3)

Quality and Quantity

The length and frequency of midwifery visits surpassed the expectations of the women interviewed. The women held a high regard for the midwife's commitment to caring for them during their pregnancy. Women felt the quantity of time midwives spent with them allowed them to ask questions, to explore a variety of aspects of birth, and to develop a positive relationship with the midwife. The quality of the time was also significant. Feeling relaxed and unhurried allowed women to feel that they could explore issues that were important to them:

So every month and then every ... more frequently as you go along. And she stayed, you know, that was the nice part about the visits. It wasn't like in the doctors' office where you wait for an hour and then you get rushed in for ten minutes...she probably stayed at least an hour each time.... so that was good. (Rosemary 3)

So whereas a midwife stays ... at least an hour at times, if not more. Sometimes it was three hours we spent with [the first midwife] ... getting to know her. (Cassia 21)

My expectations were completely fulfilled. What I wanted from my midwife, I

definitely received that and more....Just by virtue of being able to not feel rushed through an appointment with my midwife....I felt she had time for me and had time for my concerns. And had time to listen to what I needed to talk about. (Rose 2)

Theme #2: Personalized Care and Support

And whatever was on my mind, the concerns that were on my mind at that time, I could talk about ... It's such a personalized service ... And you really feel like you are being cared for (Holly 2).

The women interviewed spoke about the personal, woman-to-woman care they received from midwives:

It's personal. It's intimate. And it's woman-to-woman. (Veronica 12)

[Midwifery] is personal ... on a very personal level she knows about what's going on in our lives. (Tansy 25)

Instead of going to the doctor's office and waiting two hours and getting a five minute heart beat, blood pressure, we had two hour visits with the midwife, just getting to know her and doing the same things, except over tea and a little bit less formal and more comfortable. (Violet 1)

Home visits

Most women enjoyed the personal aspect of being able to meet in their homes or in the midwife's home:

And I was working up until...she was born. And it's very nice to have somebody come into your house if you're not feeling up to going somewhere. (Heather 9)

I would much rather have them in my home or be invited to their home. I think that [is] an important thing to me. (Hazel 11)

We'd go to her house and that was ... really nice and comfortable. You know, it was just a little fireplace and a couch, just very homey. She made you feel at home right away. (Tansy 5)

...someone coming to talk to me personally about my situation, whenever I wanted to go for however long I wanted to...And talking about family systems and connecting the family into that process (Holly 2)

Choices and responsibility

Midwives gave women resources so that they were able to make informed choices. Women felt

the time spent with midwives increased their knowledge about birth and assisted them in taking responsibility for their situation. This knowledge and responsibility led to increased self-confidence for the women that they were making good choices and would be able to birth normally:

My primary midwife encouraged me to do this [look at who was involved] the first time she came over to visit. She wanted you to explore your options and this is ... to me... a conscious decision. (Jasmine 4)

[The midwife] lent me a major amount of books that I could read up on, and take tools from those books to make my coping mechanisms more available for myself. And I came away from it feeling a lot more empowered than with my hospital experience with my son. (Rose 3)

When you choose a midwife you are choosing to birth your baby in your own way, and that person's there to assist you...There's a lot of personal responsibility you need to take on yourself. This is your party. You can do whatever you want. But when you make your choice it needs to be an informed choice. (Camellia 11)

She offered choices..and I feel that I made some good decisions from those choices. (Holly 18)

Consultative, not directive care

Women commented that the midwifery care they received was respectful and consultative, but not directive.

She was a sounding board ... just very supportive in whatever decision we were gonna make. She wasn't imposing her agenda; well, she didn't have an agenda. She wasn't telling us what to do one way or the other. Just supporting whatever we decided to do. (Daphne 7)

That was another thing too -- the whole preparing a birth plan. [Midwife] helped us with that a bit too, just to make sure we were ... thinking through what we wanted; what was important for us. [So] you don't feel totally out of control with the process. (Rosemary 10)

One woman who had a long labour and described the way that midwives shared concern with her, but let her make the decision to go to hospital.

I started to have ketones and to them that was a concern. They came to me and said, 'We're concerned. What do you want to do?' (Holly 3)

Women appreciated that their midwife made suggestions rather than dictating care and asked first before conducting exams or introducing interventions.

