



Practice profile.

The Birth Centre Midwifery Group in Winnipeg, Manitoba

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In 2000 in Manitoba, midwifery became a regulated health care service publicly funded by the Manitoba government. Midwives are hired and paid by regional health authorities and work in five community health centres in Winnipeg; the Women's Health Clinic is one of these five community sites. The Women's Health Clinic was a strong advocate for midwifery regulation and was the first community-based midwifery site in Winnipeg.

The Birth Centre Midwifery Group, which opened in Winnipeg in late 2011, is unique in Canada as it is a partnership between a community health centre [the Women's Health Clinic] and the

Winnipeg Health Region.

The scope of practice at the Birth Centre is similar to that of a home birth, with the exception of vaginal birth after cesarean section, which is currently not available at the Birth Centre. There are about 30 full- and part-time midwife positions in Winnipeg; 13 of them are working out of the Birth Centre.

I spoke with registered midwife Sheila Mills, the Site Lead for the Birth Centre Midwifery Group, who has been there "from the beginning." She told me that she appreciates the fact that all midwives in Manitoba belong to the Canadian Union of Public Employees. She feels this has an equalizing effect

for midwives and is significant at the practice level. The Birth Centre also uses a consensus model to make clinical decisions. The practice tries to help midwives maintain a work-life balance whereby they provide call coverage for one another when the need arises. Sheila says, “The practice functions well; there is a friendly atmosphere. New midwives are encouraged to ask for help, and we all try to support one another.”

The group particularly attracts midwives who enjoy offering out-of-hospital births, and most of the births they attend are at the Birth Centre. Most of the midwives in the group are originally from Manitoba; many went away to other countries or provinces for midwifery school and training and have returned.

All Winnipeg midwives can bring their clients to the Birth Centre for births. Between April 1, 2016, and March 31, 2017, there were 244 admissions for birth, and the majority were clients of the Birth Centre Midwifery Group.

The Women’s Health Clinic operates a centralized intake process for all Winnipeg midwives. Midwives access this list and select qualifying clients that they can accept into care. Birth Centre midwives prioritize clients who would like to give birth at the Birth Centre and those coming from specific priority populations: indigenous, marginalized families, teenagers, newcomers, and those in financial difficulty. The entire midwifery program has a policy that at least 50% of the clients must come from these populations.

A full-time midwife can take on 30 to 40 clients per year as primary midwife and about the same number of clients as a second midwife. Clients are admitted at the Birth Centre in active labour and are discharged home within 6 hours of the birth. Their midwife makes a home visit the following day or as needed.

Birth Centre midwives find that having their clinic space within the centre is very convenient. If there are several births happening at once, or if a labour is going quickly and the second midwife has not arrived, there is often another midwife in the building who can step in to help. The setting makes it easier to support one another.

The midwives at the Birth Centre have divided

themselves into pods of three or four midwives each. On alternate weeks, each pod meets to do chart reviews or meets with the larger group to discuss issues related to the Birth Centre. Birth Centre midwives meet monthly for peer review with all Winnipeg midwives [the Manitoba College of Midwifery requires a minimum of four peer reviews per year]. The Birth Centre is a hub for midwifery services in Winnipeg. For example, it is here where home birth supplies are assembled and sent out to the homes of all midwifery clients planning home births. Social workers and nurses come to the Birth Centre for workshops in supportive care in labour. Obstetrics residents’ academic days exploring normal birth have been held at the centre as well.

I spoke with Trina Larsen, Director of Clinical Programs at the Women’s Health Clinic, about the programs for which she is responsible. In addition to the Birth Centre, the Women’s Health Clinic also offers a drop-in clinic for teens; free birth control; and clinics for sexual and reproductive health, abortion care, menopausal issues, and pelvic pain. These programs are staffed by physicians, nurse practitioners, and nurses in two other locations as well. The Birth Centre also offers pre- and postnatal programming and Coping with Change, a program focusing on postpartum emotional adjustment.

Trina says the Women’s Health Clinic is “extremely supportive” of clients’ having a choice of birthplace and is honoured to be the community health centre that operates the Birth Centre. Having such a close relationship with the Women’s Health Clinic has great advantages for the Birth Centre. Clients and midwives alike depend heavily on access to many other Women’s Health Clinic programs and services.

