Midwifery in Canada

DIRECTIONS FOR RESEARCH

Proceedings from the National Invitational Workshop on Midwifery Research

May 9-11, 2001
Vancouver, British Columbia

Edited by
Jude Kornelsen

British Columbia
Centre of Excellence
for Women's Health

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Sponsored by
Social Science and Humanities Research Council of Canada
The British Columbia Centre of Excellence for Women's Health
Department of Midwifery, Children's & Women's Health Centre
of British Columbia and Providence Health Care (St. Paul's Hospital)

British Columbia Centre of Excellence for Women's Health

Centre d'excellence de la Columbie-Britannique pour la santé des femmes

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Women's Health Reports

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ISSN 1481-7268
ISBN 1-894356-23-3

Canadian Cataloguing in Publication Data

National Invitational Workshop on Midwifery Research (2001 : Vancouver, B.C.)
Midwifery in Canada

Includes bibliographical references.

1. Midwifery—Canada—Congresses.
I. Kornelsen, Jude, 1965- II. BC Centre of Excellence for Women's Health. III. Title.
IV. Series: Women's health reports (Vancouver, B.C.)

RG950.M52 2002
362.1'982'00971
C2002-910262-6

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I. Executive Summary

The "Midwifery in Canada: Directions for Research National Invitational Workshop on Midwifery Research" (May 11-13, 2001) brought together multidisciplinary researchers interested in midwifery to begin a dialogue on priorities and strategies for carrying out a national program of research. The **objectives of the workshop** were to support and encourage the ongoing exchange of ideas and information and foster collaboration, joint problem-solving and mutual support among midwifery researchers in Canada.

For the purposes of the workshop**, midwifery research** was defined as research by midwives, for midwives, or about midwives or midwifery care, framed by the particular purposes, values and skills of midwifery. It must recognize the imperative behind midwifery: to provide primary care through the whole process of pregnancy and birth with respect to the individual needs and preferences of the family.

Reasons to take up midwifery research include:

- To answer the questions that midwives ask and to inform midwifery practice;
- To understand the nature and effectiveness of midwifery practice;
- To understand how to make midwifery sustainable;
- To understand how midwifery may help in the formation of sustainable maternity services; and
- To understand the needs of the public.

Although **clinical research** into many aspects of midwifery care has been taken up internationally, many practice issues are unique to the Canadian context and must be pursued within it. The following **challenges to clinical research** were noted:

- Implementation of midwifery in provinces across Canada has focused on issues of clinical practice and education to the exclusion of clinical research.
- Balancing active practice requirements with academic responsibilities has not allowed time for meaningful clinical research.
- Currently there is limited availability of educational and mentoring opportunities for midwifery researchers. Very few midwives currently possess the skills to effectively undertake clinical research. This situation will not change until we develop graduate programs for midwifery research, provide research opportunities for beginning researchers, and develop collaborative networks for undertaking.
- Midwives need to develop the skill set to be competitive with other more experienced researchers when applying for both personal funding and project funding.
- Academic institutions that house midwifery programs have not prioritised designated research time.

- Midwifery, as a profession, has not ensured access to a wide range of birthing women, thereby limiting the size of potential populations for clinical trials.

Access to the profession – for both practitioners and birthing women – underlays the discussions of current sociological research. Professional issues of access were summarized by the "three R's": *Recruitment* (who gets in); *Retention* (during educational and registration processes) and *Retention* (post-registration). Access to the profession was seen to be further restricted for foreign-trained midwives and midwives of colour. On both a professional and client level, **Aboriginal access to midwifery care has been restricted**. For Aboriginal midwives this has been due to practice barriers including:

- Different world views;
- Different historical trajectories;
- The demise of traditional ways; and
- The midwifery legislation process.

Barriers to midwifery care for Aboriginal birthing women include the lack of culturally informed practitioners and lack of an integrated model of care. Strategies were suggested to support midwifery within Aboriginal communities.

Current midwifery-related research by workshop participants included studies in the following subject areas:

- Interprofessional relationships;
- The midwifery model of care;
- Midwifery practice issues;
- Integration of midwifery into the health care system;
- Economic analysis of midwifery services;
- Birthing women's experiences of midwifery care;
- Evaluations of midwifery education programs;
- Rural practice issues;
- Historical research;
- Clinical investigations.

Priorities for future research generated by workshop participants include:

- Clinical studies to contribute to evidence-based practice;
- Evaluation of midwifery practice;

- Investigation into the sustainability and growth of the profession of midwifery;
- Studies on the relationship between midwifery and health care policy;
- Evaluations of midwifery educational programs;
- Birthing women's experiences of midwifery care.

The overview of participants' priorities laid the groundwork for formulating **research questions to be taken up on a national level.** There was a high level of consensus over the thematic priorities, which include the following categories: (1) The midwifery model of care (including the notion of informed choice); (2) Midwifery practice issues; (3) "Mapping" midwifery demographics across the country; (4) Midwifery policy.

Workshop participants recognized that to develop and sustain a national program of midwifery **research funding** must be secured from national funding agencies. The challenges articulated in securing such funding include: (1) competition from other, more experienced researchers from well-established and supported disciplines; (2) the lack of exposure adjudicating committees have had to midwifery research due to the limited size and relatively short history of the profession; and (3) the infancy of the research infrastructure (in terms of both practitioners and potential research populations).

The importance of **disseminating the results of research** to practising midwives, other maternity health care professionals, policy makers, regulatory colleges (midwifery, medicine and nursing) and current and potential midwifery clients was emphasized. Three modes of dissemination were suggested: academic transfer initiatives, developing a Canadian Journal of Midwifery, and supporting MIDIRS as they move into the Canadian market.

Although the nature of the network, its specific roles and purposes and **future directions** still need to be determined, participants at the workshop reached consensus over the following initiatives:

- To establish the **Canadian Midwifery Research Network**. This network will be open to all researchers, students, academics and practitioners interested in any facet of midwifery research.
- To establish a regular and on-going electronic forum for communication between network members. Initially, this may take the form of an electronic mailing list. Funds will be sought, however, to establish a midwifery research listserv.
- To consider future possibilities for ongoing face-to-face meetings to discuss research objectives, goals and projects.

II. Preface

Canada is the last developed country to legally recognize the practice and profession of midwifery. It has only been during the past decade that some individual provinces (Ontario, British Columbia, Alberta, Manitoba and Quebec) have begun to integrate regulated midwifery into their health care systems, and that others (Saskatchewan and Nova Scotia) have expressed an interest in doing the same.

With the trend to provide childbearing women across the country access to fully funded midwifery care, Canada is acknowledging the profession of midwifery and the quality of care midwives can provide to birthing women. Although literature on the safety and efficacy of midwifery care, its place within the health care system, and its sociological impact has been well documented in other countries, a comprehensive analysis has not yet taken place within the Canadian context. This is significant as the Canadian situation differs dramatically from other countries in terms of the nature of our health care system, our geography, and our historical relationship to midwifery.