Everything was always done asking me first ... 'Would you like to go for a walk?' 'Would you like to...?' 'Would you feel comfortable...?' 'Would you want to know how far dilated you are...?' It was always asked; it was not you know, 'I'm gonna check you now.' 'I'm going to check your heart rate.' It was always something that was asked to...to step into my space and to...and she never interrupted things. That was really important to me. (Hazel 11)

Other women described how consultations with their midwife contributed to feelings of being in control of their own experience:

The midwives are here to help me in my journey, not someone telling me what to do and how to push and when to push ... Letting me be the one in charge of this whole event and that gave me the power to be in charge of my parenting and my ability to mother. (Camilla 8)

I felt like I had more control over the situation, because it was an environment that I was in control of ... because it was my home. (Rose 6)

Self-esteem and empowerment

Women felt they were personally strengthened by their midwife-assisted birth. Many women's experiences still touched them during the interview and these women describe their experiences as being ones of personal transformation:

You reach inside yourself and find that strength, that determination ... It really did change your life. Because I think that once you've gone to that place where you have really been down deep and had a big experience ... you climb on top of that mountain and you saw the view from there ... you come back down and you feel like a different person. (Jasmine 9)

And having ... at some very deep level fulfilled my purpose of being, as a woman ... has a lot to do with the way I feel about myself now. (Veronica 13)

My body is strong, my body is powerful and it has the ability to do these things. I don't need to trust other people to tell me what's right and what's wrong for me and

my family. I can do this! (Camellia 8)

I feel so strong and powerful and it's probably the most liberating experience of my entire life ... it's the most important experience of my life. (Lily 22)

Respecting and strengthening family relationships

The frequent visits, the flexibility around visits, and the time spent with the midwife for the whole birth experience was perceived as a demonstration of support not only for the mother, but the father and family as well. Women spoke of experiencing a strengthened relationship with their partner while working with a midwife:

It was him I was hanging onto when I actually pushed her out. He was a very active part of the birth. And so for us as a couple, it brought us a lot closer together. At the hospital [with a previous birth] he felt ... it's an emasculating experience ... it's like, excuse me get out of the way, the medical staff is here. (Veronica 14)

I think what we enjoyed the most about the pregnancy with her was that we weren't worried. We weren't panicking all the time. We felt very comfortable about things. In the end with the labour and the delivery, we found that having [midwife] around made [my husband] much more comfortable. [The midwife] was like the supportive one there, calming down both of us, so that freed up [husband] to be there for me. (Rosemary 1)

My husband felt more a part of it. He didn't have to stand back and hold my hand and get out of the way. You know, he was right in there. He was in the shower with me and laying in bed with me. And he felt very included and empowered that way as well. (Jasmine 4)

Many women also commented on gaining good parenting skills through their relationship with the midwife:

If you wanted to, she'd show you where the baby was and you could actually feel, this is the hand or the leg, and bum or whatever, so that it ... helped the bond with the baby start a lot earlier. (Violet 1)

I'm much more calm about how I am as a parent ... I'm a better parent. I'm a more peaceful parent. (Camillia 7)

And [the midwife] did spend time saying 'Okay, how are we going to handle [first child]. You're gonna have another baby. What are you going to do?' It wasn't just the nuts and bolts of ... you're progressing through this pregnancy. It's how are we

going to integrate this kid ... what kind of plans are you making and how do you think it's gonna go? ...I think she's touched all of my kid's lives ... she's helped them adjust to each child. (Holly 16)

Midwifery support and advocacy in different contexts

Women described support from midwives in different birth settings and circumstances.

Daphne experienced the hospital birth of triplets:

Afterwards it was amazing! She gave me a sponge bath, she helped me start pumping, she took me down to neonatal to see my babies ... It fills in a lot of gaps that the medical system is having problems with right now. (Daphne 9)

Iris planned a hospital birth but when she found out her doctor might be on vacation at the time of her birth she hired a midwife:

I thought if I have a midwife, at least the midwife will know what she's doing. And [as opposed to the doctor] she'll be there. And I can count on her. (Iris 19)

Another woman had health problems that made having a speculum exam painful. The midwife who was present guided the physician by offering suggestions that reduced the woman's discomfort:

And it took my midwife to stop him ... just having her stick up for me in things like that? Like, it's a shame that that's the case, that you need to. But ... I really felt we needed to ... Oh, my God, it's just kind of as your bodyguard, you know? (Tansy 5)

A planned home birth ended in hospital transport for this woman:

At no time did I feel really scared ... Even when we were going to the hospital. Mind you, I was so tired I didn't care! But I didn't feel at all afraid. I felt that things were going fine and that everything was fine and that they could handle what was gonna happen. ...[The hospital staff] weren't going to have to worry about me so much because she was there and she was gonna look after me ... and it was someone for them to work with. (Laurel 20)

