



## RESEARCH:

How did the COVID-19 pandemic impact midwifery services in the Greater Toronto Area, Toronto, Ontario, Canada and in Lima Metropolitana, Lima, Lima, Perú?

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I acknowledge that the land on which I gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. My family and I, as settlers in this ancestral land, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.



# METHODOLOGY

## Study design

A collective case study design was utilized guided by Stake's approach.

The qualitative case study design provides the opportunity to gain in-depth knowledge and understanding of a complex phenomenon in its own context, and which the researcher has not control.

Case study designs have been demonstrated to be useful in health science research because they allow exploration of a phenomenon that is happening in real time and is not controllable by the researcher, allowing the use of different sources of evidence.



# Desirable Outcome

The study planned to *generate a description and explain **how*** the COVID-19 pandemic has impacted midwifery services in the GTA services in the GTA and Lima Metropolitana, *and to understand the **why** of those impacts*, from the midwifery perspective.

Informed by empirical literature the following general issues were identified:



1. How has the COVID-19 pandemic impacted the coverage (provision and access) of midwifery services in Lima Metropolitana, Lima, Peru and the Greater Toronto Area, Ontario, Canada from a midwifery perspective, informed by the "Effects of health system components on coverage of health systems framework"?

2. How has the COVID-19 pandemic impacted the values and philosophy of midwifery services in Lima Metropolitana, Lima, Peru and the Greater Toronto Area, Ontario, Canada from a midwifery perspective, informed by the "Quality maternal newborn care framework"?

3. How have governance and delivery factors influenced the impact of the COVID-19 pandemic on midwifery services in Lima Metropolitana, Lima, Peru and the Greater Toronto Area, Canada, informed by the "Theoretical framework of the political and health system factors that influence the roles of midwives within the health systems"?



# Theoretical Lenses

## 1 Intersectionality

Highlighting multiple intersecting social categories and interlocking systems of oppression, and how this affects the lived experiences of individuals and communities.

## 3 Postcolonial Feminism

This lens aided to examine how race, gender, and class relations influence social, cultural, political, and economic factors, which influence the live experiences of women from diverse contexts, avoiding the limitation to focus on a single and homogeneous understanding of how being a woman impacts the ability to access and seek care.

## 2 Trauma-Informed

Being aware of the usage of language to frame questions, and I will ensure participants know that it is their decision to determine when and what they want to share. Also being aware of any signs and symptoms of trauma and will have a pre-established plan to guide how I respond to trauma expressed by research participants that will include a list of available resources and information about referral processes.

# Theoretical Frameworks

1

## Health System Components

Four health system components affect coverage of services: availability of health health workers, supplies and equipment, demand for services, and access to to services.