The “Midwifery in Canada: Directions for Research” workshop brought together multi-disciplinary midwifery researchers from across the country to discuss issues related to midwifery research and to begin a national dialogue on priorities and strategies for carrying out this research. To this end, the workshop continued the dialogue that was started in 1992 in Hamilton where, at the “Shaping Midwifery” workshop, organizers endeavoured to “… set in motion a dialogue between practitioners, policy makers and researchers through which they could explore the critical conceptual and methodological issues involved in midwifery research” [Karyn Kaufman and Patricia Kaufert, Hamilton 1992]. It also built on the a more recent gathering held in Toronto in 1998 where researchers came together at a conference entitled “Reconceiving Midwifery” to consider the implications of midwifery care on the health care system, other maternity care providers and birthing women themselves.

The objectives of the 2001 workshop were to support and encourage the ongoing exchange of information and ideas and foster collaboration, joint problem-solving and mutual support among midwifery researchers in Canada. Although many regions of the country were represented, due to funding limitations the gathering was not a comprehensive one but rather the start of what we hope will grow to be an open and integrated national network of researchers interested in midwifery research.

We gratefully acknowledge support for the workshop provided by the Social Science and Humanities Research Council of Canada Aid to Occasional Research Conferences. Likewise, the British Columbia Centre of Excellence for Women’s Health continued their history of dedicated support to a program of midwifery research by contributing space, human resources, and an articulation of the possibilities for a national program of midwifery research. Appreciation is also extended to the Department of Midwifery of Children’s & Women’s Health Centre of British Columbia and Providence Health Care (St. Paul’s Hospital) for the support and encouragement they offered. Most of all, however, the success of “Midwifery in Canada: Directions for Research” lies with the participants whose collective energy lead to enthusiastic discussions around future directions for midwifery research in Canada. We are grateful to them for their contributions.

III. Introduction

These proceedings mirror the structure of the workshop, starting with individual participant presentations followed by an overview of background information by all participants and ending with small and large group discussions. Although we have identified the names of presenters who lead various discussions, many of the sessions recorded in the proceedings involved a dialogue between presenters and participants, thus the record is a compilation of many voices.

Throughout the document we have tried to convey the range of positions presented on a topic and indicate where there was significant divergence or consensus. The records of the small group sessions were made by the participants and summarized for the purposes of the proceedings.

These records reflect the focus of the workshop: moving forward with a national midwifery research agenda. The workshop provided an overview of current research, research interests and research priorities, which contributed to building a foundation for this goal. Developing a list of research questions was the first step in achieving it. We hope these proceedings are viewed as the second step in that they generate discussion of future possibilities among those who attended the workshop and those in the wider maternity health care community.

Jude Kornelsen

For the British Columbia Centre of Excellence for Women's Health and the Department of Midwifery of Children's & Women's Health Centre of British Columbia and Providence Health Care (St. Paul's Hospital)

IV. The "Midwifery in Canada: Directions for Research" Workshop

A. Opening Remarks

Lorraine Greaves, Executive Director, British Columbia Centre of Excellence for Women's Health

The British Columbia Centre of Excellence for Women's Health is proud to welcome all workshop participants to our Centre and this important meeting on midwifery research. It is hoped that we will be able to articulate some research directions that will set the stage for midwifery research in Canada.

The BCCEWH has pursued the issue of midwifery since our opening in 1996. In that time we have produced four publications on midwifery, focussing on the profession and the implementation of midwifery in B.C.. At a national level, across the Centres of Excellence Program, there have been several other investigations into midwifery and maternity services. The National Network on Environments and Women's Health and the Prairie Women's Health Centre of Excellence have also carried out projects on midwifery care.

There is a definite interest in midwifery and maternity care across the Centres of Excellence Program. However, there is little coordination or movement at the national policy level for a coherent and strategic approach to provide access to midwifery care to all Canadian women. I am hoping that we can, as a result of this meeting, have an effect on that by mobilizing some interest and action at the federal policy level. That will depend on having a clear agenda and good evidence. It is our hope that this meeting will both bring together progressive ideas and assist in pointing the way to future research and policy goals.

What are the policy issues?

- There is uneven access to midwifery services across Canada;
- There is clearly untapped consumer demand for midwifery in Canada;
- There is a maternity services crisis in Canada that midwives can help solve;
- There is uneven access to the profession of midwifery and uneven regulations and laws surrounding midwifery;
- There is a need for training and educating midwives;
- There is no national database or map of midwifery in Canada.

In the context of health reform, the Romanow commission and the ongoing crises in maternity care, there are ample opportunities in the immediate future for midwifery to be counted and planned for in policy and programming. Consumer demand and preferences regarding midwifery and maternity care will need to be aired in the context of these discussions. In the discussion of health services and systems, regionalization and hospital-based practice will be key areas of focus for those of us interested in midwifery.

There are some key opportunities for contributing to the current policy debate on health care, and to engage women of all kinds in that discussion. There is an opportunity for Aboriginal midwifery and foreign-trained midwives to claim part of this debate and insert some direction

into the various policy and structural questions that I have outlined. In short, there are some real opportunities for midwives and midwifery researchers to be agents of change in the provision of maternity services to Canadian women.

At the BCCEWH we will continue to develop projects to assist with these goals, including improving dissemination of ideas among midwifery researchers in Canada. It is our hope that this meeting will lead to some documentation that will be shared across the country and will inspire changes in policy and health services.

B. Setting the Stage for Midwifery Research: A "Why," a "What" and a "How"

Lesley Page

The "Why"

A gathering dedicated to supporting and promoting a Canadian midwifery research agenda is built on assumptions of the importance of this kind of research to the immediate community, to recipients of the care at large, and to the society in which the care is provided. It is useful, however, to take a step back and examine more tangibly why we need to prioritize the development of a research agenda to compliment the recent developments in the profession of midwifery. Foregrounding some of the motivations behind research points to how research can both bring about an understanding of the issues facing the profession and effect change both within the profession and beyond. Some of the reasons suggested for undertaking midwifery research include:

- To answer the questions that midwives ask and inform midwifery practice;
- To understand the nature and effectiveness of midwifery practice;
- To understand how to make midwifery sustainable;
- To understand how midwifery may help in the formation of sustainable maternity services; and
- To understand the needs of the public.

The "What"

Proposing a program of research – and even a gathering of researchers – also presupposes a definition of what midwifery research is. Although these assumptions may be less liable to give rise to agreement, a common understanding of what we mean by "midwifery research" is crucial if we are to move forward with a collaborative agenda. The definition put forward described it as research by midwives, for midwives or about midwives or midwifery care, and framed by the particular purposes, values and skills of midwifery.

It was noted that midwifery research must recognize the imperative behind midwifery: to provide primary care through the whole process of pregnancy and birth with respect to the individual needs and preferences of the family. It was suggested that this holistic emphasis may call for different kinds of questions than those asked in other research disciplines.