Theme #3 Style of care

**If I could just be comfortable enough to express myself to someone that I confided in it would make a world of difference....
I think that's one of the main things that I wanted in a relationship [with a midwife] ... I think that made a world of difference over the months [as the midwife] too was becoming very astute to my little signals. (Violet 4)**

Holistic care

Women commented on the holistic care they received from midwives during the complete childbearing experience -- the prenatal period, birth, and postpartum. Nutrition, lifestyle, counseling, and physical checks were mentioned specifically as important components of the care women received from midwives:

They went beyond the medical as well. They [asked] 'How are you feeling today? What is your life like right now?' ... It's not just a physical thing. It's all tied up emotionally. They weren't a counselor, but yet they were someone close to you. They also asked my husband, 'How is everything going with you?' So it was ... overall care that was fabulous. And the second time it was so nice to be able to include my son ... (Jasmine 2)

We just did a lot more talking about not strictly the medical part ... but about the nutrition and the nervousness and everything else that was going on with work and all that ... (Rosemary 4)

She helped a lot with nutrition ... giving us information on how much I should be eating, when I should be eating...for having triplets, which was good, because even the other doctors there who were specializing in this kind of thing, they still say nutrition isn't their thing. (Daphne 3)

She would say "the baby is about six pounds right now by the feel of it. The head's in the right place", you know giving more direct links to the baby than just listening to the heartbeat. (Violet 1)

Observant, hands-on, and low-tech care

Women commented on the unobtrusive, low-tech approach used by the midwives. Midwives used observation and provided basic comfort measures to facilitate the natural process of birth. They felt comforted by the presence of the midwife:

The midwives looked at me ... they listened to how I was breathing, they listened to the sounds I was making, they watched the change of the shape of your stomach. And then they used their tools to hear the heart beating. (Jasmine 13)

Well one thing that I was really impressed with is ... through the whole birth [the midwife] sat off to the side and she watched. She did a lot of watching instead of poking and ... touching ... She wasn't invasive at all. (Hazel 11)

She basically just sort of sat there and said soothing things ... So it was between my husband and I. He was helping me and rubbing my back and she was just sort of there to help us along. I didn't feel like she was interfering at all. She helped me relax so much that ... I really felt that it was ... it really wasn't that bad. (Heather 5)

I appreciated the means ... just that she was very good at staying back in the shadows and every time we needed her she was there ... If I started to pant, she'd say 'okay, just remember to focus on your breathing' That's all she'd have to say and it was 'okay, that's good ... and follow your body ... whatever it is telling you.' And that was perfect. (Violet 8)

She would just appear when you needed her. Like she ... had a sixth sense, you know? And would say 'You need something. Here's something to drink. You drink this'. Or 'do you want to try this?' I'd be in really bad back pain and she'd just come up and rub my back, or just hold me ... But mostly stood back and was very, very non-invasive which was so wonderful. (Tansy 9)

I felt reassured that I had done the right thing ... and that I had brought [baby] into the world in the most peaceful loving way I could have. And I didn't shock her with lights or a sterile environment. It was all the normal surroundings and sounds and feelings. (Violet 6)

Postpartum care

Almost every woman interviewed expressed surprise and gratitude at the level of postpartum care and support they received:

And then, you know, the support after was lovely. And people are jealous when I tell them 'Oh, my midwife gave me a sponge bath and tucked me into bed with my newborn and cleaned up my house and ...' And they're like, 'Excuse me?' But you know, it was all part of the care of woman to woman. (Jasmine 7).

They made me breakfast and they made my laundry and they tucked me into bed. I have never experienced anything like that. I just don't have enough adjectives to say how wonderful it was! And ... just to be tucked into my own bed and not have the hospital routine happening! (Veronica 9)

[Midwife] even took the laundry home with her! Washed it at home and she'd come back the next day for the follow-up. And she tidied up after the baby was born ... the place was tidied up and everything was normal and ready for the two of us ... it was something I wouldn't have expected. (Violet 5)

I did have some more issues with postpartum depression [as with previous births], but they weren't nearly as severe and I could go to my midwife and the assistant and say, 'You know what? I think something's up here. What can I do about it?' And they'd find some better way to deal with it before it became an issue and a problem. (Camellia 7)

Trust and safety

Feelings of trust and of safety were inspired by the competency of midwives:

Everybody to whom I mentioned having a home birth [said], 'Oh, what if something goes wrong! ... What if you need oxygen?' and we brought that up with the midwife and she said, 'I bring oxygen with me and I have this and I have that.' And we'd asked about stitches, 'Do you do stitches?' 'I can do stitches and I have the freezing.' and ... just with her own experience, ('cause she's delivered over 600-700 babies). "Now what if the cord is wrapped around ...?" 'Oh, I've delivered a baby with the cord wrapped three times around the neck a couple of times.' So her experience gave reassurance that even if something were to go wrong, that she could handle it or she was not afraid to. (Violet 5)

... the midwives ... knew that the baby was breech or sideways ... they have more opportunities to practice because they've seen such a wide variety, and they're really trained that way. (Jasmine 12)

I always felt safe. I always knew they were caring for me, that they were watching over me, that they were monitoring my condition, and that I would be fine. (Camillia 13)

And that was so important, just to be given a sense of confidence ... as soon as she came ... everyone breathed a sigh of relief, like it's gonna be okay ... and it was very, very good. (Tansy 8)

Theme #4: Accessibility

And so I would really like to see midwifery services available in those remote communities ... and to lower income people, because those are the people who really need those kinds of supports. (Laurel 40)

Women in the study identified several factors that made accessibility to midwifery care difficult. Both finding a midwife and bearing the cost of hiring a midwife were identified as barriers for women seeking midwifery care.

Finding a midwife

Knowing where and how to access midwifery care was a great challenge for many women. Women spoke about the lack of information available for locating a midwife and how chance played a role in finding a midwife.

I find that it's a service that people don't really even know about, and I just ... I just ... stumbled across the fact that there was a midwife in town. I didn't even know there was one. (Rose 5)

I think our only problem was getting in touch with midwifery. It's very ... I found it hard to find somebody. You can't just look in the yellow pages under midwifery....Getting in contact with one... was the hardest part. (Heather 7)

My husband had been somewhere ... he was [buying] me a rocking chair and he happened to tell the guy he was buying it for his wife who was gonna have her first baby. And then the fellow mentioned that his wife had recently had a baby too, and that they had used a midwife and how it was great and wonderful. He gave my husband the name and phone number. And this is something that we had talked about in the past, about using a midwife, but we didn't really know who the midwives were here and so we didn't know where to go with that. (Canna 2)

Others found a midwife by word of mouth:

I didn't even know that you could have a midwife! So it's getting the information out there...I found out by word of mouth that this kind of care existed, that I could actually do this. (Veronica 17)

I found out about midwifery through [my husband's] friends. He's had different friends who've had home births. So we contacted somebody called [midwife] that was highly recommended and we just started meeting her. (Violet 1)

I think it comes a lot from word-of-mouth....you connect with the right person at the right time. (Holly 22)

Choice of birth location

For many rural women the choice of a birth location was restricted because midwifery care was not readily accessible due to distance. One woman who was unable to stay in her own city to birth because of lack of midwifery services commented:

I shouldn't have to come all the way to [city] to get the services that I want to get. (Laurel 31)

For women living in rural areas, accessibility to the nearest hospital that could provide backup services was a consideration in their choice of a birth location. One woman who lived in a rural area commented that:

being out here and having a home birth with a midwife, we are very far away if you run into problems at the last minute ... so that's a big hurdle ... that you have to make the choice with ... it is a big thing to consider to be so far away from a facility that could help you. (Hazel 12-13)

Cost

Some women indicated that the cost of paying the midwife out-of-pocket was a sacrifice. However, most were able to make appropriate arrangements for payment because of their desire to have the service.

And my mom actually paid most of it. Because we simply couldn't afford it, even though it wasn't very expensive. And ... I would like that care to be available to all women ... And I know that a lot of other people in my financial situation would

simply opt not to go with a midwife because they don't have the money. (Veronica 20)

Coming up with a thousand dollars to pay for a midwife was just ... 'Oh, my God!'... it seemed like this huge economic barrier. (Camellia 9)

It wasn't expensive in the beginning (first birth). But by the last time it was more expensive and ... that certainly weeds out a lot of people that may or may not be able to afford to do that. (Holly 20)

We didn't have any money to pay her, and she just let us pay her what we could. (Tansy 3)

Theme # 5 Policy Recommendations from Women

I think that doctors and policy makers and hospitals could really stand back and learn something. And learn about women and how strong they really can be, and that we're not an accident waiting to happen in birth. That we are quite powerful when we are left to our own devices (Camellia 15).

