

**Midwives Association  
of Saskatchewan  
Strategic Planning  
Session Notes**

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## **Introduction**

The Midwives Association of Saskatchewan (MAS) is currently in the process of establishing a strategic direction for the organization. This document represents a summary of the strategic planning discussion held on October 14, 2016 and will be used to form the first draft of a strategic plan for the organization.

## **Meeting objective**

Continue to engage the Midwives Association of SK members in the strategic discussion, the outcome of which will be used to develop the MAS strategic plan.

## **Participant objectives**

- A few clear directions vs. too many directions
- Outline steps from here
- Defined time: 5 years
- Tangible actions – how to get where we want to go
- What we can do as employees who are running an organization
- Refine our mission and outline steps of action
- Clear direction – manage and contribute

## **Trends that will shape the future of MAS**

### **Socio demographics**

- Increased birth rate, especially First Nations and immigrant population
- Decreased services to rural areas

### **Political**

- Political leadership remains the same in SK
- Change in health regions and Ministry of Health leadership (in progress)
- Health Sciences Union is now representing midwives in SK

### **Economic**

- Resources for MAS flows through the Health Region general funding – no longer specified for MAS. Accessing \$ will continue to become more of a challenge, given the demands of an older demographic in SK

### **Ecology**

- Birthing within communities could decrease the overall ecological footprint (reduced need to fly women out for birthing)

### **Regulatory**

- Independent midwifery practice options are already an option
- College of Midwives hasn't been adding Midwives to the Board/Council (is this something we need to address?)

### **Technology**

- Telehealth isn't currently used by midwives in rural settings
- Technology could be used for the education of students and midwives

### **Insurance**

- Only Midwives aren't represented by HIROC – details of group packages for MAS need to be researched and verified

### **Partners**

- Opportunities to work with other health professionals that are interested in Midwifery

## **Clients**

- Increased demand for services given the increased birth rate within SK and repeat clients
- National focus – including Midwives in all practice arrangements (collaborative practice)

## **Industry**

- Midwifery in BC and Ontario is being limited
- Centralization of birth to urban centres makes it challenging for midwives in high risk obstetrical areas

## **Competitors**

- General Practitioners doing low risk, unassisted births

## **Future direction**

### **Revised mission statement**

MAS promotes the continued expansion of midwifery throughout the province, providing support and education to members. We represent a voice that unifies all members and connects with the national and international midwifery community. We promote access to midwifery services for all families.

### **Desired outcomes by 2021**

- Midwives are recognized as appropriate care providers for low risk pregnancies
- Saskatchewan families promote access to Midwifery in their communities
- Other health care providers promote Midwifery as an option for low risk clients
- Increased recruitment and retention of Midwives in SK
- Alternative funded Midwifery practice models established throughout the province
- Option for SK residents to access Canadian Midwifery education that is funded by the province

## **Vision**

Province-wide access to Midwifery care in a variety of practice models.

### **Draft vision statements**

- Midwives are recognized as appropriate medical care providers for low risk birthing families through a variety of funded practice models throughout the province
- MAS provides the frame for members to engage with the public to promote access to Midwifery services
- MAS support/promotes province-wide access to Midwifery care in a variety of practice models

### **Key success measures**

- Midwifery referrals from all sources
- Midwifery name on all provincial forms related to maternity services
- Number of midwives:
  - Number of inquiries per month
  - Conversion to applications
  - Number of Midwives employed
- Number of alternative Midwifery models within SK
- Funded seats within SK for Midwifery education
- Decrease in the use of interventions

## **Current state assessment**

### **Key Strengths (internal to the organization)**

- Share the same vision - unity among midwives towards common goals
- Passion, commitment and motivation of members towards our vision and achieving our goals
- Support for each other
- Diverse backgrounds and expertise of members
- Education
- Belief in our model of practice
- Positive initiation of programs to date
- Good foundation in a number of health regions
- Community support
- Motivation to grow
- Regular meetings planned