The "How"

It was suggested that how we encourage, support and ultimately take up midwifery research is intimately tied to the development of the profession itself and our commitment to engage in collaborative work. It depends, most fundamentally, on nurturing a culture of critical thought that places value on scholarship in practice. This includes:

- A supportive culture that develops a habit of critical co-investigation and collaboration;

- The on-going sharing of ideas;
- Remaining engaged with other researchers;
- The development of a strong research infrastructure;
- Those in academic, administrative and leadership positions providing support, education, resources and time to aspiring midwifery researchers;
- Being realistic about findings and the limitations of research; and
- Valuing humility, intellectual honesty and the courage to question.

One of the challenges presented when developing a midwifery research agenda is to support aspiring researchers in the midwifery community to take up issues that are pertinent to their practice concerns, either individually or collectively as a profession. As many Canadian midwives have not had formal training or experience with research, this may necessitate transdisciplinary collaboration with other, more experienced researchers.

C. Imperatives of a Canadian Midwifery Research Agenda: Clinical Midwifery Research

Eileen Hutton

There is a tendency to polarize two seemingly disparate imperatives behind midwifery research – clinical and sociological research – when in fact a successful research strategy depends on recognizing which approach is necessary to address a problem at hand and how, in many instances, the two approaches can compliment each other. Although clinical research into many aspects of midwifery care has been taken up internationally, it is a nascent field in Canada. It is, however, a crucial one as many issues around practice within our context are unique to Canada and not transferable from other jurisdictions (see Research Priorities chart in section E). Beyond needing to address our own needs, it was recognized that Canadian research could also make a significant contribution to knowledge on an international level. Furthermore, understanding research and being able to evaluate its validity and reliability is a crucial element of autonomous practice. But how does clinical research function within a Canadian context and why is it important to midwifery?

"The guiding principle of clinical research is to ask an important question and get a reliable answer" (Simon, R. "Randomized Clinical Trials in Oncology" in *Cancer*, 1994). An important question is one that has:

- the potential to influence practice;
- a control treatment that is accepted;
- an experimental treatment that is widely applicable;
- an endpoint that is directly measured; and
- a broadly representative group of patients (clients).

Getting a reliable answer involves the use of:

- randomized treatment assignment;
- adequate sample size;
- intention to treat analysis; and
- pre-tested hypothesis tested on final data.

It was noted that midwives were among the first practitioners to document their practice methods; however, there is no long-standing culture of research within the profession. To maintain autonomy as a profession, members of that profession must govern their practice, undertake the education of new practitioners and undertake research that will inform practice. However, the implementation of midwifery in provinces across the country has focused on issues of clinical practice and midwifery education to the detriment of clinical research. This is a paradox as the Canadian model

of midwifery care is based on the notion of "evidence-based practice" and the development of a distinct body of professional knowledge.

To develop a culture of clinical research in Canada several challenges must be overcome:

- Implementation of midwifery in provinces across Canada has focused on issues of clinical practice and education to the exclusion of clinical research.
- Balancing active practice requirements with academic responsibilities has not allowed time for meaningful clinical research.
- Currently there is limited availability of educational and mentoring opportunities for midwifery researchers. Very few midwives currently possess the skills to effectively undertake clinical research. This situation will not change until we develop graduate programs for midwifery research, provide research opportunities for beginning researchers, and develop collaborative networks for undertaking research.
- Midwives need to develop the skill set to be competitive with other more experienced researchers when applying for both personal funding and project funding.
- Academic institutions that house midwifery programs have not prioritised designated research time.
- Midwifery, as a profession, has not ensured access to a wide range of birthing women, thereby limiting the size of potential populations for clinical trials.

Clearly, we are reaching a crossroads. As more provinces move towards regulating midwifery the need for a clinical research community to inform the profession grows. However, if strategic plans are not put in place to support midwives as clinical researchers, we will see a high rate of attrition from this already small group of skilled researchers. A successful strategy for ensuring the development and sustainability of a research community involves encouraging regulatory colleges to acknowledge the value of research expertise and allow midwives non-punitive release from practice to carry it out. It also involves the crucial step of developing relationships for collaboration with experienced interdisciplinary research groups, including those in clinical epidemiology and health sciences who focus on clinical research pertaining to the health of women and newborns.

Participant Discussion

It was suggested that the biggest obstacle to research for midwives is the lack of methodological training in educational programs. Some see the training taking place at an undergraduate level while others suggested that it is unrealistic to think that the training needed to carry out independent research could be done below a graduate level. However, it was emphasized that even if midwives do not engage in research they should be trained at an undergraduate level to understand it and use it to defend their practice.

Paradoxically, in the United Kingdom, New Zealand and Australia midwives have embraced a culture of evidence-based care and generated the research necessary to support it even though the profession is in a subservient position. Though Canadian midwives have much more autonomy and a broader scope of practice they lack the tools and confidence to undertake research.

Michael Klein, an MD and workshop participant, pointed out that family practice was in the same position of moving towards developing an independent research literature within medicine thirty years ago and that it has taken decades to realize this goal.

D. Social Science-Based Midwifery Research in Canada and the Theme of Access

An underlying theme throughout the workshop was how to address the problem of access: access to the profession of midwifery for those wishing to register as midwives (especially those from other jurisdictions) and access to midwifery care for those who fall outside the profile of "traditional" midwifery clients. This includes members of the Aboriginal population, other women of colour and women from divergent cultural backgrounds, women from lower socioeconomic brackets, disabled women, and women who live in rural areas where midwifery care is not available. Three of the presentations – and many of the participants' articulations of future research priorities – focused on these themes.

Clearly, one benefit of researching questions of inequitable access to midwifery is to gain a clear understanding of the obstacles currently faced by those trying to enter the profession or obtain midwifery care. However, there was debate around whether or not research is needed to address many of the problems faced, or if in fact the problems are self-evident and in need of action on a political level (such as lobbying colleges of midwives to change policies). The tension between issues that need research and those which could be informed either by common sense or through turning to research that has already been done in other jurisdictions was an instructive one for framing future research priorities.

Who gets to be a midwife? Who gets midwifery care?

Holliday Tyson

The three "R's" facing the profession of midwifery in Canada today are:

- Recruitment – who gets in?
- Retention during educational and registration processes – why are we losing applicants?
- Retention post-registration – why is there such a high rate of attrition?

Access to the profession

Currently, there are between 320 and 350 registered midwives across Canada. The routes of entry into the profession are through educational programs (available in Ontario and planned for British Columbia) and Prior Learning of Education and Assessment (available in Ontario, B.C., Manitoba and Quebec). There is very limited access to each of these routes. In Ontario, for example, there are between four and six hundred applicants per year and thirty spots available. The intensity of the competition suggests that there would be a low rate of attrition once applicants are accepted (faculty originally thought there would be zero attrition), but in Ontario's experience the rate is not low.

- In the educational program, 15% of students per year leave.
- This number is considerably greater for the PLEA program.

- The attrition rate is 15% for graduates from the educational program during the first five years after completion of degree.
- The attrition rate for those completing the PLEA process is similar.

Comparing outcomes of the PLEA and Midwifery Educational Program for women of colour in Ontario is instructive as it points to the efficacy of PLEA in registering midwives of colour (many of whom are foreign-trained). In 1998, 46% of graduates from the PLEA program were women of colour; in the same year, 13% of graduates from the midwifery educational program were women of colour. This is an important point when looking at ways of increasing the diversity/inclusivity of the profession.