Maintain the essence of midwifery after regulation

Women were very specific about the qualities of support, consultation, and a holistic approach towards childbirth and parenting that their midwives brought to their birth experience. Many remarked that they hoped regulation would allow this *essence* of midwifery service to continue. Some women feared that legalization would result in institutionalizing midwifery and that this would take decision-making powers away from them. Women hoped midwifery services would be made available through changes in hospital structures, that is, allowing midwives hospital privileges while they incorporate the midwifery model that is used in homes:

What's happening in Quebec ... the doctors have just, you know, literally turned midwives into nurses. They have in fact way too much control over the whole process. So you know, probably women are a tiny bit better off, but it's nothing, like you know ... certainly not the model I would envision. (Lily 30)

For midwives, I would encourage them to keep it personal ... they have the professional training ... And they need that ... and just keep a personal level. (Violet 7)

I guess one of my biggest fears [is] that nurses and doctors are gonna go ... 'Oh, you can't do that!' And, you know, it potentially ruins some woman's birth experience

in arguing with the midwife over what's appropriate care in a hospital setting and what's not. (Camellia 15)

People have to be given choice. I know in Britain a woman is given the choice where she wants to have her child. This is her right. And I think it's also our right ... A midwife needs to be given the right to choose as well, so she can work freely in all environments. (Tansy 28)

One woman felt that regulation would give midwives another kind of freedom - to practice without fear of prosecution:

It needs to be legalized so that they can practice without concern. (Holly 22)

Public funding

Women overwhelmingly want midwifery to be publicly funded and inclusive – that is, accessible to all women regardless of economic status.

But if you can't afford it, you can't afford it. So ... I think overall it would be, it would be great, you know, if it was funded by the government. Because then it would be open to more people. (Hazel 14)

Pay [midwives] a decent wage so that they are doing more than breaking even. (Canna 19)

I think subsidization would be helpful. So that it is more open to more people. I think when they hear the amount of money that immediately makes them feel they can't afford it. (Rose 10).

Value women's work

Several women placed midwifery in a historical context. They felt that as western medicine/science institutionalized the work traditionally done by women, it also disempowered women by taking decision-making power and control away from them:

It's [midwifery] personal. It's intimate. And it's woman to woman ... with the midwives, they've got the focus of being women and mothers. And the history of midwifery practice and how it's always been women who helped women until Western medicine started creeping in and taking over. I think it's a real shame that an educated, knowledgeable society like ours can't read between the lines and see the value of midwifery care. (Veronica 12).

Why aren't midwives recognized? They were. Like I said, my grandmother was a midwife. ... I still think that birth is a woman's thing. And, you know, the politicians are obviously men. That's why it's not going somewhere very slowly. Why is it taking so long? It's ridiculous. If the politicians were ... the majority women, I don't think we would have that problem. I know we'd have midwives in the hospitals. We'd have more births at home. (Iris 18)

Geographic accessibility

Women wanted the freedom to choose their midwife no matter what their geographic location. This was particularly an issue for women in rural areas or for those who lived a long distance from a medical facility:

So, if they can get the midwives licenced and practicing under medicare in a way that won't restrict them too much. One of the rumors I've heard is that ... they're looking at having the midwives confined to practicing within certain geographical areas, which I think is ridiculous. You should be able to choose the practitioner you want, but you shouldn't be restricted geographically. (Veronica 21)

That [midwives] work out of smaller facilities. Not just Brandon and Winnipeg in terms of Manitoba. Because there are so many people from ... small communities outside Brandon and Winnipeg that are having babies in there ... for the kind of care they feel comfortable with they have to go to Brandon, which is, you know, a long way. It's a hassle for a lot of people. (Hazel 14)

Having birth centres for people like us that live a distance away from the hospital. If you have a birthing centre near the hospital then it's a much better environment ... I think it would give a lot of women more confidence as well, make them feel more comfortable as well. (Tansy 23)

Education and raising awareness among the medical profession and the public

Several women spoke of difficulties they encountered when their birth plans became known to the medical profession:

It's a shame that the doctors aren't more positive about the midwives and about home birth particularly ... my own personal doctor was not okay about this at all. She wanted me to sign legal documents ... making sure she wasn't responsible at all for the fact that I was having a home birth, even though she wasn't going to take part in it. Just the fact that she had knowledge that this was going to be my intent ... a woman who wasn't being as strong-willed as I am would ... cave in at that point. (Rose 7)