### **Key challenges (internal to the organization)**

- Low (small) number of midwives with a big job
- Limitations to having a public voice – small group, voice not as well heard
- Limited resources/funding
- Locations – spread apart from each other
- Full time job and committee – ability to fulfill our responsibilities within the Association
- Slow growth
- Advocacy
- General understanding of the practice of midwifery
- Not being focussed

### **Key opportunities (external)**

- Leverage the rural push through shifts in the health regions to promote the use of Midwifery, e.g. Ft. Qu'Appelle All Nations Hospital Midwifery Birthing Unit (now at 50 births), Regina Clinic with Four Directions, working collaboratively with medical professionals
- Partner with Medical Doctors who don't want to do births, e.g. new Saskatoon practice may provide an opportunity for an inter-disciplinary team
- Pull stats that support outcomes we're trying to achieve, outcomes, interventions, hospital stays, referrals (ensure these are listed on the intake form)
- Evolving desire of consumers (women) for midwives – increased demand
- Inquire about adequate insurance coverage
- Become more involved in increased visibility, building trust and relationships within communities
- Provide services to clients in priority populations
- Increase services in rural areas
- Target low risk, normal births (a more cost effective approach with improved outcomes)

### **Key risks and threats (external)**

- Don't need to promote our profession, because we need to turn so many requests away
- Recruitment and retention of midwives in SK
- Engaging the government in dialogue
- Lack of government will to implement midwifery province-wide
- Stepping on the financial turf of physicians, some of whom wonder how safe midwifery is
- Non united public voice
- Lack of knowledge re scope of practice with government, ministries, doctors, etc.
- Need to involve midwives in educating medical staff (e.g. nurses and EMTs) re the midwifery model of practice, etc. Education for the entire medical community, government ministries and the public is also needed
- Active opposition of some physicians
- Lack of knowledge re scope of practice with government ministries, doctors, etc.

# Strategic themes and actions

## 1. Stakeholder engagement

- 1.1. Engage the Manager of Maternal Services in developing innovative practice models that include Midwifery (3 votes)
- 1.2. Engage health care colleagues from other disciplines in seeing how Midwifery could benefit their practices, e.g. Obstetricians, RNNPs, and Medical Doctors on side (include data) (5 votes)
- 1.3. Leverage Social Media to provide education re Midwifery on MAS page
- 1.4. Engage the Union in challenging employer's commitment to the recruitment and retention of Midwives in SK
- 1.5. Create promotional items for public consumption, e.g. stickers, magnet, T-shirts, etc. (1 vote)

## 2. Member education

- 2.1. Provide workshops through our employers (1 vote)
- 2.2. Provide members access to AOM guidelines (best practice guidance) (2 votes)
- 2.3. Engage the Midwifery College in looking at buying seats in established ME Programs

## 3. Provision of liability insurance

- 3.1. Contact HIROC to determine coverage options and the difference between their offerings and Saskatoon's current coverage (3 votes)

## 4. Awareness and promotion of the Midwifery profession

- 4.1. Create educational information (in collaboration with other health care professionals) about the profession (funded through the Prevention Institute) (6 votes)
- 4.2. Distribute information to other health care professionals, e.g. family, physicians, Prevention Institute (4 votes)
- 4.3. Discuss with the College the opportunity to get Midwifery information included on all government forms that require the signature of a health care professional

## Next steps

- Erin will document the session notes for review/editing to Tracy for review prior to sharing with all planning participants
- MAS members will provide Erin with their "top 5" actions by October 31 so priorities can be confirmed and dates and assignments defined
- Additional work on setting measures and targets
- Review committees to look at capacity and recognize work in progress
- MAS will refine their strategic plan content, establishing assignments and timelines once all members have voted on key action priorities

## Session evaluation

### Do more of

- Freeing up capacity and commitment for participation