

Developed for the purposes of administering AOMBT's disability program, this document outlines the key activities, principles of care and model of practice for a midwife in the province of Ontario.

## 1. Background

This document is meant to be used by the parties involved in a midwife's disability claim, including the midwife, their physician(s), and the insurance carrier. The physician and/or medical professional involved in a midwife's care plan and who may be completing a disability claim form or providing additional information to the insurer, must have a thorough understanding of the midwife's duties and responsibilities, as the physician is evaluating the midwife's medical condition in relation to their ability to perform their specific job duties and/or return to work.

Equitable Life of Canada provides disability insurance to AOMBT midwife plan members who are actively practicing in the province of Ontario. AOMBT's disability coverage is mandatory and all actively practicing midwives have short and long-term disability insurance coverage unless they provide proof of coverage under another plan.

Midwives are *self-employed* professionals. They are not *employees*. Midwifery is a fully funded health care profession, through the Ontario Midwifery Program (Ministry of Health). A midwife's earnings are determined by three factors - the number of courses of care they perform, their years of experience, and the payment arrangements within their practice.

## 2. Model of Practice for Ontario Midwives

Midwives provide comprehensive maternity care throughout the childbearing cycle, from a client's first prenatal visit, throughout pregnancy, the labour and birth and the first 6 weeks postpartum. A full-time midwife provides care for 80 clients a year; 40 as primary midwife and 40 as the second midwife for the birth.

Midwifery carries a high level of responsibility as midwives are the primary care providers for clients and their newborns during pregnancy, birth and post-partum.

All midwifery practices in Ontario are required by regulation (law) and the standards of the College of Midwives of Ontario to practice under the Ontario Midwifery Model of Practice. This means they must provide continuity of care to clients and their newborns throughout the maternity cycle, including continuous on-call availability.

Unless in an alternate practice arrangement, all midwives in Ontario have the same essential job duties and responsibilities.

### 3. The role of a midwife<sup>1</sup>

A midwife is a primary caregiver, which means that she/he can provide all the care necessary for a healthy woman and her baby throughout pregnancy, birth and for six weeks afterward. Midwives refer women and babies to family doctors or specialist doctors like obstetricians and pediatricians if the care becomes complicated. Even if care is transferred to a doctor, at the birth, midwives will remain involved in the care as a support to the mother and baby. As primary caregivers, the role of a midwife includes:

- care for healthy, pregnant women and their babies;
- see women for all prenatal visits and give prenatal education;
- order laboratory and ultrasound testing if needed;
- arrange for consultations with or transfers to doctors if needed;
- give some medications during pregnancy, labour, birth and the postpartum (after birth) period if needed;
- take responsibility for primary care during labour, birth and postpartum including delivering the baby;
- examine the newborn and care for mothers and babies for six weeks after the birth.

A midwife's activities include:

- Clinic visits, which require the mobility to perform physical examinations.
- Extended periods of physical and mental support including:
  - Attending to clients throughout labour which may result in 1-2 nights missed sleep
  - sitting and standing at labours for many hours at a time
  - assisting labouring clients to change positions including get in and out of a bathtub or shower
  - providing physically-demanding labour support such as massage or the application of counter-pressure
  - as primary caregiver, manage labour and delivery, including monitoring vital signs, assessing progress as well as physically managing the birth
- Providing counselling and emotional support to clients and their families.
- Perform postpartum visits (5-7 per client), the majority of which require travel to/from the client's home carrying equipment which can be 15 kgs or more.
- All midwives provide on-call care for their clients and this on-call requirement is highly demanding. Most midwives are on-call 24 hours a day, 7 days a week except for scheduled vacations, and possibly a few days off-call per month. Unanticipated absence are generally covered by another midwife within the practice. A midwife who belongs to a small practice may be on-call continuously during the year. Pre-arranged coverage

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<sup>1</sup> Excerpt from the Ontario Ministry of Health & Long-term Care website – *Midwifery in Ontario* [Last Modified: 2016-05-09]

is made by a midwife from another practice. Except for scheduled vacations, most midwives, including those working part-time, are on-call the vast majority of the time.

- A typical work schedule for a full-time midwife is on average 60 hours per week. When midwives work in part-time or share-cared arrangements they may work less hours, however, their on-call requirements may be equivalent to full-time demands.
- Public speaking and outreach including but not limited to attending hospital and community meetings and acting as preceptor to students

#### **4. Returning to Work Following a Disability**

Depending on the disability, while difficult, it may be possible for a midwife to return to practice part-time or on a graduated basis. While a midwife who is working a reduced schedule, she/he must be able to perform the majority of tasks of the role. The larger the practice, the greater the possibilities that a graduated return to work is feasible.

Examples:

- Having a second midwife or student/assistant at a labour to move/carry heavy equipment, to physically support/move the labouring client, and to provide support to midwives on a graduated return to work from a disability;
- If other midwives in the practice share a greater amount on the “call” roster, permitting the returning midwife to limit her on-call duties;

#### **5. Midwifery Practices**

Midwives are organized into practices, ranging in size and location. There are approximately 100 midwifery practices in large and rural settings across Ontario. The larger the practice, the more potential for peer support/backup, including time-off. Most midwifery group practices are structured as partnerships and governed by partnership agreements. Midwives in a practice are primarily partners, although some are associates (typically new members at a practice on a trial basis) or on short-term contracts (locums).

There are also a small number of solo practices, structured as sole proprietorships. Each midwifery practice has entered into a Funding Agreement (standard contract) with a TPA (Transfer Payment Agency).