Pilot Integration of Midwives Into a Comprehensive Primary Care Setting

An IP Collaborative Project to integrate two salaried registered midwives as a pilot intervention to strengthen comprehensive primary care to youth clients aged 12-24 at the Victoria Youth Clinic Society (VYCS) and promote an alternate model of employment and practice to address workforce mental health challenges experienced by midwives working in a fee-for-service model.

Key Outcome 1:

Integrating salaried registered midwives (RMs) enhanced capacity to provide lifecycle perinatal, sexual health, contraceptive, reproductive, sexual assault and abortion care, by allowing Indigenous RMs to reclaim their precolonial scope and engage in currently "un-billable" activities. Inclusion of continuing professional development has permitted the building of these additional care competencies. The salary model has enabled RMs to establish relationships with Indigenous Nations and community organisations to craft care delivery that is responsive to their needs, including drop-in services. The salaried model honours a relational approach to primary care that permits the care coordination required for complex youth care needs. Moving away from a fee-for-service model allows RMs to see themselves as part of a collaborative health care system while ensuring stable renumeration without additional skills required with being self-employed.

Key Outcome 2:

Midwives enhanced the primary care clinic's services by:

1. Adding perinatal services for substance using youth,
2. Providing drop-in access to sexual and reproductive health services,
3. Decreasing wait times to sexual and reproductive health services,
4. Developing nine medical directives to improve care pathways between clinicians,
5. Enhancing referral processes within VYCS,
6. Working in various community sites to increase youth access to care,
7. Reducing workloads among allied healthcare providers and,
8. Bridging care gaps between community-based and institutional care.

Key Outcome 3:

Indigenous midwives enhance cultural safety at the VYCS when clients can see themselves reflected in their care providers, by transforming the way clients receive holistic care, and working in various non-clinical spaces and places in the community. These ways of working cultivate a greater ease among Indigenous youth clients to access care and improve connections with local Indigenous nations and organizations. By practicing an Indigenous midwifery scope other health care providers come to understand the importance of Indigenous ways of knowing and doing within care delivery.

Methodology:

Two salaried Indigenous midwives were hired at an already integrative/team-based healthcare centre that provides services to youth between ages of 12-24 years. The salaried model allowed for midwives to practice within an innovative remuneration model in British Columbia (BC). The research team interviewed the midwives, their clients, allied VYCS healthcare providers, and administrative staff throughout the project to gather data and evaluate the ongoing impact of this pilot.

Key Learning 1:

Reproductive, pregnancy, birthing, and postpartum care must be included in comprehensive primary care services for youth. While overlapping scopes of practice in these domains exists, the midwives' specialized sexual and reproductive health training and skills enhance the quality of care provided, the breadth of services needed in primary care settings, and enhances team-based care by effectively distributing client caseload among healthcare professionals.

Key Learning 2:

Integrating salaried midwives into primary care clinics allows midwives to practice to their full scope, which better serves clients in the community– especially those with complex care needs- improves workload distribution, makes better use of specialized training across the care team, and enhances care cohesion among allied community health providers.

Key Learning 3:

Indigenous care providers are essential to ensuring a culturally-safe care experience for Indigenous clients and their families in primary care settings. While the midwives greatly enhanced the Indigenous care strategy at VYCS, additional work is still needed to address racism and discrimination experienced by young Indigenous parents, particularly in the neonatal, pharmacy, and ministerial settings.

Next Steps:

1. Obtain funding to implement a fully sustainable Indigenous midwifery care model (i.e., four full-time Indigenous salaried midwives) and ensure continuity of care to new and incoming perinatal youth clients at VYCS;
2. Continue to advocate for the integration of salaried midwives at Foundry BC youth clinics and primary care teams more broadly across the province;
3. Expand on the learned importance of culturally-centred sexual and reproductive health care for Indigenous youth by conducting research to co-design Indigenous youth-oriented sexual and reproductive health services;
4. Continued advocacy for the reclamation of Indigenous midwives precolonial scope with the BC College of Nurses and Midwives.

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