

Midwives vs. OBs

By Heather Hudson

When Mary Lynn Kataura learned she was pregnant, her first parental decision was to find an obstetrician to care for her and her baby. For her, it was a no-brainer.

“Most of the people I knew had obstetricians, I preferred brief appointments while reading up on pregnancy on my own and I wanted a hospital birth, so it seemed like the right choice.”

Lisa Tabachnick Hotta wasn't so sure. Though she wanted a practitioner who specialized in maternity care, it was important for her to have the opportunity to establish a relationship with her caregiver to feel at ease throughout the process. In the end, she chose a midwife because of the all-encompassing support that profession boasts.

Before deciding whether an obstetrician or a midwife is right for you, it's important to understand their differing approaches.

Obstetricians

According to Dr. Michael Helewa, the head of obstetrics at St. Boniface General Hospital in Winnipeg, Manitoba and president-elect of the Society of Gynecologists and Obstetricians of Canada, an obstetrician is a specialist who has been exposed to most disciplines of medicine followed by an intensive five-year training in women's health and maternity care.

They have hands-on training in the well being of pregnant women and all anomalies of pregnancy. From a medical point of view, they are skilled and expert in the technical aspects of delivery, including cesarean sections and problem deliveries.

A woman who experience a problematic pregnancy, including complications such as high blood pressure, preeclampsia, diabetes, bleeding episodes, multiples, breech babies or fetal problems is advised to take advantage of the unique expertise an obstetrician offers.

“When a woman sees an obstetrician, she's seeing a medical doctor who has expertise in regular maternity care and in problematic pregnancies,” says Helewa.

Obstetricians tend to work harmoniously with maternity nurses. They may spend limited time with their patients on each visit, but they offer advice and options based on expertise and scientific evidence. Helewa says that while they may not spend as much time with a patient as midwives do, they supplement the care they provide by offering connections to ancillary care from professionals such as dieticians, social workers and other specialists. Their patients are also offered public health nursing services and approved prenatal classes.

During labour, women are allocated to expert nursing care. The obstetrician oversees care and the progress of labour by spot checking throughout and gets involved directly with the actual delivery.

Postnatally, the obstetrician visits the patient in hospital and then follows up within four to six weeks for a final exam and consultation. The baby is transferred to a family doctor or pediatrician immediately after birth.

For Rebecca Mills, this is exactly the kind of care she wanted. She saw her family doctor until she was 28 weeks pregnant before being transferred to an obstetrician for the final phase.

“I appreciated an arm’s length relationship. I didn’t want a lot of hand-holding or soothing; I just wanted instructions on what I needed to do to have a healthy baby. I felt that I really didn’t need a lot of support from my doctor.”

Midwifery

Since midwives became a regulated health profession in 1994 – making their services fully funded under the health care system – there has been a steady increase in their popularity. In fact, the Association of Ontario Midwives (AOM) reports that the nearly 300 midwives currently certified in Ontario will deliver around 9,000 births this year, a 78 per cent increase.

Elana Johnson, AOM president and a midwife practicing in London, ON, says the model of midwifery care is three-fold.

“Midwives offer informed choice, emphasizing that the woman is the central decision maker. We also offer continuity of care, ensuring that each woman will have familiar caregivers throughout her pregnancy, labour and birth. Third, we offer a choice of birth place, whether it be at home or in a hospital setting.”

On-call to their patients 24 hours a day, midwives are intensively trained in caring for women with low-risk pregnancies based on the recognition that pregnancy is a natural, healthy process. They are the primary caregivers for both mother and baby during pregnancy, labour, birth and up to six weeks post-partum.

During routine prenatal appointments, midwives may spend up to 45 minutes with each woman and her partner sharing information on health issues, including nutrition and lifestyle choices to prevent complications, while forming a relationship to ensure familiarity and comfort during labour.

“One of our goals as midwives is to get to know each woman so well that when we walk into a room during labour, our presence is a comfort. When they say ‘Oh good, she’s here’, we know we’ve done our job in that regard,” says Johnson.

During labour, midwives provide complete clinical care, staying with each woman from the onset of intense labour to two hours after the birth. This may include coming to her home and accompanying her to the hospital or setting up an environment in which she can give birth at home.

Johnson says one of the myths surrounding midwifery is the limited availability of pain relief. “While we are highly skilled in offering non-pharmacological solutions, there are times that they are appropriate. In the hospital, we certainly have access to available options and work collaboratively with the whole health care team to provide what the woman wants.”

Midwives provide care for mother and baby within 24 hours and again 48 hours later, followed by weekly visits for up to six weeks.

Pregnant with her second child, Meline Nikoghossian is pleased to be back under the care of the midwives who helped deliver her two-year-old daughter, Maija. She says she particularly appreciated the support she received during labour.

“I loved the fact that my midwife was at my place within 30 minutes of calling her and stayed with us the whole time.”

Though each pregnant woman has unique criteria for the type of care she prefers, circumstance may make the decision for her. Due to obstetrical and midwifery shortages across the country, many women have limited options.

If you have the choice, it makes sense to consider which designation best suits your individual personality and health profile.