We also need to explore the interplay between nursing and midwifery. Many PLEA candidates are registered nurses, and most of them are electing to continue practising nursing instead of midwifery. Why? What do we need to do to amend the registration process? Do we need to look at the midwifery model of practice?

Access to midwifery care
The assumption behind public funding for midwifery – or any health care service – is that everyone desirous of the service will have equal access to it. This has not been the case for midwifery where the difference in access rates between provinces that have regulated the service and those that have not is insignificant (5% for the former versus 1% for the latter). These rates of access are not indicative of a "core" health care service where midwives are available to all birthing women. Clearly, the question of increasing access to midwifery care for birthing women is intertwined with decreasing attrition rates of those moving through accreditation processes (and opening up the process further to include qualified practitioners that currently cannot apply to the process).

Aboriginal Women's Access to Midwifery: Practitioners and Clients
Dena Carrol

On both a professional and client level, Aboriginal access to midwifery care has been low. For Aboriginal midwives, this has been due to practice barriers that include both philosophical and practical elements, such as:

- *Different worldviews*. In Aboriginal culture, birth is part of the life and death cycle, not separated from other processes. Women are revered for their role in giving life: they are seen as strong and spiritual.
- *Different historical trajectories*. Historically, the role of "midwife" was passed from one generation to the next: midwives knew they would be midwives from an early age and were brought up as midwives. It was a calling.
- *The demise of traditional ways*. Many Aboriginal communities became fragmented due to colonialism, Western medicine, and the Indian Act. Over a short span of time, traditional midwives (and other healers) were seen as "quacks" and those from outside the communities endeavoured to end traditional practices.

- *Midwifery legislation process*. The midwifery legislation process was a non-Aboriginal process imposed from outside the community. The community needs a process more responsive to their specific situation and applicable to their communities.

There have also been barriers to access for Aboriginal birthing women, some of which mirror the philosophical issues faced by potential practitioners and some of which are pragmatically differentiated by the diversity within Aboriginal communities. For example, there has been a lack of culturally appropriate practitioners for the Aboriginal communities – an issue intimately related to the barriers to practice faced by Aboriginal midwives. Closely related are the systematic barriers that prevent the delivery of an integrated or holistic model of antenatal care in conjunction with other caregivers. More practical limitations include political jurisdictional issues between the federal and provincial governments (for example midwifery is not regulated nor subsidized by all provinces) and diversity of needs within and between communities (i.e., between urban and rural populations, the population in the Downtown Eastside of Vancouver, and among single-parent families).

To support midwifery within Aboriginal communities, the communities themselves need to move towards recapturing birth and pregnancy by encouraging the integration of traditional and Western practices. These internal changes, however, need to take place in conjunction with regulatory changes, including the following:

- Increased support for capacity-building within Aboriginal communities (funding to train care providers in culturally appropriate ways);
- Consultations with individual communities to determine needs, including the involvement of elders in planning the provision of services;
- Revisiting the legislation and possible revisions to it to recognize more appropriate Aboriginal models of care;
- Revise mainstream midwifery educational programs to incorporate Aboriginal ideas and approaches;
- Provide support for Aboriginal researchers to articulate concerns of the community that would benefit from a research focus;
- Expand the model from being based on "continuity of care" to being more comprehensive, including addressing issues such as alcohol and drug dependencies and child apprehension, issues in which midwives can play a crucial role.

Participant comments

- One system of Aboriginal care that may provide a model is found in New Zealand, where birth has been supported as a community event within Maori communities. Birthing rooms in longhouses have been built and traditional

midwives attend women in labour. This has created a sacred space for birth within the community.

- Canadian Aboriginal communities need to take a leadership role to prevent losing all maternity care – and other health care as well. Leadership from within the community is needed to take the issue forward.

The Process of Registering Midwives in Quebec

Marie Hatem-Asmar

The first group of midwives was accredited in Quebec in 1993 when 16 out of 120 applicants successfully completed the examination process. Reasons for the low success rate included the difficulty of the exam and the fact that many applicants had to leave Quebec to get the necessary training. Due to the additional requirement of recent practice experience, the obstacles to registration were more difficult for new immigrants to the province to overcome as many could not legally work in Quebec. Since the initial intake there have been three other accreditation processes where the majority of the midwives accredited were from Quebec or Ontario. This has given rise to questions of access to practice for those midwives who have immigrated to Quebec.

The registration process in Quebec had many commonalities with the registration process in British Columbia. Jude Kornelsen and Elaine Carty did an ethnographic study to investigate the first group of women who applied to register as midwives in British Columbia (*A Difficult Labour: Experiences of Registering to Be a Midwife in British Columbia*. BC Centre of Excellence for Women's Health, 2001). Their findings indicate that although some of the applicants found it to be straightforward, the majority found the process of applying for registration to have a profound negative emotional and financial impact on their lives. The nature of the experience depended primarily on five factors:

- The applicant's primary site of practice before the assessment process (home or hospital);
- The nature of the applicant's training (nursing training or apprentice/direct-entry training);
- The applicant's geographical location in the province (rural or urban);
- Whether or not the applicant was in a position of political influence; and
- Whether or not the applicant spoke English as her first language.

In general, applicants felt that the process was set up in a way that gave an advantage to those midwives who had attended births at home prior to registration, who had gained their midwifery experience through direct-entry programs or in an apprenticeship model, and who lived in the two major urban areas of the province. Since it was perceived that individuals who had been active in the midwifery legislation movement established the criteria for registration, some respondents also perceived a bias toward that particular group. Those applicants who did not have English as a first language experienced unique difficulties.

The experiences of applicants in both Quebec and British Columbia, and the experiences of both midwives and clients within the Aboriginal community, give rise to questions of inclusivity within the practice of midwifery and how representative the profession is of the birthing population. These questions are crucial ones, yet again there was debate around whether or not they gave rise to the need for research as well as political action, or if the remedy lies in lobbying colleges of midwives to change policies.

E. Participants' Current Midwifery-Related Research, Research Interests and Priorities for Future Research

As noted earlier, the objectives of the "Midwifery in Canada: Directions for Research" workshop were to establish a national network to support and encourage the ongoing exchange of ideas and information among researchers in Canada and to foster collaboration, interdisciplinarity and mutual support. To provide a foundation for these activities, we asked workshop participants to supply organizers with an overview of their current midwifery-related research for dissemination and discussion among the group. Likewise, it was anticipated that sharing personal research interests among participants would give rise to collaborative endeavors based on areas of common interest. Finally, it was our intention to develop a pragmatic strategy for initiating a program of Canadian research by soliciting research topics that participants felt were a priority to the profession. The dynamic exchange of ideas in these three categories gave rise to informative discussion and debate and led to the final workshop session: articulating a series of research questions to move forward with.