2

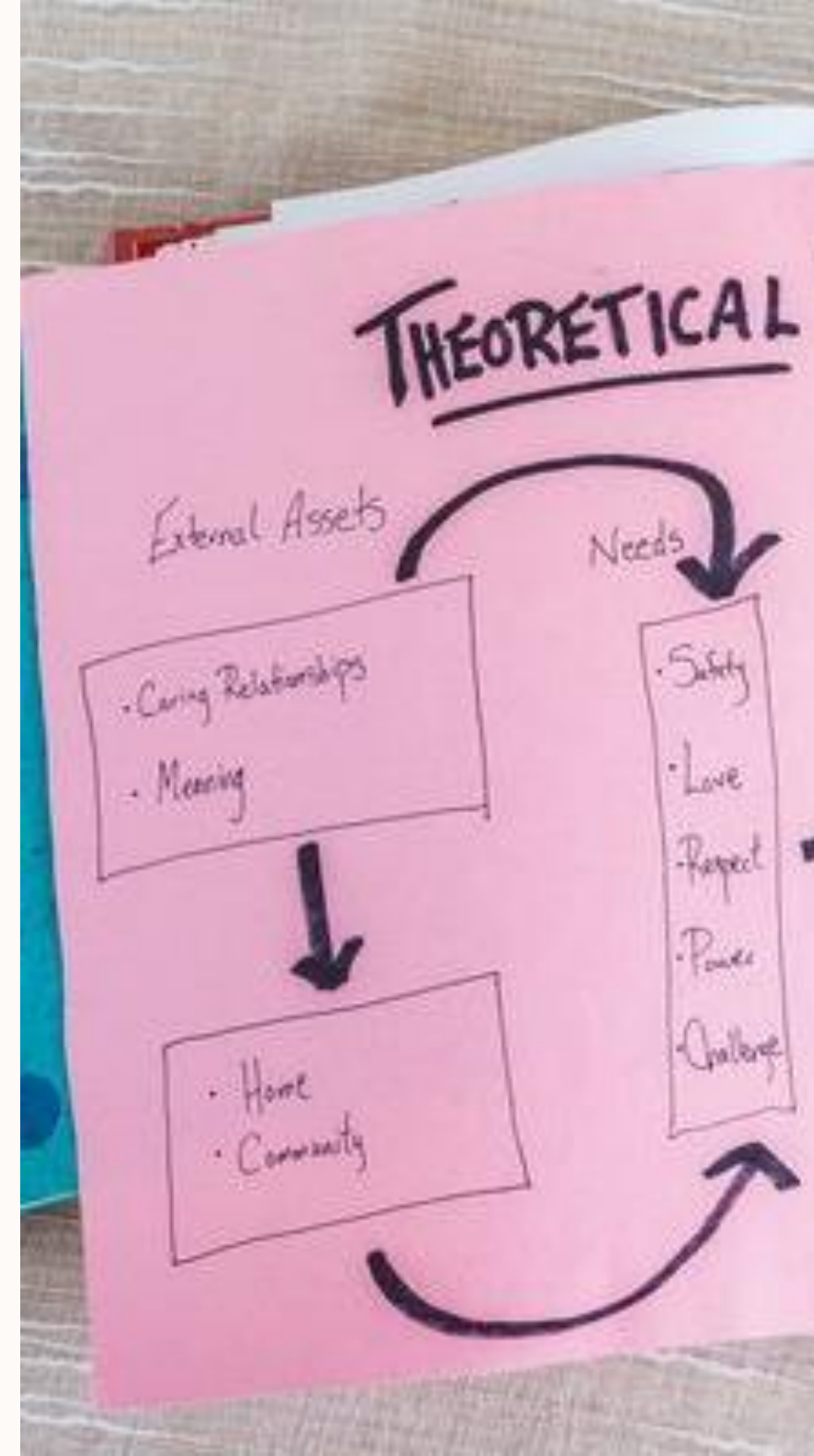
## Quality Maternal and Newborn Care

Categories capturing the holistic nature of midwifery care, not captured in the the framework of Coverage of Health Services.

3

## Political and Health System Factors

Focus on governance and delivery system arrangements, providing a broad broad understanding of the impact of the pandemic on midwifery services. services.



