



The Honourable Julie Green
Minister of Health and Social Services
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February 24, 2021

Re: Increased funding for Midwifery services in the 2021/2022 budget

Dear Minister Green,

I am writing to you today on behalf of the Midwives Association of the Northwest Territories (MANWT). We are writing to implore you to support funding for the continuation of the planned expansion of Midwifery services as laid out in line with the recommendations of the 2017 Midwifery Stakeholder Engagement Report (MSER). Funding must be allocated for this in the upcoming 2021/2022 budget.

MANWT Key Recommendations based on the 2017 MSER related to 2021/2022 budget:

1. Increased administrative support for Midwifery Programs
2. Continued growth of the midwifery services across the territory; Including operationalizing services in Yellowknife with additional midwives, and additional midwifery and administrative positions in Hay River and Fort Smith

As you may know, the only two midwifery programs currently operating in the NWT are located in Fort Smith and Hay River. Each has two midwives ensuring high-quality services are available for parents and babies before and after birth.

As specialists in perinatal health and normal birth, midwives deliver the following key services:

- Public health interventions that secure better health outcomes for pregnant individuals and their babies. Including information and care related to: nutrition and healthy eating, lifestyle changes, harm reduction strategies for substance use, pelvic floor integrity, infectious disease screening, neonatal screening, mental health support and resilience strategies, access to immunization, contraception, healthy relationships and prevention and response to gender-based and intimate partner violence

- Timely, relationship-based, self-determined, evidence and culturally informed sexual and reproductive health information and care
- Primary care at home or in-hospital during the prenatal, birth, postnatal and newborn periods
- Breastfeeding and newborn/infant counselling and education
- Monitoring and coordinating client care, including referrals to specialists as required
- 24/7 on-call availability; to support client needs by phone, in-clinic, or at home
- Provision of continuing education, skill and team building exercises for midwives, nurses, and physicians to support and manage perinatal emergencies
- Facilitating person-centred care and access to key services such as social work, housing, and income support

Since the inception of the first GNWT funded midwifery program more than a decade ago just a few midwives in the NWT have been providing this high-quality clinical care while also supporting the regulation and integration of the profession, establishing new midwifery practices and safe birthing services all while managing the programs and ensuring their logistics and hiring a rotating roster of locum midwives to support their under-staffed programs.

A Strained System

Just two midwives per-program deliver these services. They are stretched beyond their capacity. Performing all of these tasks while providing primary clinical care is not sustainable for midwives and is not fiscally responsible. It is taking a real toll.

Over the last 5 years, both programs have struggled with staffing due to mental health challenges and burnout caused by workloads and call schedules far beyond those of counterparts across the country, and other primary-care health professionals in the NWT. (See MSER pgs 44&45)

The solution is increased administrative support for existing programs and more full-time, permanent midwife positions in our territory.

A Fiscally Responsible Solution

At first glance, expanding midwifery services may seem like an added expense in an already strained budget, however, increasing access to midwifery services will bring cost savings in the following ways:

- Fewer hospital admissions
- Increased care provided in the community and at home
- Access to home births
- Earlier discharge from hospital with follow up at home
- Reduced hospital-readmission
- Reduced burden on nursing services, including fewer overtime hours

- Fewer medevacs
- Reduced preterm birth
- Reduced cost overall due to improved health outcomes

For context, the cost of a hospital stay for a preterm baby in Canada is approximately 9 times more than for a baby born at term. Preterm birth rates in the NWT rose between 2013 and 2015. Data from the Fort Smith program demonstrated lower preterm birth rates - consistent with the literature review of Midwifery outcomes.

Midwifery care impacts other important health outcomes as well:

- Increased breastfeeding rates and duration - breastfeeding protects against diabetes and obesity as well as SIDs or crib death
- Increased attendance to prenatal care
- Reduced cesarean section rates
- Reduction in birth interventions: episiotomy, induction, instrumental birth
- Reduced overall risk of infant mortality

Health Equity

The NWT consistently has higher infant mortality rates than the national average. Over the last 5 years the NWT has averaged 5.66 deaths per 1000 live births while the National rate is 4.5 infant deaths per thousand live births. This is an unacceptable gap that must close. NWT residents are entitled to the same health outcomes as other Canadians and midwives deliver improved health outcomes along with increased satisfaction with health services.

Thank you for taking the time to understand the importance of midwifery services, the long and short term impacts our care provides, and the fragility of our current midwifery programs if continued investments are not made. We would be happy to discuss this further or provide you with any information you may require. We look forward to hearing from you.

Sincerely,



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