Current Midwifery-Related Research

Despite the obstacles to research encountered by midwives (such as the conflict between active practice requirements and time available for research, the lack of educational and mentoring opportunities for researchers, the rigorous competition for funding with researchers from other, better supported professions, and the limited size of the client base from which to conduct research) and the limited resources, the overview of current research was inspiring as it reflected a breadth of topics. However, although some of the research was midwife-led, much of it came out of sociology, anthropology, nursing and epidemiology. The importance of midwives' leadership in developing a research agenda for the profession was agreed on among workshop participants. This pointed to the need for strategies for establishing interdisciplinary research networks, especially between those in midwifery practice and those with academic appointments across the disciplines.

Integration studies

Current research primarily encompasses non-clinical aspects of midwifery care (although there is some clinical research underway – see table on page 21). As the profession is a new one, the focus of the research to date has been systems-based: evaluations of how midwifery has integrated into existing structures and systems, its interaction with other health care professions, and the effect that moving from a unregulated to regulated profession has had on practice. As several provinces are enmeshed in this process – all with slightly different circumstances vis-à-vis funding arrangements, interprofessional relationships and the scope of practice granted to midwives – the process of integration provides rich ground for coordinated, national comparative research.

Economic costing of midwifery services

One of the political lures of midwifery has been the hope of reducing antenatal care costs within a system that is burdened by strained economic resources. Within this context, the cost-effectiveness of midwifery care becomes a priority both for those funding the service and also for other health care providers (such as general practitioners) who feel undervalued due to the comparatively low reimbursement for

services they receive. Although there are current studies on funding arrangements and a proposed study on the cost-effectiveness of home birth, caution was expressed by some participants about undertaking a cost-analysis of midwifery care due to the timing of its implementation. That is, participants felt that there are bound to be initial costs to the health care system that will be amortized over time, and if included in current calculations would skew an accurate assessment of the cost of midwifery care.

Client-based studies
Several studies have been undertaken which focus on the experiences of midwifery clients with both midwifery care and aspects of labour and delivery (see below). Several participants emphasized the importance of maintaining a clear understanding of what women want so as to remain responsive to the changing demographics of women seeking midwifery care. For example, one issue that was put forward for future research was the interface between informed choice and clients' desires for highly technological births.

An overview of all current studies submitted by workshop participants is represented in the chart below.

STUDY AREA (Non-clinical)	DESCRIPTION
Interprofessional Relationships	• Study of nurses knowledge of, experiences with and attitudes towards midwifery in British Columbia (includes an 18-month follow-up) • Study of physicians' attitudes towards midwives in British Columbia
Midwifery Model of Care/Integration	• Study of midwives' experiences of practice post-regulation in British Columbia • Study of applicants' experiences of the initial process of midwifery assessment and registration in B.C. • Evaluation of the midwifery pilot projects in Quebec • Evaluation of the integration of midwifery services in Alberta • The integration of midwifery into Ontario's health care system • The integration of midwifery into hospitals in Ontario and B.C. • Aboriginal midwifery in B.C. and other areas of Canada • Access issues for marginalized women (i.e., Aboriginal women, non-urban women, those residing in the inner city) seeking quality maternity care • Obstacles that impede Aboriginal women's and other marginalized groups' participation in the new "Canadian model of midwifery" • Follow-up evaluation of one-to-one midwifery care

STUDY AREA (Non-clinical)	DESCRIPTION
Midwifery Practice	• Midwives perception of risk: risk-screening women during pregnancy and childbirth • Study of communication between midwives and women • Effects of institution on birth interventions and outcomes
Funding/Costing	• The evolution of midwifery funding arrangements (Ontario) • Cost-effectiveness of home birth
Birthing Women's Experiences	• Comparative study of women's satisfaction with home-based and hospital-based midwifery care • A qualitative examination of the physical and psychological experience of pregnancy, labour and birth for women giving birth to a healthy newborn after a stillbirth • Meta-analysis of midwifery-led versus medical-led care for low-risk women during pregnancy and childbirth • Pilot ethnographic study of women's perceptions of midwifery care • Women's perceptions of traumatic birth experiences • Qualitative study of ethnic minority women's experiences and perspectives of maternity care • Women's experiences of pain and intervention in labour • Women's experiences of home birth • Client satisfaction of home versus hospital births
Midwifery Education	• The evolution of midwifery educational programs • Evaluation of a problem-based learning curriculum in midwifery
Administrative Issues	• Implementing the francophone interdisciplinary network for the development of research on safe-motherhood and midwifery
Rural Maternity Care	• The experiences of rural maternity care • "Is there a crisis? Rural women's experiences with maternity care in Alberta and Ontario"
Historical Research	• An oral history of midwifery and home birth in B.C. during the 1970s and 1980s • A study of the process of professionalization, professional identities and the larger cultural and social milieu (counter-culture, feminism and the "back to the land" movement which produced a renaissance in the practice of midwifery)

STUDY AREA (Non-clinical)	DESCRIPTION
Other	• The impact of gender and geography on the maternity care division of labour in Canada and the United States

STUDY AREA (Clinical)	DESCRIPTION
Randomized Controlled Trials	• The use of water immersion during labour (measures include women's perception of pain and labour agentry scores) • Study of early (34 weeks) versus late (37-38 weeks) External Cephalic Version • Study comparing two different protocols of sweeping the membranes in low-risk women at term
Breech and Twin Pregnancies	• A survey of obstetrical practices in the management of breech and twin pregnancies
Epidural	• Pushing late with an epidural: does it result in fecal/urinary incontinence?
Literature Review	• Literature review of prolonged pregnancy
Pain	• Effects of immersion in water on birth pain • Determinants of painful prodromal labour
Home Birth	• Outcomes of planned home birth

Personal Interest in Midwifery Research

The list of areas of personal interest in midwifery research was clearly generated from participants' current lived experiences of midwifery either as practitioners or as those doing sociological research in the profession. There was widespread interest in examining the midwifery model of care more closely as it relates to effective practice and desired outcomes, but also with an eye to sustainability (can practitioners practice within its parameters in the long run?) and diversity (is it inclusive of a range of clients and a range of midwives who may wish to practice within it?). This gave rise to interest in discreet areas of practice, for example, "Does sleep deprivation in midwives affect practice?"

Midwifery's move into regulated environments and the subsequent formalization of practice parameters has given rise to challenges to standards of care, which are again reflected in research interests. For example, although the number of prenatal visits is explicitly described in most jurisdictions' standards of practice documents, several participants were interested in examining current guidelines for pre- and post-natal visits and whether or not alternative arrangements could be equally as efficacious in

achieving good outcomes. This touches on the interest expressed by many to do research into clinical issues – either further or original research – to provide an evidence base for practice.

Like the interest in issues around the model of care, policy interests were reflective of experiences of regulated practice. For example, several participants were interested in investigating the kind of environments most conducive to cooperation and collaboration among health care providers. There was also interest in liability issues, including the nature of the relationship between liability insurance carriers and health professionals, and the impact of this relationship on health care delivery.

An overview of personal areas of interest submitted by workshop participants is represented in the chart below.