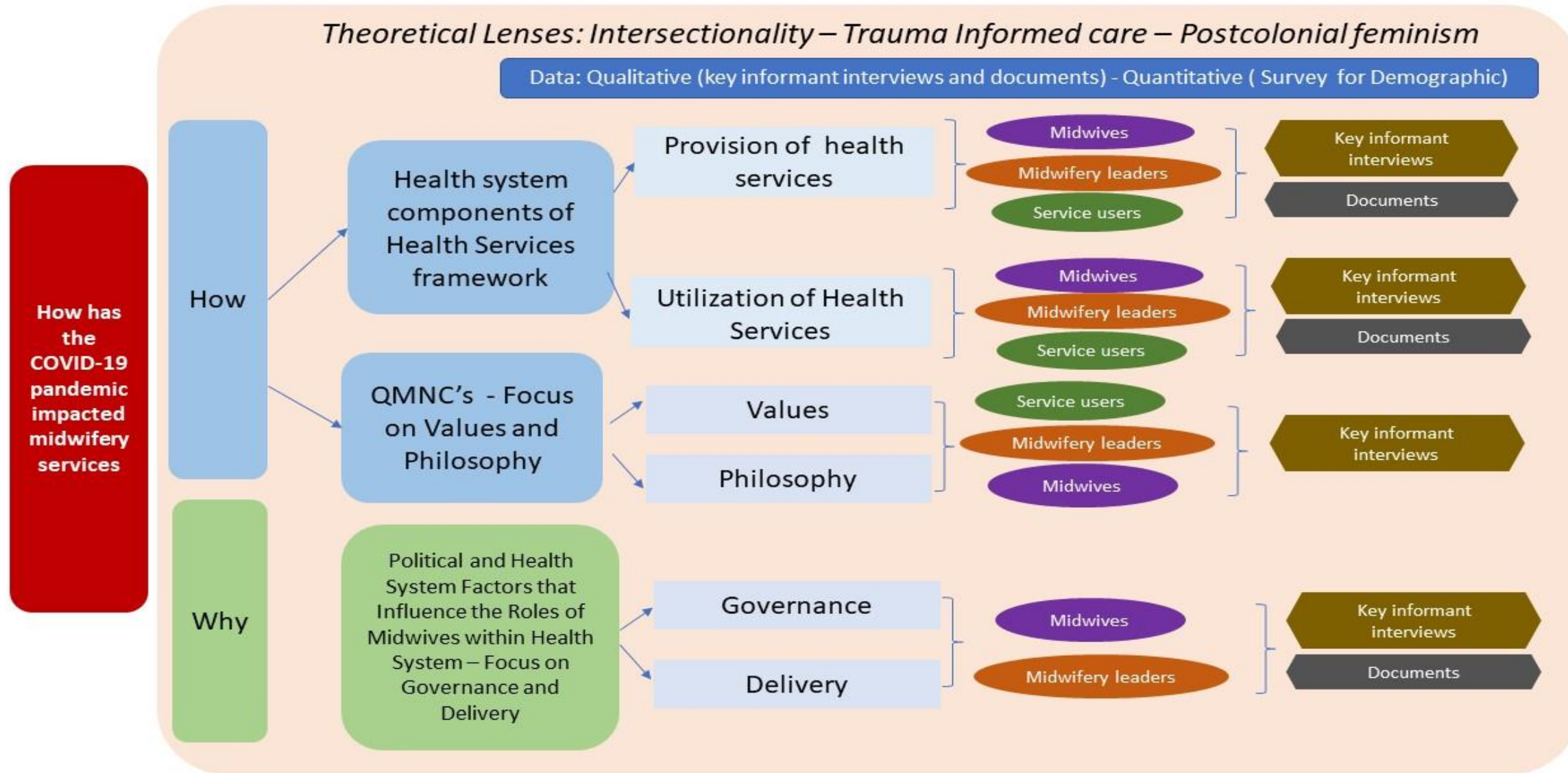


Figure 1. Theoretical Framework Map – Map to finding the issues.

