

Midwifery Care for 2SLGBTQ People



rainbow health ontario
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SHERBOURNE HEALTH

This info sheet helps 2SLGBTQ parents and prospective parents, gestational carriers, surrogates and their family and friends learn more about midwifery care in Canada. Each provinces' residents can choose between an obstetrician, a family doctor, a registered midwife, or an Indigenous midwife to provide prenatal care and attend their birth. Choices, however, may be limited in some communities.

A midwife is a primary health care provider who specializes in low-risk pregnancies. They provide clinical care to pregnant people, including health counselling and education during prenatal appointments in a clinic, at a client's home, and over the phone through a 24-hour pager system. Midwives help clients choose the ideal place to give birth: at a hospital, at home, or at a birth centre. Midwives then care for and support their clients during labour and birth. They are one of the only providers who offer waterbirth in all birth settings, where available. Midwives have privileges at a hospital, similar to an obstetrician or family doctor. Midwives continue to provide primary care for six weeks postpartum to both the birthing individual and the newborn. Midwives provide complete care throughout pregnancy, labour, birth, and the first six weeks following birth to optimize your care and safety. Clients can contact their midwives 24 hours a day, seven days a week with urgent concerns. They also provide lactation support and relactation support and counselling for breast/chestfeeding parents.

Midwives are well suited to providing care to 2SLGBTQ people and their families who are giving birth due to their emphasis on person-centered care. It is the position of the Association of Ontario Midwives "that midwives honor and respect all people's right to self-determination and right to receive health care and work in a professional environment that is free from discrimination, transphobia, and prejudice."⁽¹⁾ In surrogacy, midwives care for gestational carriers and can provide support and information to intended parents throughout their course of care. Midwives often provide in-home well-baby clinical care during the first two weeks postpartum, provided the intended parents live within the midwifery group's catchment area. Postpartum visits can then resume at the midwifery clinic until six weeks postpartum. Midwives typically do not provide preconception, abortion, or fertility care.

Midwifery Model of Care

Midwives consider birth to be a normal, physiological process. Midwifery generally works from at least three basic principles: informed choice, continuity of care, and choice of birthplace.

Informed Care

Midwives recognize the pregnant person as the primary decision-maker in their care. Midwives foster an egalitarian relationship of trust and respect between themselves and their clients. Clients are given the information, resources, and empowerment to make the best decisions for themselves in their health care. Midwives help ensure that clients have the most relevant information that includes benefits, risks, and alternatives informed by practice guidelines, research, and community standards. In sharing information, midwives and clients work in a way that considers the experiences, beliefs, and values of the client.

Continuity of Care

The goal of continuity of care is not just that you have a small care team but that you have a well-known care team. A significant portion of a midwife's work is to develop a relationship of trust and respect with clients. This allows them to provide safe and individualized care in a way that clients feel acknowledged and empowered in their choices. Midwifery call schedules differ from practice to practice, but the goal is for the client to know the midwife who attends their birth. Midwifery care includes a variety of models. Some midwives provide solo services (also known as a primary call model), team services with other midwives (shared call model) and/or shared care with obstetricians, family doctors, and nurse practitioners. Midwives are your primary resource and remain on call for clients 24/7. When you go into labour, one of your primary midwives will be available to provide care.

Midwives provide complete care throughout pregnancy, labour, birth and the first six weeks following birth to optimize your care and safety. Clients can contact their midwives 24 hours a day, seven days a week with urgent concerns.

Choice of Birthplace

Midwives support their clients in choosing where to give birth. Midwives can attend births in and out of a hospital. If you choose to give birth out of a hospital, midwives may attend your birth at home or in a birth centre.

Midwifery Care

The word midwife means "with woman" but midwives care for people of all diverse gender identities and expressions.



Home Birth

Home birth with a Registered Midwife is a safe option associated with lower rates of interventions. You may choose to give birth with a midwife at home if you are in good health, and are having a normal, uncomplicated pregnancy. People give birth at home in houses and apartments. If you are planning a home birth, at least one of your prenatal appointments will be in your home. Midwives are the only primary care providers in Ontario who receive specific education and training to help you safely give birth at home.