Trina feels that families find that the Birth Centre is a “safe place to go.” Child-minding is available, as is transportation to and from the clinic or hospital for staff and clients. Occasionally, community fundraisers are held to support the clinic’s activities [such as, for example, providing free birth control]. The Women’s Health Clinic is a feminist organization that offers inclusive, innovative services to all Winnipeg women while focusing on more-vulnerable populations. Trina says that the Birth Centre is a space where clients



and midwives feel in control. The centre is close to the hospital, and its building is designed for accessibility, which facilitates transport to hospital if necessary.

Birth Centre midwives note that they have “amazing support staff” from the Women’s Health Clinic. The working atmosphere is extremely collegial. Two midwives attend each birth, as does a birth centre assistant employed by the Women’s Health Clinic. This staff position, the midwives claim, “has changed their lives.” The assistant greets clients when they arrive, helps the midwife with paperwork and equipment, offers water and food to clients, and generally supports the process. The template for this position was created by the Birth Centre’s development team and has since been taken up by other birth centres in Canada.

I also spoke with Beckie Wood, the interim Clinical Midwifery Specialist for the Winnipeg Health Region, about the history of the Birth Centre. Throughout the 1990s and up until 2005, all hospital births in Winnipeg occurred in five

small local hospitals with maternity care services. In 2005, all hospital-based maternity care services were amalgamated with two of the larger hospitals in the city. The provincial government then identified a need for services focused on low-risk births and for women who did not want to labour and deliver in a hospital setting.

In 2006, the Midwives Association of Manitoba [MAM] envisioned a birth centre that would be the hub for low-risk births. In 2007, Women’s Health Clinic, MAM, and the Winnipeg Health Region, with feedback from community members, submitted a joint proposal to the Manitoba government for a midwife-led free-standing birth centre in south Winnipeg.

In 2008, the Women’s Health Clinic partnered with Judy Jenning, a local artist who works with stained glass, who, through a grant from the Manitoba Arts Council, produced beautiful hanging stained-glass mobiles that grace the Birth Centre. Madeline Boscoe, formerly from the Women’s Health Clinic, noted the following at the time:

We envisioned a project that would represent the power and joy of the work of giving birth—and to reclaim it as a social and cultural event, not just a medical one. Judy has captured exquisitely the stories and images of women, midwives, nurses, and physicians who shared their birth stories with us.

The Birth Centre midwives find that working in such an extraordinarily beautiful space is helpful. Beckie Wood says that for potential clients visiting the Birth Centre, “the psychology of the space makes their decision.” Clients often have an immediate response when they come to the Birth Centre for the first time: they say to themselves, “I could have my baby here!” As Beckie notes, “We want to provide choice and positive birth experiences so that more women will feel inspired to have low risk and out-of-hospital births.”

While most clients are able to give birth safely within the walls of the Birth Centre, the province requires that all midwives have admitting privileges at both the local hospitals in case a client needs to be transported to hospital. Generally, for nonurgent transport to hospital, midwives will accompany their clients; for urgent matters, clients are transported to St. Boniface Hospital, which is closest to the Birth Centre. The hospital transfer rate for intrapartum and postpartum care is approximately 20%, which is consistent with the national transport rate for birth centres or home births. The most common reasons for transport to hospital are pain and prolonged labour. Sheila Mills says that everyone is invested in making midwifery work and that the local hospitals support the midwives and their clients. Midwives are valued and recognized and are bringing a “professional lens” to birth. An obstetrical resident contacted Sheila recently to acknowledge the wonderful care that the midwives give to their clients.

I asked Sheila about any challenges that the Birth Centre Midwifery Group faces. Sheila noted that probably the biggest challenge was at the beginning in 2011, when the group of midwives were figuring out the logistics of working together in a new setting and getting established to run the practice. The Birth Centre has six clinic rooms, so

sometimes it is difficult to balance the available space with the need for rooms.

In 2017, there were over 1,100 requests for midwifery services in Winnipeg. Of the 942 women who were eligible for midwifery services (i.e., who met identified criteria for low-risk pregnancy), over 90% were accepted into care. Work is under way to ensure that midwives prioritize clients who choose out-of-hospital birth and that midwives increase courses of care where possible, with the goal of accepting all eligible clients into care. A great deal of effort has gone into strengthening the midwifery program in Manitoba, but that work is not yet complete. The Women’s Health Clinic acknowledges that more needs to be done to publicize the profession and to have midwives universally recognized as primary health providers. As Trina reiterates, “Promotional work and myth-busting about the role of midwives need to continue.”