Source: Developed by principal researcher

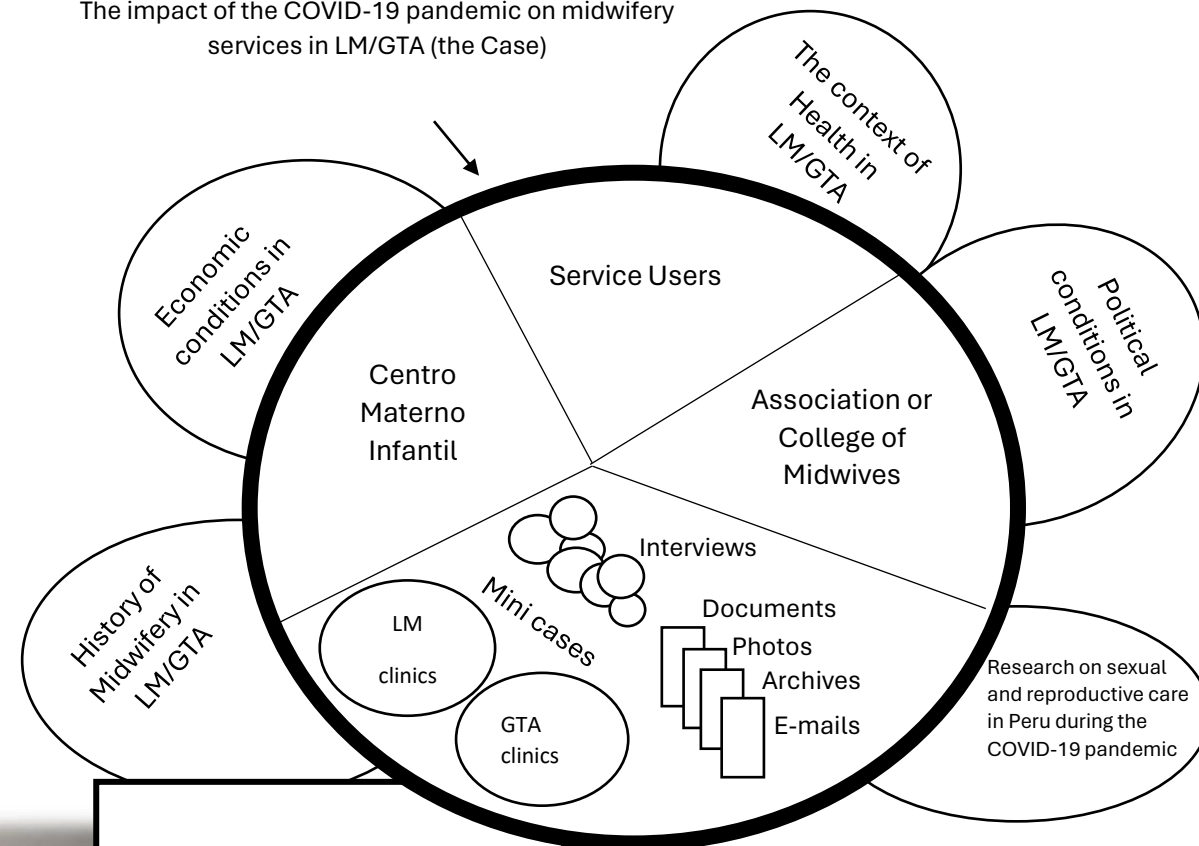
# Cases

Two cases were purposively selected.

Two to three mini cases were identified within each case.

I refer to the mini cases as: GTA clinics 1, 2, and 3; and LM clinics 1 and 2

The impact of the COVID-19 pandemic on midwifery services in LM/GTA (the Case)



## ISSUES:

- Provision and utilization of midwifery services.
- Impact on values and philosophy of midwifery.
- Political and system factors, such as government and social values.

## Main information questions:

- Did the COVID-19 pandemic impact the provision of midwifery services because of the effects on the availability of health workers due to professional burnout, early retirement, taking leave of absence, and redistribution of the midwifery task force to cover critical areas to treat COVID-19 patients, among others?
- Was the provision of midwifery services impacted by the lack of supplies and equipment due to impacts on the supply chain and budgeting distribution centered on COVID-19 responses?
- Was the demand for midwifery services affected by the COVID-19 pandemic due to community fear of contracting the disease or because of fear of how new hospital protocols would affect their care provision?
- Was the access to midwifery care impacted due to the several lockdown orders, a decrease of people's income, which affected their ability to access transportation and contract services, as well as the temporary closing of health facilities.
- Did the COVID-19 pandemic translate into a violation of informed choice, person centered care, and person autonomy?
- How midwives' and service users' positionalities, like sex, gender, social status, and ethnicity affected their ability to provide or accessing care?
- Were midwives restricted in providing options of care services, such as out of hospital births and other services tailored to the client's circumstances and needs?



# Data Collection

English & Spanish



**Semi structured interviews**

**Demographic Survey**

## **Documents and archivals**

Included published literature, policy documents and grey literature (e.g., newspaper articles, hospital, professional association, college of midwives' reports, releases from ministries of health) and archives including pictures, videos, and e-mails



