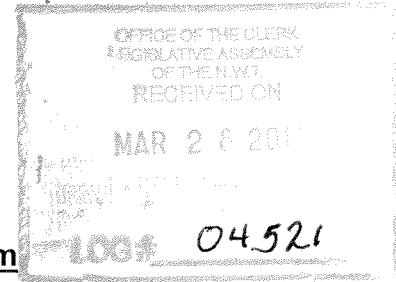




Northwest Territories Minister of Health and Social Services

MAR 24 2011



MR. TIM MERCER  
CLERK OF THE LEGISLATIVE ASSEMBLY

**Response to Petition 10-16(5) – Expansion of Midwifery Program**

Attached is a Response to Petition 10-16(5) "Expansion of Midwifery Program" tabled by Mr. Bob Bromley on February 10, 2011.

*Sandy Lee*  
Sandy Lee

Attachment

- c. Mr. Kevin O'Keefe  
Legislative Coordinator

① Noted - table  
*Tommy*  
May 11, 2011



Petition tabled by Mr. Bob Bromley on February 10, 2011

Response by the Honorable Sandy Lee  
Minister of Health and Social Services

### **Expansion of Midwifery Program**

The Department of Health and Social Service is committed to providing Midwifery Programs in as many communities in the Northwest Territories as possible and practical.

An analysis to develop an expanded Northwest Territories model of midwifery care is required. This work will be undertaken in the 2011/12 fiscal year. If the business case and the program analysis support expansion of the Northwest Territories midwifery model, it will be included for consideration in the 2013/14 business planning process. The analysis will include consultation with stakeholders and recommendations to ensure best options are pursued. The analysis will address:

- The number of annual births needed in a community to sustain a viable midwifery practice that allows a midwife to maintain clinical skills and competence;
- The implications of community births for staff in the health centre and the human resources, physical structures and equipment necessary for community birthing;
- The additional cost of midwifery to the system, balanced against real and potential savings in travel costs, physician resources and the positive outcome of women birthing closer to home;
- The potential of using a mix of professional and traditional midwives as is being implemented in Nunavut;

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- A collaborative model of physician, midwifery and nursing case management to ensure that women receive appropriate assessment and management throughout pregnancy and higher risk pregnancies are identified managed appropriately; and
- Processes to quickly mobilize emergency care if a complication should arise during labour and delivery in a remote community.