AREA OF INTEREST	RESEARCH DESCRIPTION
Midwifery Model of Care/Scope of Practice	• Midwives role in caring for substance-using women (x3) • Exploration of different practice models • Exploration of different practice parameters (i.e., midwives and physicians sharing call) • Evaluation of the Canadian midwifery model of care • Continuity of career: is this a sustainable model? • Alternative practice designs that enhance client access and at the same time prevent worker burnout among midwives • Informed consent and risks in childbirth (x2) • Consequences of the evolution and "mainstreaming" of the profession of midwifery • Birth technologies and choice: the case of elective c-sections • The efficacy of shared practice models: midwifery & family practice, midwifery & obstetrics • The midwifery model of care in the context of health reform • Illustrating and analyzing the midwifery model as an example of innovative and effective health care delivery and design • Diversity (of clients and practitioners) in midwifery

AREA OF INTEREST	RESEARCH DESCRIPTION
Practice of Midwifery	• Sleep deprivation in midwives: does it affect competency in practice? • Effective prenatal and postnatal care: how many visits are necessary for normal pregnancy? (x2) • Midwifery as "caring": comparisons with other female caregiving professions • Midwifery and the utilization of research (implementing a research culture) • Evidence-based practice and midwifery
Midwifery & Clients	• Interface between midwifery and women from culturally and economically marginalized groups • Women's experiences of home birth • Ethnographic case studies of factors influencing the use of pain relief • Women's views and experiences of antenatal HIV screening
Midwifery Education	• Aboriginal midwifery and models of education • Blending the art and science of midwifery within educational programs • Comparative studies with other countries: what educational programs work well? • Does an evidence-informed approach to education make a long-term difference to midwifery practice? • Efficacy of shared education models (obstetrical nursing and midwifery)
Interprofessional Relationships	• Interprofessional aspects of midwifery • Comparison of philosophy of care between nurses and midwives
Policy Issues	• The interaction between liability insurance carriers and health professionals, the nature of this relationship and its impact on health care delivery • What kind of environments and incentives influence health care providers to co-operate and collaborate, and which influence them to be hostile and un-cooperative? • Addressing the human resource "crisis" in maternity care • Research on midwifery and obstetrical litigation

AREA OF INTEREST	RESEARCH DESCRIPTION
Historical Research	• Historical context of midwifery (x2) • An oral history of the re-birth of midwifery in B.C.: the years 1970-2000.
Clinical Issues	• Establishing an evidence base for policies on VBACs, management of Group B Strep and the provision of informed choice • Midwives and the use of herbs in pregnancy • The effects of massage on birth pain and the length of labour

Priorities for Future Research

Participants' priorities for future research expressed both a broad, long-term vision for midwifery research and more immediate short-term goals. The long-term vision was consistent with the goals and philosophy of midwifery – and women-centred – care. As one participant said, "The long-term objectives of midwifery research should be to support equity and quality in women's health." Similarly, "We need to take a broad, positive approach to health and well-being."

The "positive approach" to well-being recalls midwives' roots as "guardians of normal birth" and reiterates their role in expanding the definition of what normal birth is. Thus, priorities high on the list included practices to support normal childbirth ("especially in problematic areas such as prolonged prodromal labour") such as research to support the expanded scope of home birth, and studies on breech birth, post-maturity and the efficacy of alternative methods for the induction of labour. The scope of clinical research that was seen as crucial in developing a theory of and for midwifery research included determining evidence for current practices, namely the use of complimentary and alternative therapies.

The other theme moving through the articulation of research priorities (and consistent with research interests) was evaluating whether or not midwifery care is accessible and appropriate for all women. This included looking at equity of access, the viability of midwifery for urban versus rural communities, midwifery in the context of primary care reform, and the registration process for foreign-trained midwives. This focus ultimately results in (as one participant noted) "linking theory, practice, education and women's experience of care."

Like research interests, priorities for future research also privileged an examination of the nature of the midwifery model of care within a regulated environment, including whether or not the self-regulation of midwives has been successful, the clinical and social impact of midwifery practice, and possibilities for alternative models of practice. The model itself was the subject of much participant discussion, specifically the perceived arbitrariness of some aspects. As noted earlier, many participants prioritized developing an evidence base for aspects of the model of care such as:

- length and frequency of prenatal visits;
- content of visits (i.e., topics covered);
- definitions of continuity of care in relation to best outcomes;
- the efficacy of group care; and
- collaboration between practitioners (i.e., midwives and physicians).

The subtext of the discussion was the perceived inflexibility of colleges of midwives and the lack of boundaries for colleges (it was pointed out that midwifery is the only profession in Canada that regulates the model of practice). It was recognized that along with developing an evidence base for aspects of the model of care, the issue at hand was also a sociological one around regulatory bodies and the decision-making processes they adopt.

Additional questions around the effects of regulation on the practice of midwifery were suggested, such as “Has midwifery become more medicalized now that it is within the health care system?” and “How does midwifery reconcile a client’s informed choice when it falls outside of midwifery or community standards?” Many of the future research priorities had political undertones and reflected larger frictions between midwives and their regulatory colleges (such as, “Midwifery propaganda: silencing midwives dissension with the model of care”). Again, this gave rise to discussions on the separation between issues that require a research focus to resolve and those that do not (but would benefit from political action).

Although not an area of research itself, several participants noted that to realize a research agenda attention needs to be paid to becoming familiar with the protocols and procedures of national funding agencies and the art of grant-writing. It was suggested that an efficacious way to do this was for novice researchers to enter into a “mentoring” relationship with more experienced researchers who have been successful in securing research funding.

Within the discussion generated from the overview of priorities many participants indicated an interest in “mapping” maternity services in Canada to provide a demographic and qualitative/issue-based overview of the profession. It could be represented geo-politically and used to inform policy makers, consumers and other health care providers through a series of “snapshots” of midwifery in Canada. Starting with region-by-region demographics (such as how many midwives are practising in each jurisdiction, the number of births attended by midwives annually, the nature of funding available in each province, the status of educational programs, etc.) we could create a dynamic framework to which information from emerging sources – and suggestions for further research – can be added. There could be both a written and web-based component to the project with each layer of information offering links to other data within the project and other relevant information sources. In the style of a geo-political visual map, midwifery could be positioned alongside other health care professions, the health care system and the constituency of birthing women.

An overview of research priorities submitted by workshop participants is represented in the chart below.