# Data Analysis

Thematic analysis  
axial coding approach

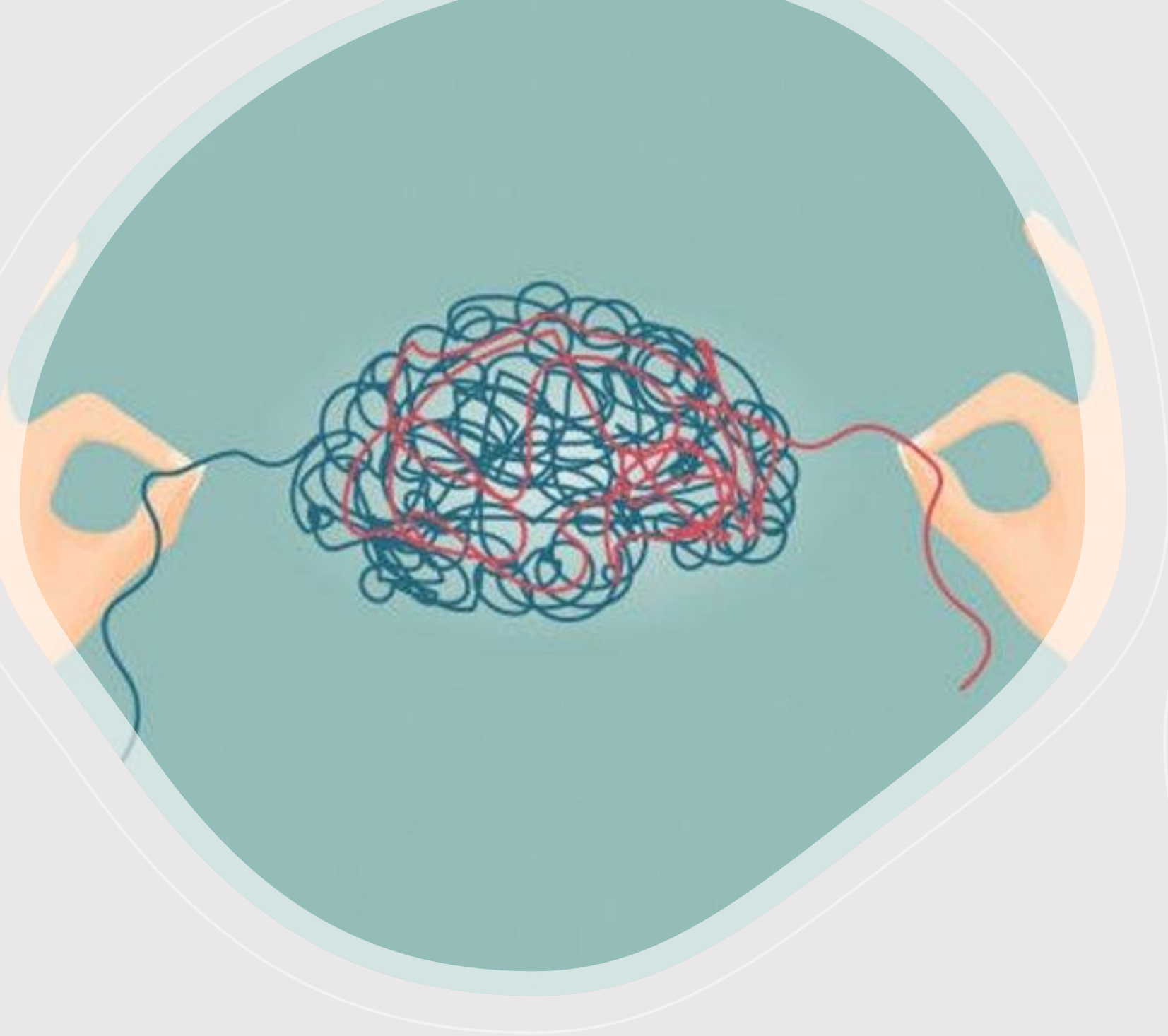
## *Stage 1: Individual Case Description*

1. Line-by-line open coding.
2. Focused coding: Here, the most significant or frequent earlier codes were used to run a deep examination through the remaining data.
3. Memo writing - this strategy aid to summarize key ideas and follow-up on potential questions, as well as emerging issues that require further explanation.
4. Development of core categories

## *Stage 2: Cross-Case Analysis*

Each case main categories were compared to explore how different contexts were similar and/or varied across the cases. Finally, the cross-case process developed an integrated theoretical framework applicable to all cases.





**Thank you**