We felt halfway discriminated against [after a transport to hospital]. Because it was an attempt at home birth. It didn't matter which nurse was [there] when the doctor came around in the morning. She emphasized that it was an attempted home birth. And it was almost insinuating that our child was immunized immediately because it was infected from birth. (Cassia 10)

When I told my doctor I was thinking of [a midwife- attended home birth]...she started shooting all these things at me. 'Oh,well, you're gonna die.' And you know, 'What if these things happen or your baby dies?' (Heather 8)

Others were supportive:

The doctor that we had, a lot of people had recommended too, so we knew that he was agreeable to the whole process. Again, we were lucky that the first specialist was one who actually knew [the midwife] and was happy to work with her ... she's blazed the trail for midwives who follow, because she's made a good impression with most doctors. (Rosemary 11)

Several women described the medical profession's negative perception of midwifery. Women felt that education about midwifery for both medical personnel and the public was one of the most important parts of the implementation phase in establishing regulated midwifery in Manitoba and Saskatchewan. They spoke of the need for doctors to learn more about midwifery practice and to gain respect for midwives:

We need to cut down some of the prejudice in the medical field. And we need to cut down on some of the bad press. (Veronica 16)

...that doctors be more open ... teaching them better ... having them understand what midwifery is all about. They have this idea that midwives have no place in the medical system. (Cassia 17)

If doctors could be more educated about what midwives do and are capable of doing, and not feel so threatened by them...[and] gain some respect for what they do and work more closely with them. (Canna 19)

One woman felt public education would increase chances that men could be informed about midwifery care:

I mean, it is basically my decision, but if [he's] not comfortable with it, I'm not fully at ease either ... I think if you had literature beforehand ... that they could read as well, and get used to the idea. (Heather 11)

Establishing the midwifery training model

Other ideas such as specific models for training midwives were also suggested. One of the women who advocated apprenticeship training expressed these sentiments toward what she referred to as “strictly professional, university-based training programs”:

You're not working with a woman anymore, you're working with a client. I mean, in the whole process of professionalization, especially in academia, it's depersonalized and dehumanized as well. And I think a real, a proper apprenticeship model would ... would go a long way in keeping it personal. (Lily 11)

I guess they have to establish some kind of minimum training...and there should be apprenticeship. I think that ... maintain[ing] certain standards is really important. (Canna 18)

Data from Midwives' Focus Groups

Each of the midwives' focus groups identified five elements they thought women consider important about midwives. In Saskatchewan, these were: cost of care, the midwife's experience and training, the midwife's philosophy, continuity of care by familiar caregivers (same midwife/partner attending woman throughout pregnancy, labour, delivery and postpartum, with emphasis on labour and delivery), and that the midwife could detect and deal with most problems. Midwives in the focus groups also thought that the women considering home births would be concerned with the political issues surrounding such a choice.

Midwives in Manitoba thought that women wanted to know what the midwife's scope of practice is, her philosophy, and her background and training. They stated women wanted individualized care and a commitment to the woman during the childbearing year. They believed that cost of care was also of concern to most women.

DISCUSSION

Midwifery: What Women Want was a research project which had the purpose of finding out if

midwifery clients felt that their needs were being met by midwives. The results in this section are compared to literature on the topic. Each theme is highlighted in relation to literature that substantiates or elaborates on the points made by the women interviewed. In undertaking the study, the researchers attempted to find out if the perceptions of midwives about the care they provide was congruous with that wanted by their clients.

The literature substantiates the importance of time spent by the midwife with the woman. According to Shroff (1997), the time allowed for counselling and education in the prenatal period is crucial in building the knowledge and self-confidence of women as they prepare to give birth. Handler et. al. (1996) found that women valued time spent prenatally with a caregiver so that their questions could be answered fully.

According to Peterson (1997), holistic prenatal care - including opportunities to explore the psychological and social aspects of approaching motherhood - is essential to assist women in making successful transformations to new roles. The support provided to women as they experience physical changes and the emotional aspects of family change, validate women's experience. The support provided in making changes, in turn, fosters empowerment for the women. Peterson concluded that paying attention and discussing the emotional aspects of pregnancy, birth and motherhood are central to facilitating women's ability to make effective choices for their situation. Others found that making a birth plan not only contributed to women's understanding of the process of labour and birth but also reinforced the idea of making choices (Moore et. al., 1995). Women in this study clearly articulated that making choices left them feeling empowered.