RESEARCH PRIORITY	RESEARCH DESCRIPTION
Evidence-Based Practice/Clinical Research	• Evidence for the use of complimentary and alternative therapies in pregnancy and childbirth (x4) • Practices to promote normal childbirth (especially in problematic areas such as prolonged prodromal labour) • Evidence-based examination of continuity of care within the context of midwifery • Research to support the expansion of home birth (x4) • Home versus hospital birth outcomes • Interdisciplinary clinical research • Studies on vaginal breech birth • Studies on post-maturity • Studies on the efficacy of alternative methods of induction of labour • Studies on the efficacy and predictability of fundal height measuring • Impact of Aboriginal midwifery in improving outcomes of First Nations women • Midwifery versus physician-based care (measuring operative delivery rate, use of anaesthesia, admission to SCN, perineal integrity, duration of breastfeeding) • “Normal” weight loss postpartum for breast/formula-fed infants • Standards of postpartum physiological assessment (is midwifery different from general practice?)
Midwives & Midwifery Practice	• The self-regulation of midwives: has it been successful? • Alternative models of practice • Experiences of practising midwives • Impact of midwifery practice (clinical & social) • The potential conflict between midwives’ ethical principles and their rights as workers and family members • Sleep deprivation in midwifery • Midwives’ acceptance of clients’ informed choices outside of midwifery or community standards • Has midwifery become more medicalized now that it is within the health care system? • Midwifery propaganda: silencing midwives’ dissension with the model of care

RESEARCH PRIORITY	RESEARCH DESCRIPTION
Sustainability and Growth of Midwifery	• Evaluation of the current model of midwifery practice • Continuity of care and shared care: can midwives share care with other maternity care providers?
Midwifery/Health Care Policy	• Evaluation of consultation, referral and transfer of care patterns for primary care midwives • Registration process for foreign-trained midwives who speak English as a second language (x2) • Equity of access to midwifery care and to the profession • Economic costing of midwifery (x4) • Midwifery and primary care reform • Role of midwifery in improving maternity care for all women • Impact of the regionalization of maternity services on the Canadian midwifery model of care • Has the integration of midwifery into the hospital influenced the culture of birth in that setting? • Research on disciplinary and legal processes and their effects on clients and midwives • Is midwifery equally viable for urban and rural communities? • Integration of midwifery and community health services
Midwifery Education	• Evaluation of educational programs
Research Funding & Strategic Development	• Develop relationships with CIHR Institutes (specifically Aboriginal Peoples' Health; Gender and Health; Health Services and Policy Research; Human Development, Child and Youth Health; Population and Public Health) • Creation of linked databases
Women's Experiences	• Experiences of midwifery care • What do women want from midwifery care? • How do midwifery clients develop self-confidence regarding their ability to cope with labour? • Why do midwifery clients use so little analgesics?

F. Formulating Research Issues and Questions for a National Midwifery Research Agenda

The overview of participants' priorities and the subsequent discussion it precipitated laid the groundwork for the next step in defining a research agenda: the formulation of research questions. Participants broke into four small groups to brainstorm actual questions for which funding could be sought. Many of the research questions articulated were common between the groups, indicating some consensus over priorities.

Two strategic issues underlay the discussion on research questions. The first was the need for the creation of a national linked perinatal database to access demographics on maternity care provision and outcomes across the country. This would provide baseline measures for midwifery-specific research and comparisons. It was suggested that the creation of the linked database could be achieved by connecting existing provincial databases (although not all provinces have such databases currently in place). There may also be opportunities to work with the Maternity Care in Canada group. The second strategic issue involved securing membership for midwives and midwifery researchers on committees that influence funding allocation (such as the CIHR Institutes) and putting forward names of midwifery researchers to be external reviewers for grant applications.

Research questions fell into four general categories: The Midwifery Model of Care (including the notion of informed choice); Midwifery Practice; Midwifery "Mapping"; and Midwifery Policy. Results from the small group sessions have been synthesized below.

The Midwifery Model of Care

1. How does the Canadian model of midwifery compare to international models of midwifery?

   This would be a bi-partite study involving first, a background survey of midwives in developed countries (could be administered at the ICM) to determine, by selected country: the number of practising midwives; the number of births attended by midwives; remuneration and funding arrangements; details on both educational and practice models. Phase two would solicit information on the level of job satisfaction of midwives, access to the profession, and women's access to and experiences with midwifery care.

2. What does "continuity of care" mean to women, midwives and other health care professionals? Are there other ways in which women can come to "know" their caregiver?

3. What are the social, political and historical aspects of the integration of midwifery into health care systems? What are midwives experiences of this process?

4. How is "evidence-based practice" interpreted within midwifery care? What strategies could be used to facilitate midwives using evidence in their practice?

5. What does "with woman" mean to midwives and birthing women?

Informed Choice

1. How is “informed choice” facilitated within the context of Canadian midwifery practice?
2. How do the following factors influence the process of facilitating informed choice: standards of practice; community standards; research evidence; hospital protocols; medico-legal requirements?
3. How does midwives’ advice affect women’s choices during pregnancy and birth?
4. How does midwives’ interpretation of research affect women’s decision-making?
5. Does the use of clinical practice guidelines affect the outcome of midwifery care?

Midwifery Practice

1. What levels of sleep deprivation affect competency in midwifery practice?
2. What is the impact of Aboriginal midwives on the outcomes of birth among First Nations women?
3. To what extent do midwives use complimentary therapies in practice? What therapies do they use?

Midwifery “Mapping” (demographics)

Region by region, how many midwives versus physicians provide care? What is the political context in each community? How is the midwifery model being applied in practice?

Midwifery Policy

1. What is the impact of the regionalization of maternity care on midwives?
2. What is the impact of midwifery on primary care and the hospital environment?
3. Is midwifery accessible to all women in all communities? If not, why not?
4. What practice arrangements contribute to the maintenance of maternity care services in communities where maternity care is threatened?

G. Funding for Midwifery Research in Canada

To develop and sustain a national program of midwifery research, funding must be sought and secured from national funding agencies. Throughout the workshop this was seen as a challenge on three fronts: first, researchers must compete with other, more experienced researchers from well-established and supported disciplines for funding; second, the size of the (relatively nascent) profession limits the exposure (thus familiarization) people adjudicating grant applications may have had to midwifery research, putting applicants at a potential disadvantage; and third, a research infrastructure (in terms of both practitioners and potential research populations) is just now in the process of being cultivated. Despite these pragmatic obstacles, it was agreed that accessing funds through large-scale agencies (i.e., the Social Science and Humanities Research Council of Canada and the Canadian Institutes of Health Research) was a necessary first step in building a research infrastructure. Since it was also recognized that national agencies are partial to nationally coordinated, multi-site studies, a strategic objective of the workshop was to work towards forming such a network among researchers for the purpose of grant applications.

Workshop participants have been funded both through the Social Science and Humanities Research Council of Canada and the Canadian Institutes of Health Research, the former through several granting programs such as:

- Doctoral fellowships
- Post-doctoral fellowships
- Internal university grants
- Open (general) grants
- Support for workshops

It was pointed out, however, that success in securing funding from SSHRC depends largely on framing the research in question as a social science or humanities research problem, using midwifery as a case study or example to inform it. This kind of presentation is conducive to interdisciplinary research teams.

The other agency thought to hold promise for funding midwifery research was the newly formed Canadian Institutes of Health Research (CIHR). Among the 13 discrete Institutes within the CIHR, the ones most relevant to midwifery research are:

- Aboriginal Peoples’ Health
- Gender and Health
- Health Services and Policy Research
- Human Development, Child and Youth Health
- Population and Public Health

The CIHR accepts applicants in any area of health research through open competitions and requests for applications. The emphasis on the Institute is a strategic one, linking research with health needs and scientific opportunities. It is the CIHR's overall intent to "accelerate translation of research knowledge into improved health and health care," largely through partnerships with other (provincial) funders. Applications are adjudicated through peer-review committees. As well as the quality of the research proposed, the committees look for a proven track record in research and dissemination. It was suggested that novice researchers join a team of more experienced researchers on initial applications and that multi-jurisdictional application be submitted to increase chances of funding.

