



At Home with Birth:
Exploring Ontario Midwifery
Program Graduates'
Perceptions of
Home Births and
Home Birth Education

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Reflexivity and Perspective

- Positionality as a racialized researcher
 - Using research as a tool for **systemic change**
- Importance of the study in community-based models
 - Impact on maternal and infant health outcomes, especially for IBPOC and low-income populations

Background and Aim

- CMO requires offering birthplace choices, including homes.
- MEP aims to train midwives for competent care in varied birth settings.
- Evidence on the effectiveness of the MEP in preparing graduates specifically for home birth is sparse.

Aim: To explore the barriers and facilitators within Ontario's Midwifery Education Program that impact the preparedness of midwives to provide home birth services with confidence and competence.



Sources: BORN April 1st 2003 – March 31st 2012; BORN April 1st 2012 – March 31st 2018; BORN Midwifery Care Profile – Birth, pulled January 20th 2022, April 1st 2018 – March 31st 2019; BORN April 1st 2019 – March 31st 2021

Methods

- 74 midwives recruited who graduated between 2018-2023
 - From Laurentian, McMaster, TMU
- Mixed methods data collection
- Online survey and Zoom call

Gender	
Woman	69
Men	0
Non-binary	5
Identity	
Indigenous	7
Black	7
Other racialized	12
2SLGTBQIA+	24
Person with Disability	8

Barriers to Developing Confidence and Competence

COURSE SPECIFIC

1A. Increased medicalization of birth

“Ultimately, I found the preclinical courses to be unrealistic...given we are bound by the public healthcare system and the College to administer a specific and limited set of procedures...the shortcomings of my education were in being profoundly misled about the capacity of registered midwives to truly give our clients choices and power as our top priority. From a working midwife's perspective, home birth is now essentially the same as a hospital birth in terms of having the College and your hospital breathing down your neck to fulfill their policies first, and client choice second”

Barriers to Developing Confidence and Competence

COURSE SPECIFIC

1B. Focus on complications and risk

“We mostly discussed emergencies at home births or assumed that if we are role playing an emergency, that we are at home. I think this impacted my perception and comfort with home births (became less comfortable with home births).”

Barriers to Developing Confidence and Competence

CLINICAL PLACEMENT SPECIFIC

Negative bias towards home birth

“My preceptor did not support home birth. She thought it was dangerous and risky. Any clients who were planning home were "risked out" in the third trimester. This was not just her, it was a practice protocol.”

Facilitators to Developing Confidence and Competence

COURSE SPECIFIC

Research sharing the safety of home birth

“I remember that the early years of the program normalized home birth for me in a way that was rooted in the foundational midwifery belief of choice of birthplace. This focus on the positive and safe outcomes of midwife-attended home birth made me confident with the concept of home birth when going into my first clinical placement, even if I did not yet have the skills to manage them.”

Facilitators to Developing Confidence and Competence

CLINICAL PLACEMENT SPECIFIC

Preceptors confident with home births

“My preceptors had thorough ICDs about homebirth, had high OOH birth rates and very much thrived in an older practice with a reputation for out of hospital births. They supported choice as much as possible and were able to discuss transfer in a way that did not come from a place of fear. As my first exposure to clinical practice, it shaped the way I viewed midwifery and how I wanted to practice in the future”

Facilitators to Developing Confidence and Competence

CLINICAL PLACEMENT SPECIFIC

Low intervention and rural experiences

“In my third year I completed a placement in a low resource birth center. All births were unmedicated, mostly uncomplicated. I still look back on this time and draw from these experiences with massive amounts of gratitude.”

Recommendations

1

More integration of home birth preparation and execution in curriculum is needed – emphasis on “normal”

2

Critical value of simulation in preparing for home births, particularly when clinical opportunities are limited

3

Learning from experienced midwives and clients through storytelling, mentored workshops, and debriefs

**Thank You for
Listening!**

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