



*You're pregnant?
Congratulations!*

ANCIENT PRACTICE, MODERN MEDICINE: MIDWIFERY IN THE OKANAGAN

Over the next nine months you'll make decisions as fast as your belly grows. What to eat? How much to exercise? Breast or bottle? Stay home or go back to work? What about those stretch marks?

Before books like *What to Expect when You're Expecting* became so popular they were made into movies, a pregnant woman went to her mother, a trusted aunt, or maybe her grandmother, for more than advice.

Less than a century ago most Canadian children were born at home and they weren't delivered by a doctor. A female relation, often taught by the mother before her, coached a woman through labour, employing ancient techniques to ease the pain and encourage the birth. She was called a midwife and "catching" babies was her calling.

With the advent of technology, particularly forceps to aid in difficult deliveries, fewer mothers and infants died, but more babies were born in hospitals, and the art shifted to science.

Happily modern medicine is a melding of the two: intuition and experience; knowledge and education. Midwifery--an ancient practice--is very much current and pregnant women have yet another decision to make.

Midwife or Doctor?

No one disputes Canadian doctors are world-class. There just aren't enough of them. A shortage of General Practitioners (many of whom decline to practice maternity or have given up their hospital privileges) leaves pregnant women without the care they might expect while expecting.

It's a healthcare crisis, especially for women living in rural centers with few physicians and limited access to hospitals. The BC government is trying to address the issue by supporting a woman's right to choose--her caregiver, that is.

As of 1998, the provincial Medical Services Plan (MSP) covers the cost of one primary caregiver to see a woman through pregnancy and birth: a physician or a midwife.

After injecting \$2 million into UBC's midwifery degree program, the government doubled the number of spaces from 10 to 20 this past fall, but it's still not enough according to the Midwives Association of BC (MABC).

With close to 200 midwives currently practicing in the province (850 across Canada), demand still exceeds resources.

Why is that? According to women who hire them, midwives make the birthing process better.

While physicians train for at least twice as long, they are responsible for a myriad of health concerns, while midwives specialize in prenatal, labour, birth and postpartum care.

Like physicians, midwives have hospital privileges and work as independent practitioners, running their own clinics, often working with a group of colleagues to offset their demanding 24-7 call.

Along with doctors, registered midwives (RM's) have access to genetic testing, lab tests, ultrasounds, and referrals to specialists. They can write prescriptions,

obtain pain relief during labour, and refer to obstetricians.

Most of all, midwives act like coaches, providing personal education, and encouragement, tailored toward individual clients. As Lauren MacHattie, former RM with Malachite Midwives in Kelowna, put it: "Midwives do not work according to an informed consent model of care, but rather an informed choice one." In other words, the birthing plan is up to the mother, including whether she will deliver in a hospital or at home.

That's certainly what appealed to Kelowna mom, Romina Rooney, when she sought alternative care during her first pregnancy. "I'm a homebody by nature," she says. "I loved the idea of giving birth in a surrounding that was familiar to me."

Research led Rooney to opt for a home, water birth. "There's less pain and you dilate more quickly under water," she explains. "I loved that the midwives at Malachite could guide and support me in the birth plan I wanted."

While water births might not be for everyone (Rooney admits to more preparation, including the renting of a birth tub), the specialized care she received from the Kelowna clinic impressed her so much, she now works as their Office Captain.

The Malachite Midwives are so busy, they turn down tens of women every month.

With only three RM's (the clinic just lost Lauren MacHattie to a Victoria practice) each taking on 3 or 4 clients at a time, delivering between 40 to 60 babies a year, women need to decide early in their pregnancies (if not before) they want to

work with midwives. "Step one, pee on a stick. Step two, call us," MacHattie jokes.

What about the Cost?

Despite the fact they are significantly better paid than General Practitioners, midwives say they cost less over the long run and it seems the government agrees. In the case of Malachite Midwives, half of deliveries are done at home, saving on hospital stays (about \$2,000 a day). Having midwives working in rural areas not only keeps women in their communities, but saves the costs of transporting them to bigger centers to deliver their babies. Then there are the savings on C-sections.

According to the MABC, 18% of midwife-assisted deliveries end in C-section, compared to 31% for physician-assisted. With the Canadian Institute for Health Information putting the cost of a C-section at \$5,000 (vaginal births run upward of \$2,265), the statistics are hard to ignore.