The issue of empowerment was raised in the context of choice and capacity for caring for oneself and the baby. The fact that women expressed empowerment from the experience of using a midwife, has implications for extending midwifery services to marginalized populations where care and attention of a midwife could help increase the capacity for parenting skills, personal care, nutrition and a holistic vision of the birthing process (Shroff, 1997).

Time spent by midwives with clients during the postpartum period has a correlation with women's satisfaction around birth. Kenny et.al. (1993) found that women who chose domiciliary postpartum care with midwives were more satisfied with their care than those who chose hospital postpartum care with midwives. Ninety-five per cent of the domiciliary care group felt that midwives always had enough time to spend with them, while only thirty-five per cent of the

hospital-based care group felt this way. The domiciliary group felt less rushed than the group receiving care in the hospital. Similarly, women in this study appreciated the length of time the midwife spent with them.

Personalized care and support were identified by women in this study as being central to good midwifery care. The need for personalized care and support for women is widely supported in the literature. In an evaluation of the British program *One to One*, which strives to ensure that women receive personalized care, it was found that both women and midwives were highly satisfied with the arrangement of home visits and continuity of caregiver leading to personalized care (Cresswell,1997). Another study found that having a midwife present who was known to the birthing woman was particularly important to mothers experiencing birth for the first time (Berg et.al., 1996). According to Berg, “Women emphasized the importance of being met on an equal level and with respect, and to be seen for oneself without having to feel ashamed of their behaviour” (p.12). Handler et al. (1996) found that the “art of care” had an impact on the satisfaction level of women. Women in Handler’s study “expected respect, treatment as individuals, and understanding of their personal experiences” (p.33).

According to the literature, women want consultative care as opposed to directive care. Berg et. al. (1996) found that “when it was necessary [women] wanted to be guided by the midwife, but on their own terms”(p.13). Berg’s study demonstrates that women felt that it was essential during labour to be “left in peace when this was desired”(p.13). Women in *Midwifery: What Women Want* similarly stated their appreciation toward the midwife who, unless she was needed, stayed in the background during labour.

Regardless of the planned location of birth, prenatal and postpartum care most often occurred in the homes of the women in the study. Women stated repeatedly how the familiarity and informality of the home environment was comforting to them. Women commented on how they valued the minimal use of technology by the midwife. The World Health Organization supports the use of appropriate technology (often low tech) in birth. The use of appropriate technology in birth is noted by Shroff (1997) as being standard for Canadian midwives practicing in a home setting. Women in *Midwifery: What Women Want* commented on the midwife’s ability to maintain this model through the use of appropriate technology. As Wagner (1998) points out, “the key elements in the midwifery model, then, are normality, facilitation of natural processes with the minimal

amount of evidence-based interventions, and the empowerment of the woman and the family” (p.1228).

Generally, the perceptions of midwives about the care birthing women want was similar to what women reported was significant to them. Women and midwives both overwhelmingly identified that the cost of midwifery services influences who accesses midwifery care. Women noted that it was not uncommon for midwives to “break even” or even lose money when providing care. Midwives stated that one of the first questions women often asked was how much midwifery services cost.

Midwives in Manitoba identified specifically that individualized care was something they perceived that women wanted from midwifery care. However, women defined the type of care they received from midwives as “personalized care.” Midwives in Saskatchewan identified continuity of caregiver as something they thought important to women. In practice, continuity of caregivers has a high likelihood of manifesting as personalized care. One study that supports the finding that personalized care is important to women is Melia et.al. (1991). Their study concluded that continuity of midwifery care and having a midwife were important factors in a woman’s satisfaction with her care. We concur that personalized care is important to women and that midwives assume that women want this kind of attention.

Elements such as time spent, holistic care, use of low technology and comprehensive postpartum care are categories appropriately associated with style of care (or practice). Midwives in both Saskatchewan and Manitoba assumed that a midwife’s philosophy of care was of a high priority to women. Style of care is, in essence, the expression of the midwife’s philosophy. The midwives’ perceptions of philosophy of care as being important to women matched the themes of style of care and time that emerged from the interviews with women.

Scope of practice (what midwives do) was another aspect of midwifery that midwives in Manitoba assumed was a priority to women. Similarly, being able to detect and deal with most problems was identified by Saskatchewan midwives as something they assumed women wanted from them. Women reported that they felt safe in the care of their midwives. Women also appreciated the midwife’s ability to advocate for them in adverse circumstances. Knowing about a midwife’s scope of practice did not emerge as a theme from the interviews with women.