Some common reasons for home birth include:

- Valuing a birth without medical intervention (if not needed).
- The birthing person is confident in their ability to give birth without pain medications.
- The birthing person finds their home to be a supportive and comfortable environment.
- A preference to move freely in familiar surroundings.
- Privacy.

Birth Centres

You may choose to give birth in one of two birth centres if you have a registered midwife who has privileges at the birth centre, and you are in good health, having a normal, uncomplicated pregnancy.

A birth centre birth may not be an option for you if you have complications that arise during your pregnancy. If complications arise during a planned out of hospital birth, you may need to transfer to a birthing hospital. Your midwives can help you understand what these complications are, and how they pose risks to you or your baby.

Hospital Birth

You may choose to give birth in a hospital. You may need to give birth in a hospital if you have complications that arise during your pregnancy.

While sometimes transferring to a hospital in labour is an emergency, generally it is not. Common reasons that people choose to transfer include exhaustion and wanting access to epidurals, which can only be administered in hospital. Whenever midwives are providing care at a home birth, their local hospital is aware of the birth in progress and ready to help if needed. Home births are a very safe and reasonable choice for many people, and there is significant evidence to support the safety of home births.

Cost of Midwifery Care

Midwifery care is funded by the Ministry of Health and Long-Term Care for all residents of Ontario, regardless of immigration status or health insurance coverage.

How to Find a Midwife

The most important aspect of choosing a midwife is that you trust and respect each other. All registered midwives in Ontario have the same level of clinical skills and training, so focus on the relationship you hope to develop with your care team, and your sense that the midwives understand your family and priorities.

Midwives have a self-referral process and typically book based on geographic location. At an intake appointment, a client can ask questions they feel are important to ensure the fit is right. If the client does not feel the midwife is suited to their needs, they are able to look for another midwife in the area that is a better fit.

Some midwives may not have much experience with 2SLGBTQ clients. However, provincial midwife associations such as the Ontario Midwifery Education program may provide additional opportunities for midwives to learn about individualizing and inclusive care practices. All midwives should be open to a journey of learning and collaborating to provide you with the best care possible. You will need to assess whether a midwife has the knowledge needed to provide you with the best possible care in your particular situation. You do not need a referral from a physician to use midwifery services. Try to arrange midwifery services as early in pregnancy as possible, to ensure that your midwife has space for you. There is significant demand for midwifery care. Some practices prioritize 2SLGBTQ clients, or clients of specific cultural groups. You may want to ask what priority populations your midwives serve.

Rainbow Health Ontario has a directory which lists midwifery practices who have expressed a commitment to providing competent and welcoming care to 2SLGBTQ parents, gestational carriers prospective parents, and their children. Please visit rainbowhealthontario.ca/lgbt2sq-health/service-provider-directory



Midwives Associations by Region

Area	Association	Contact
Canada-wide	Canadian Association of Midwives	canadianmidwives.org 514-807-3668
Alberta	Alberta Association of Midwives	alberta-midwives.ca 1-833-502-2176 info@alberta-midwives.ca
British Columbia	Midwives Association of British Columbia	bcmidwives.com 604-736-5976 admin@bcmidwives.com
Manitoba	Midwives Association of Manitoba	midwivesofmanitoba.ca
New Brunswick	New Brunswick Midwives Association/Association des sages-femmes du Nouveau-Brunswick	nbmidwives.ca info@nbmidwives.ca
Newfoundland and Labrador	Association of Midwives of Newfoundland and Labrador	amnl.ca

Midwives Associations by Region (cont)

