

# The Midwives Collective of Toronto 2016 Outcomes

## About the Midwives Collective of Toronto

The Midwives Collective of Toronto (MCT) was established in downtown Toronto in 1983. It is one of the earliest and largest midwifery group practices in Ontario. MCT midwives work closely as a group with each client meeting two to four midwives who provide continuity of care. We attend births at home, the Toronto Birth Centre, and Mount Sinai Hospital, where all midwives have privileges. The MCT is an active teaching practice affiliated with the Ontario Midwifery Education Program (OMEP) at Ryerson University. A number of midwives are current or past faculty or course instructors with the OMEP and are involved in research and policy development. The MCT has a strong commitment to social justice and improving health care equity for all childbearing individuals, their newborns, and families. The practice works with a diversity of clients and prioritizes care for underserved populations. Midwifery care is offered in more than eight languages beyond English.

### 2016 quick facts

- Total MCT births = 540
- Total Ontario midwifery practice groups = 105
- Total Ontario midwifery births = 17,878
- Total Ontario births (2015/16) = 140,707

## Key findings

- The MCT achieved excellent outcomes and low rates of interventions that were equal to or improved compared with outcomes for all Ontario midwifery births.
- The MCT's low rates of intervention were achieved despite a higher proportion of primiparous clients and those 35 years of age or older (Table 1); characteristics that at a population level are associated with higher rates of obstetric interventions and complications.<sup>1</sup>
- Further research is needed to understand the factors that support these results; however, some factors may include:
  - A higher percentage of out-of-hospital births
  - Midwives maintain primary care for induction, augmentation, and epidural pain relief
  - Positive inter-professional relationships at Mount Sinai Hospital
  - Continuity of care model

Table 1: Client demographics, 2016

	Characteristic	MCT (%)	All Ontario midwifery births (%)
Parity	Primiparous	50.7	42.9
	Multiparous	48.9	57.0
	Missing data	0.4	0.0
Age	≥35 years (all)	38.3	20.5
	≥40 years (only)	5.7	2.6
Risk profile	Singleton, vertex, term, no previous CS	80.0	81.5
Other factors	Primary language other than English	14.0	8.6
	Non-insured	13.3	6.7
	Repeat client	34.2	38.5

Sources: Midwifery Care Profile – Birth, Jan. 1, 2016 – Dec. 31, 2016; Midwifery Care Profile – Demographics, Jan. 1, 2016 – Dec. 31, 2016; Midwifery Care Profile – Utilization of Services, Jan. 1, 2016 – Dec. 31, 2016; BORN Ontario; extracted May 12, 2017.

<sup>1</sup> Association of Ontario Midwives. Pregnancy beyond 40: A clinical background for midwives. Accessed from [http://www.aom.on.ca/Health\\_Care\\_Professionals/Midwife\\_Resources\\_-\\_Clinical.aspx](http://www.aom.on.ca/Health_Care_Professionals/Midwife_Resources_-_Clinical.aspx).

<sup>2</sup> Better Outcomes Registry & Network (BORN) Ontario. Facts from Ontario: BORN 2014-16 Biennial Report. [PowerPoint Slides]. Accessed from <https://www.bornontario.ca/en/about-born/governance/annual-reports/2014-2016-annual-report/facts-from-ontario/#Birth>.

<sup>3</sup> Note: in the BORN Annual Report 2014-16 *low-risk women* referred to: hospital births only and nulliparous clients with full term, singleton, vertex, live births, and without or minor pre-existing maternal health conditions, no diabetes in pregnancy, no hypertension disorder in pregnancy, and age 35 years or younger. This is a narrower definition of low risk than presented in BORN standardized reports used for MCT/MPGs, but provides an approximate comparison.

<sup>4</sup> Sinai Health System. OBS and ambulatory accreditation handbook: Women's and infant's health April 2017. [PowerPoint presentation].

## The Midwives Collective of Toronto 2016

### Midwives

Erin Beckett  
Zuzana Betkova  
Elizabeth Brandeis  
Hedrey Chu  
Nimerta Dhami  
Carmen Felix  
Tracy Franklin  
Vincia Herbert  
Tarah Hoag  
Katrina Kilroy  
Leah Klein

### Staff

Kim DaLuz  
Heather Douglas  
Dhvani Gandhi  
Kate Hunter  
Dyese Ito  
Asha Kilroy  
Katy McLean  
Kaleigh Smith

## Place of birth

- As shown in Table 2, the MCT's out-of-hospital birth rates (both planned and actual) were more than double those for all Ontario midwifery births.
- Actual out-of-hospital births were almost evenly split between clients' homes and the Toronto Birth Centre.
- Although the MCT typically has a higher than average out-of-hospital birth rate, several factors have contributed to increasing out-of-hospital birth rates:
  - Opening of the Toronto Birth Centre in 2014, which has been taken up enthusiastically by Toronto families and is reflected in our birth centre rates.
  - The MCT has always prioritized requests for out-of-hospital births. Restrictions on the number of births we are able to attend at our hospital led to a new booking approach in 2015. New clients are offered out-of-hospital birth only, an approach that has enabled us to grow in size and meet unmet demand for midwifery care. As always, clients planning out-of-hospital birth have full access to hospital based care when medically necessary.