Women did identify the need for education of medical personnel and the public regarding the

scope of practice of midwives. Both women and midwives reported that they felt other health professionals lacked knowledge of the role of the midwife. Some women interviewed commented that they were often met with negative reactions by health professionals and often found themselves pulled between the two philosophies of care. Women and midwives identified the need for education of medical personnel and the public regarding the scope of practise of midwives. Wagner (1998) notes that “there is much ignorance and misunderstanding among the public and health professionals about the essential role of midwives in modern maternity services” (p. 1225).

Midwives in both provinces assumed that women would want to know about their midwife’s background, training, and experience. This did not emerge as a strong theme from the women interviewed. A few women mentioned that they were reassured by the numbers of births a midwife had attended. One woman reported that she observed a change in the confidence level of her midwife as the midwife gained more training and experience and that this, in turn, gave the woman comfort. Some women wished to see the apprenticeship model of training preserved as midwifery becomes regulated.

Midwives thought that women *should* want to know the current legal status of midwifery because it was something that was important to them as practitioners. However, they realized that to many it was less critical. Indeed, it was rarely mentioned by women interviewed except as it related to the potential for medicare coverage.

Limitations of the study

The researchers attempted to include all practicing midwives in the focus groups. The absent midwives were offered an opportunity to participate through written testimony but only one chose to do so. The results of the focus groups however, point out that midwives have perceptions about the needs of their clients that often correlated with what women expressed as their needs.

In Saskatchewan, midwives attend more women in hospital than at home. When attending hospital births prior to regulation, midwives conducted prenatal and postnatal care and offered support to the woman in the hospital. They have not been allowed to manage the actual delivery. Midwives in Manitoba attend more homebirths than hospital births. Currently, the midwife attending home births uses more of her skills and works independently from the medical profession.

The project was designed to reflect women's views on both home and hospital births.

Women were not asked to compare their midwife-attended births with previous physician-attended hospital births. However, many women spontaneously made this comparison. They often contrasted the level of personalized care and time spent by the midwife to the level they had received under physician care.

SUMMARY OF POLICY RECOMMENDATIONS

In discussing what women want as midwifery is implemented, women in Saskatchewan and

Manitoba were provided with the opportunity to suggest policy recommendations. Women that have used midwifery services recommend:

- that midwifery services be publicly funded;
- that midwifery services be available in rural and northern communities, as well as in urban centers;
- that midwives practice as an autonomous profession;
- that midwives are ensured workloads that permit time for quality care;
- that midwives practice in a variety of settings, including home, hospital and birth centres;
- that midwives continue to provide personalized services in the home; and
- that education campaigns demonstrating the value of midwifery services be targeted to medical personnel, health administrators, and the public .

CONCLUSION

The women interviewed in *Midwifery: What Women Want* were enthusiastic and spoke

positively about the care they had received from their midwives. The assumptions of midwives closely reflected the care that women wanted and the experiences of midwifery care reported by women. While midwives thought the legal status of midwifery and the training and experience of the midwife were priorities for women, the women placed less emphasis on these aspects of midwifery care.

Women overwhelmingly reported satisfaction with the personalized care and attention they received from their midwives. They also expressed concern over the problems in accessing midwifery services, and about the general lack of public education and misunderstandings from the medical profession about midwifery. In addition, the women made recommendations to policy makers. The findings of this study are particularly insightful as legalization takes affect – in this regard, the results provide a benchmark for comparing women’s satisfaction with midwifery care in the years to come.

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APPENDIX A

An open dialogue will take place between interviewer and consumer about their expectations for midwifery care, birth experiences and satisfaction with care. Please start with a general question such as, "Can you please tell me about your experiences with a midwifery services?"

The following questions can be used for probes if answers are not given spontaneously, except for #3 and #8 which should be asked directly if the answers to these questions do not come spontaneously as a part of the dialogue.

1. Why did you decide to use midwifery services?
2. What does having midwifery care mean to you?
3. What kind of services did you want to get from the midwife or midwives? What services did you actually get? How satisfied were you with the services provided?
4. Can you tell me about your birth experiences? (You may include any of your births, even those, which did not include midwifery, care)
5. How did having a midwife-assisted birth affect your life?
6. In what way did choice of birth location affect your birth experience?
7. What would you say to other women who are considering having a midwife for their pregnancy and birth?
8. What recommendations would you like to make to midwives and policy makers for a health system beginning to implement midwifery services?
9. Is there anything else you would like to say?