Other sources that participants have been funded through include those sponsored by federal government agencies (such as Health Canada), provincial government agencies (Ministries of Health), university grants for faculty and students, grants through hospitals, and the National Institute for Health in the United States.

Several participants noted that successful grant writing depends not only on the quality and rigor of the research proposed but also on having a thorough understanding of the format, protocol and "framing" of grant applications. Some participants suggested that the development of this skill-set comes about partially through experience and on-going exposure to the process, but potential applicants must have an understanding of the "art" of grant writing. There is information on how to develop a grant application on most of the funding websites (i.e., www.cihr.ca). A useful article entitled "The Art of Grantmanship" can also be found at:
http://www.med.uwo.ca/physiology/courses/survivalwebv3/ArtofGrantsmanship.html

H. Dissemination

Several participants pointed out that we must not lose sight of the motivation for developing a Canadian midwifery research agenda: to inform midwifery practice and ultimately guide the clinical, political and social future of the profession. This depends on making the results of research available to those who would benefit from it, including:

- practising midwives;
- other maternity health care professionals;
- policy makers;
- regulatory colleges (midwifery, medicine and nursing); and
- current and potential midwifery clients.

Academic Transfer Initiatives

Currently the results of midwifery-related research are published in discipline-specific journals, which may not reach members of the target audience noted above. There was some discussion about academic transfer initiatives that provide support for re-purposing the results of research into a format suitable for multiple, non-academic audiences. This allows authors to gain the same academic credit for their work they receive when publishing in a refereed journal while making the results of their research more visible.

Towards a Canadian Midwifery Journal

During several sessions throughout the workshop the need for a Canadian midwifery journal was expressed. This precipitated the submission of an application to the Social Science and Humanities Research Council of Canada by Eileen Hutton, editor of the Association of Ontario Midwives Journal, for funding to support such a move. Funding was secured and the inaugural issue of the Canadian Journal of Midwifery Research and Practice will be published in Spring 2002. The development of a professional journal not only provides a forum for supporting midwifery research in Canada but also solidifies the profession itself by disseminating the specialized body of knowledge that contributes to the growth of the profession.

Midwives Information and Resource Service

Lesley Page noted that the Midwives Information and Resource Service (MIDIRS), based in Bristol, England, is interested in moving into the Canadian market. As their mission is "To be the central source of information relating to childbirth and to disseminate this information to midwives and others, both nationally and internationally, thereby assisting them to improve maternity care," this may also be an appropriate venue for publishing Canadian research in the future.

V. Where Do We Go From Here?

The objective of the "Midwifery in Canada: Directions for Research" workshop was to establish a national network of researchers interested in midwifery. This network was envisioned as a way of providing support and encouragement for the ongoing exchange of information and ideas and to foster collaboration, joint problem-solving and a multi-jurisdictional infrastructure for research funding applications. These objectives grew out of the recognition of the importance of generating Canadian-specific midwifery research to compliment the recent growth of the profession in Canada.

The workshop was clearly a starting point in the process of network-building. It brought together some members of the community and helped identify those who ought to be included in future endeavours. Although the nature of the entity, its specific role and purposes and future directions still need to be determined, participants at the workshop agreed to the following:

- To establish the **Canadian Midwifery Research Network**. This network will be open to all researchers, students, academics and practitioners interested in any facet of midwifery research.
- To establish a regular and on-going **electronic forum** for communication between network members. Initially, this may take the form of an electronic mailing list. Funds will be sought, however, to establish a midwifery research listserv.
- To consider future possibilities for ongoing face-to-face **meetings** to discuss research objectives, goals, and projects.

The "Midwifery in Canada: Directions for Research" workshop ended on a note of optimism and enthusiasm. There is clearly interest in establishing a collaborative process as we build a community of researchers, whatever form that process may take. This is not to ignore the structural and practical obstacles we face or to deny the challenges that must be overcome, as there are many. Instead it attests to the commitment of those interested in pursuing a Canadian midwifery research agenda to provide the evidence and critical evaluation necessary for the growth of midwifery in Canada.

Appendix 1 – Workshop Programme

Wednesday, May 9th	
7:00 to 9:00 p.m. *Held at:* *British Columbia Centre of Excellence for Women's Health* *E311 - 4500 Oak St*	**Opening Remarks** **Lesley Page**, Head of the Department of Midwifery, Children's & Women's Health Centre of B.C. and Providence Health Care (St. Paul's Hospital), Clinical Professor, Department of Family Practice, UBC **Lorraine Greaves**, Executive Director, British Columbia Centre of Excellence for Women's Health **Penny Ballem**, Department Head, Specialized Women's Health, Children's & Women's Health Centre of B.C. *Workshop Chair:* **Elaine Carty**, Professor of Nursing, Associate Director School of Nursing, UBC
Thursday, May 10th	
9:00 – 9:30 *Held at:* *The Chan Centre* *3113- 980 West 28th Ave*	**"Setting a Program of Midwifery Research – Insights for setting a program of midwifery research in Canada": Lesley Page**
9:30– 11:15	**Presentations with time allotted for questions:** • The Home Birth Demonstration Project: Patti Janssen • Clinical Midwifery Research in Canada: Eileen Hutton • Transdisciplinary Research for Maternity Care: Michael Klein
11:15 – 11:30	*Break*
11:30 – 12:45	**Presentations (continued):** • Diversifying Midwifery Practice: Marie Hatem Asmar, Dena Carroll • Access to the Profession of Midwifery – Improving the Odds: Holliday Tyson
12:45 – 1:30	*Lunch (provided)*

Thursday, May 10th	
1:30 – 3:00	**Slide compilation of participants' feedback** (with time allotted for discussion): • Overview of participants' current midwifery-related research • What participants are personally interested in researching • What participants identify as priorities for midwifery research in Canada
Anticipated outcome:	*An overview of the midwifery research environment in Canada*
3:00 – 3:30	*Break*
3:30 – 5:00	**Continuation of slide compilation**
Friday May 11th	
9:00 – 9:15 9:15 - 10:45 *Held at:* *The Chan Centre* *3113- 980 W. 28th*	**Discussion: Midwifery Research in Canada** **Break into groups for discussions on:** • Issues and themes • Inter-provincial collaboration and comparison • Interdisciplinary approaches
10:45 – 11:00	*Break*
11:00 – 12:30 *Anticipated outcome:*	**Formulation of Research Issues and Questions (in groups)** *List of research questions /hypothesis for further investigation*
12:30 – 1:00	*Lunch (provided)*
1:00 – 3:00	**Next Steps** • Where do we go from here? – Strategies for ongoing collaborative midwifery research: Jude Kornelsen • Funding – Supported and Sustained Midwifery Research: Lesley Page • Formulating a National Research Agenda: Elaine Carty

Appendix 2 – List of Participants

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