Table 2: Place of birth, planned vs actual, 2016

	Location	MCT (%)	All Ontario midwifery births (%)
Planned place of birth (at outset of labour)	Total hospital	46.1	77.1
	Total out-of-hospital	53.9	22.9
	Home Birth centre*	19.8 33.7	17.3 4.5
Actual place of birth	Total hospital	59.6	81.6
	Total out-of-hospital	40.3	18.4
	Home Birth centre*	20.9 19.4	15.3 2.5

Source: Midwifery Care Profile – Birth, Jan. 1, 2016 – Dec. 31, 2016; BORN Ontario; extracted May 12, 2017.

\*Currently, there is one birth centre in Toronto, one in Ottawa, and one serving the Six Nations of the Grand River Territory community. As such, a birth centre birth is available to a subset of Ontario midwifery clients only.

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## Birth outcomes and interventions

- As shown in Table 3, the MCT cesarean section (CS) rate was lower than the rate for all Ontario midwifery births (15.7% vs. 17.2%). This was also the case when adjusted for low risk clients (i.e., singleton, vertex, term, no previous CS): 8.1% (MCT) versus 10.5% (all midwifery births).
- The overall Ontario CS rate for low risk births was at 19.8% in 2015/16.<sup>2,3</sup>
- Episiotomy rates were low for MCT clients and Ontario midwifery clients generally.
- Mount Sinai Hospital, a Level III hospital serving a 40% low risk population and 60% moderate to high risk population, has a CS rate of 34% and epidural rate of 80%.<sup>4</sup>
- The average length of stay for a vaginal birth at Mount Sinai Hospital is 1.9 days; 57.0% of MCT clients are discharged in less than five hours after a hospital birth; 71.3% in less than 24 hours.

Table 3: Interventions, by type, 2016

Intervention	MCT (%)	All Ontario midwifery births (%)
Cesarean section (CS)	15.7	17.2
CS rate adjusted for low risk pregnancies only (i.e., singleton, vertex, term, no previous SC)	8.1	10.5
Assisted vaginal delivery	3.5	5.7
Perineal trauma (any)	58.3	60.7
Episiotomy (excludes lacerations)	1.6	2.7
Both laceration and episiotomy (excludes extension)	2.3	3.0
Induction	11.3	18.6
Augmentation	26.7	29.7
Epidural (all births)	32.6	33.2
Epidural (vaginal births only)	16.9	16.0

Sources: Midwifery Care Profile – Birth, Jan. 1, 2016 – Dec. 31, 2016; Midwifery Care Profile – Labour, Jan. 1, 2016 – Dec. 31, 2016; BORN Ontario; extracted May 12, 2017.

## Newborn outcomes

- As shown in Table 4, a low percentage (0.8%) of newborns born to MCT clients had Apgar scores of less than seven at five minutes after birth.
- The percentage of small for gestational age (SGA) and large for gestational age (LGA) newborns was lower MCT clients than for Ontario midwifery births overall, and may in part be related to client demographic factors.
- More than four out of five newborns (83.1%) born at term to MCT clients were being fed human milk only at six weeks, a rate slightly higher than that of all Ontario midwifery births (79.6%).

Table 4: Newborn outcomes, 2016

Outcomes	MCT (%)	All Ontario midwifery births (%)
Apgar <7 at 5 minutes	0.8	1.5
Pre-term (<37 completed weeks)	4.9	4.7
SGA (<10th percentile) (singleton, live births)	4.9	7.1
LGA (>90th percentile) (singleton, live births)	7.2	11.3
NICU admission (term, live births)	1.9	6.6
Human milk only at 6 weeks (term births)	83.1	79.6

Sources: Midwifery Care Profile – Newborn Outcomes, Jan. 1, 2016 – Dec. 31, 2016; Midwifery Care Profile – Utilization of Services, Jan. 1, 2016 – Dec. 31, 2016; BORN Ontario; extracted May 12, 2017.