

ONTARIO MIDWIVES

EXPERTS IN NORMAL PREGNANCY, BIRTH & NEWBORN CARE

[Find a Midwife](#)

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In hospital

Together with your midwife, you will make informed decisions about where to give birth. Regardless of where you choose to give birth, you will receive excellent, safe care from your midwife.

About one-quarter of women in midwifery care choose a [home birth \(/care/birth/home\)](/care/birth/home), while the other three-quarters plan a hospital birth. All midwives in Ontario can attend births with their clients in hospitals, and you will go to one of the hospitals where your midwife holds privileges.

There are almost 100 hospitals in Ontario that offer maternity services, and midwives work in 79 of them. Many of the hospitals without midwives are small rural hospitals with no midwifery clinics in those communities.

Your midwife works collaboratively with obstetricians, nurses, family physicians, pediatricians, anesthetists and lactation consultants, both in the hospital setting and in the community. Your midwife is an independent practitioner who, just like a doctor, can admit and discharge you from hospital and provide primary care.

Clients in midwifery care have lower rates of interventions such as c-section, episiotomy, forceps or vacuum delivery. Midwifery clients also typically have a shorter hospital stay. Healthy women and babies are then discharged to receive follow-up care at home from midwives.

After your midwife discharges you from hospital, she will continue to provide six weeks of [postpartum care \(/care/first-six-weeks\)](/care/first-six-weeks) in your home and in the midwifery clinic, including breastfeeding support and close monitoring of you and your baby. More information is available on the [Choice of Birthplace page. \(/midwife/philosophy/birthplace\)](/midwife/philosophy/birthplace)

Health research shows that the best outcomes occur for women when midwives remain as primary caregivers (see [policy statement \(http://www.aom.on.ca/Communications/Position_Statements/Maintaining_Primary_Care.aspx\)](http://www.aom.on.ca/Communications/Position_Statements/Maintaining_Primary_Care.aspx) for research sources). Midwives have the skills to manage care inside the hospital but sometimes hospitals make policies that require women to transfer to the care of a doctor under certain circumstances such as use of an epidural, induction of labour or management of vaginal birth after a caesarean (VBAC).

About half of all hospitals with midwives have these kinds of policies, according to a 2011 survey of the Ontario Midwifery Program, Ministry of Health and Long-Term Care. Your midwife will talk to you about what you can expect at the hospital where you plan to give birth.

The Association of Ontario Midwives advocates for midwives to be able to maintain primary care, or manage care, even when a woman requires an induction, augmentation or epidural. The College of Midwives of Ontario regulates the practice of midwifery in Ontario according to the Midwifery Act. The Act is the law that defines what kind of care a midwife can provide in Ontario. Ensuring midwives can continue to provide care to women even when they need an induction, augmentation or epidural is provided for in the Midwifery Act. To find out more, read the AOM's [position statement about midwives maintaining primary care \(http://www.aom.on.ca/Communications/Position_Statements/Maintaining_Primary_Care.aspx\)](http://www.aom.on.ca/Communications/Position_Statements/Maintaining_Primary_Care.aspx).

Midwives are often asked why they do not start a clinic in a particular community or hire additional midwives to give care to women on their waiting lists. Sometimes the answer is that it is not possible to get privileges at the local hospital. Midwives need to gain privileges at a hospital before they can take clients there. Sometimes this is a smooth process, and sometimes it is complex.

When accessing privileges are delayed, sometimes for months or even years, the practice cannot get established or grow to meet community demand. Just over one-third of midwifery practices experience difficulties expanding

because of problems with hospital privileges, according to the same 2011 Ministry of Health survey. This means that some women cannot access midwifery care and/or have to leave their communities to give birth.

The Ontario Hospitals Association (OHA) supports the integration of midwives into the provinces' hospitals, recognizing the high-quality care that midwives provide to women and newborns. The OHA's [Resource Manual for Sustaining Quality Midwifery Services in Hospitals](http://www.oha.com/KNOWLEDGECENTRE/LIBRARY/Pages/Manuals.aspx) (<http://www.oha.com/KNOWLEDGECENTRE/LIBRARY/Pages/Manuals.aspx>) provides additional information for hospitals about midwifery integration.

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