

# in profile

by ROBYN BERMAN

## An Aspiring Midwife in an Aspiring Provincial Midwifery Landscape

In Canada, midwifery became a regulated profession in 1994. In the 9 of the 13 provinces/territories that have regulated midwifery, the service is an integrated component of the national social-healthcare regime. Each province is responsible for its own disbursement of health-care dollars and for its own execution of healthcare programming. Therefore, regulated midwifery looks a bit different depending on where you reside. In my home province of Nova Scotia, midwifery is practiced according to the scope, guidelines, and professional conduct outlined in the Midwifery Act (2006) and the Midwifery Regulations (2009). Just prior to midwifery regulation in Nova Scotia in 2009, there was a one-time evaluation and assessment program held for midwives wanting to work in Nova Scotia who had previously worked in other regulated jurisdictions.

We are 7 years into practice since regulation, and this is what the birth landscape looks like: total population of almost 950,000 people in a province that is 55,284 square kilometres (21,300 square miles); approximately 8,500 births in 2015; 9 full-time midwifery positions (held by

10 midwives); and midwifery care available in 3 designated sites. Halifax, Nova Scotia's capital, is home to the IWK Community Midwives where there are currently 5 full-time positions; about 100 km (62 mi) south of Halifax are the South Shore Community Midwives with 2 full-time positions; and about 200 km (140 mi) north are the Highland Community Midwives, also with 2 full-time positions. The case load for a full-time midwife is approximately 40 births/clients per year.

In provinces where midwifery has been regulated for 18 years or more, midwives are at the tipping point, serving 10% or more of the birthing population. Nova Scotia has a lot of work to do to catch up, and as an aspiring midwife I am hopeful that I can be a part of the magic that happens when our profession broadens its borders and becomes accessible to the many families who want midwifery care.

As a professionally trained midwife on the cusp of searching for employment, it is daunting to live in a province where the profession has advanced so slowly since regulation. The reality is that government action takes time. When maternity care throughout the entire province needs to be completely revamped, you can guess that midwifery is not high on the priority list (even though I think it should be!). Midwifery hasn't "proven" itself in Nova Scotia just yet. The collaborative care model is generating some excitement at the government level, with goals of improving accessibility and reducing costs amid the maternity care landscape. How do we increase awareness that midwives can play a key

role in shaping the future of the delivery of maternity care services in Nova Scotia? Midwifery care promotes prenatal education that motivates and supports pregnant women to make independent, informed choices, including choice of birth place for women who are considered low-risk. Canadian studies and anecdotal information report reduced rates of intervention at births, greater satisfaction among birthing women, long-term rates of exclusive breastfeeding, decreased spending due to all of the above, and more!

Ever the optimist, my hope is that the maternity care landscape will take center stage in the next few years. More and more evidence is pointing to the fact that if we as healthcare professionals can support and encourage families toward preventative health and wellness rather than reactive and urgent healthcare, over time health authorities will see a reduction in the demand for acute healthcare services, which continue to be the financial burden of most provinces, territories, and states across North America. Midwifery in Nova Scotia just hasn't served enough people yet to demonstrate its capacity in achieving this kind of government-defined success.

I am thankful to have trained at a US direct-entry midwifery school, in my case Birthwise Midwifery School. The midwifery education program has prepared me to practice as an autonomous primary healthcare provider. But, because my professional diploma comes from a midwifery education program outside of Canada, I cannot begin working as a midwife until I am accepted into and complete a competency evaluation program.

In my home province of Nova Scotia, there is no formal assessment of internationally trained midwives available. Currently there are 4 competency assessment programs in Canada for internationally trained midwives, but availability and funding for these programs is not consistent from year to year. While this certainly presents a major road block to professional practice, I am hopeful that I will find a path to practice as a registered midwife in the not too distant future. I am eager to serve the birth community that I have been a part of for the last 11 years as a professional doula, breastfeeding educator, and most recently student midwife. I want to give back to the women and families who continue to amaze me with their motivation and dedication to woman-centered pregnancy and birth. I aspire to work alongside the registered midwives who have painstakingly and tirelessly worked to make regulated midwifery a reality for the women and families of Nova Scotia. ●

*Robyn Berman has been an apprentice with the IWK Community Midwives in Halifax, Nova Scotia, since the Spring of 2013, and graduated from the Birthwise Midwifery School Community Program in June, 2016. Robyn is grateful for the incredible opportunity to have trained with an outstanding team of midwifery professionals, as well as the nurses, physicians, and support staff at the IWK Health Centre. Robyn is lovingly thankful to her husband and children for their gracious and unwavering support. She can be reached at [robynaberman@gmail.com](mailto:robynaberman@gmail.com).*



Robyn Berman