Area	Association	Contact
<p>Northwest Territories</p>	<p>Midwives Association of the Northwest Territories</p>	<p>nwtmidwives.ca admin@nwtmidwives.ca</p>
<p>Nova Scotia</p>	<p>Association of Nova Scotia Midwives</p>	<p>novascotiamidwives.ca info@novascotiamidwives.ca</p>
<p>Ontario</p>	<p>Association of Ontario Midwives</p>	<p>ontariomidwives.ca 1-866-418-3773 reception@aom.on.ca</p>
<p>Prince Edward Island</p>	<p>Prince Edward Island Midwives Association</p>	<p>peima.ca 902-566-2596</p>
<p>Quebec</p>	<p>Regroupement Les sages-femmes du Québec (RSFQ)</p>	<p>rsfq.qc.ca/en 514-738-8090 info@rsfq.qc.ca</p>
<p>Saskatchewan</p>	<p>Midwives Association of Saskatchewan</p>	<p>saskatchewanmidwives.com</p>
<p>Yukon</p>	<p>The Yukon Association for Birth Choices</p>	<p>ya4bc.org</p>

Working with Obstetricians

Midwives are specialists in low-risk pregnancy and birth. For specific health circumstances in pregnancy deemed outside of midwifery scope, atypical, or high-risk, an obstetrician or other specialists can be consulted for advice on management. In many instances, people can continue to be in midwifery care. If there are additional complications or pregnancy becomes high-risk, midwives will transfer care to an obstetrician or another health care provider.

Sometimes, midwives and obstetricians share care of a client, but only one health care provider can be considered as the most responsible provider. If your care must be transferred to an obstetrician during labour, midwives can continue to provide supportive care during birth and in many cases, midwives will receive the baby under their care. Your care may be transferred back to the midwives for postpartum care.

Twin Pregnancies

Midwives are required to consult with an obstetrician for twin pregnancy. In some communities, midwives can continue care for their clients through a twin birth. In other communities, twin pregnancies require a transfer of care. If you have questions about this, it is best to reach out to your local midwifery practice. Triplets and higher order multiple births are outside the midwifery scope of practice and care must be transferred to an obstetrician.

HIV+ Midwifery Care

Caring for people who are HIV positive falls outside the scope of care of most midwives in Ontario. The [Positive Pregnancy Program](#) at St. Michael's Hospital in Toronto, Ontario provides shared midwifery and obstetrical care to HIV positive people. If you are HIV positive and planning to become pregnant, preconception services are available through this program as well.



Indigenous Midwifery Care

Indigenous communities in Canada have always had midwives; it is only in the past hundred years or so that birth has all but been erased from Indigenous communities. Until recently, those living in remote or rural areas were routinely flown out of their communities to give birth, away from their families and support systems. There is now recognition that birth needs to be put back into the hands of the community.

National Council of
Indigenous Midwives
indigenousmidwifery.ca
514-807-3668, ext. 220
Fax: 1-514-738-0370
admin@indigenousmidwifery.ca

Here are 10 Indigenous Midwifery Resources in Ontario

Area	Resource	Contact
Toronto	Seventh Generation Midwives Toronto	sgmt.ca 416-530-7468
London	Southwest Ontario Aboriginal Health Access Centre	soahac.on.ca 1-877-454-0753 info@soahac.on.ca
Hagersville	Six Nations Birth Centre / Tsi Non:we lonnakeratstha Ona:grahsta	snhs.ca/child-youth- health/birthing-centre
Tyendinaga Mohawk Territory	Kenhte:ke Midwives	kenhtekemidwives.com shekon@kenhtekemidwives.com 613-396-2223
North Bay or Nipissing First Nation	K'Tigaaning Midwives	ktigaaningmidwives.com ktigaaning.midwives@gmail.com

Area	Resource	Contact
Sudbury	Shkagamik-Kwe Health Centre	skhc.ca info@skhc.ca
Elliot Lake	North Channel Midwifery	705-578-2908
Akwesasne	Onkwehon:we Midwives	onkwehonwemidwives.com 613-938-2229
Fort William First Nation	Dilico Anishinabek Family Care	dilico.com
Attawapiskat	Neepeeshowan Midwives	neepeeshowanmidwives@gmail.com

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