"We spend more time with women and their families," MacHattie says. "We take into account all of their physical, emotional, social outcomes and offer six weeks of post-partum care, visiting homes and offering breast feeding support. We're not fee-for-service. The number of visits you make doesn't affect the cost of your care."

So what's the downside?

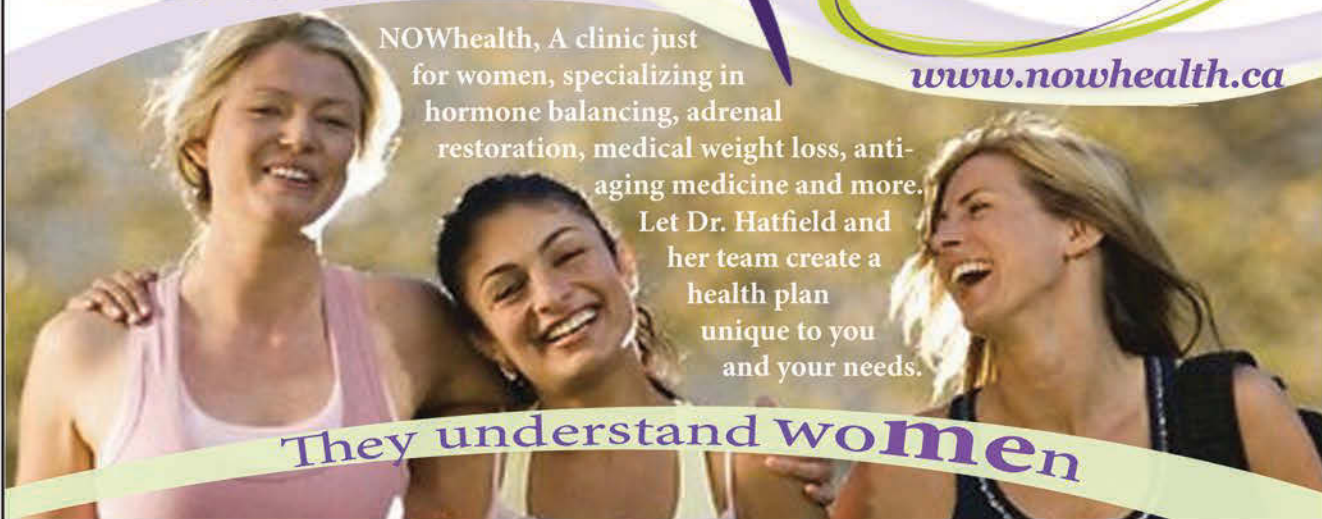
As one doctor put it: Birthing is a beautiful thing until something goes wrong, then it gets ugly.

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MIDWIFERY

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While a British Medical Journal study found the infant mortality rate for home births and hospital ones was about the same (1.7 per 1,000) in healthy pregnancies--the key was healthy.

The scope of midwifery care is more limited than an obstetrician's. While midwives don't take on high risk pregnancies, there's always a chance labour won't progress or worse--something will go terribly wrong, like maternal hemorrhaging or fetal distress.

"We have monitoring equipment," MacHattie says. "We are trained to recognize yellow flags during labour." Transfer to hospital occurs quickly, where MacHattie says midwives and physicians work cooperatively. "We have excellent support from doctors."

Still, some physicians say they are frustrated. Paid less and then expected to suddenly take on the care of someone else's patient--in danger, no less--they witness what goes wrong. They also say their rate of C-sections in healthy pregnancies is the same as midwives' but because doctors deal with high risk pregnancies, statistics appear skewed.

Thankfully birthing remains a mostly beautiful business. Midwife or physician, BC women--and their babies--are in good hands.

For more information check out:

Malachite Midwives in Kelowna:
malachitemidwives.ca (250 860-3255)

Willow Community Midwives in Penticton:
www.willow-midwives.ca (250 276-6088)

Born Naturally Midwifery in Vernon:
www.bornnaturally.com (250 550-6850)

North Okanagan Midwifery Care:
(250 503-5133)

Community Midwives Kelowna:
(778 436-8060)

The Midwives Association of BC:
bcmidwives.com (604 736-5976)



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