

Outcomes and costs of maternity care services in Manitoba: Is it time to consider interprofessional models of maternity care?

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Introduction:

The economic impact of obstetrical costs among provider-types across Canada is not well known and there are limited Provincial and National data that informs policy regarding any cost-analysis of the economic impact of the maternity care services as it relates to provider-types and their subsequent outcomes. One of the driving costs of maternity care is the use of obstetric intervention which may also contribute to additional health care use. One review of literature found higher rates of interventions such as induction were correlated with higher rates of cesarean sections. The World Health Organization has acknowledged that birth is often treated with the same high level of intervention, regardless of whether the intervention is needed. The midwifery model of employment is different in each province. In Manitoba, midwives are salaried employees within the Regional Health Authorities (RHAs), whereby the midwives' salary and operating costs are paid for by Manitoba Health. When the employee model was set up, full-time midwives were expected to complete approximately 30 cases of care per year. However, no strategic health workforce plan exists that justifies the 30 cases and no formal concept of caseload has been defined.

Objectives: The objective of this study is to provide an overview of maternity care services in Manitoba related to maternity outcomes and their associated costs, from 2004/05 to 2014/15 as they relate to health provider type (registered midwives, obstetricians/gynecologists, or family practice physicians), outcomes, and the associated costs of the outcomes from 2004/05 to 2014/15.

Methods: This retrospective cohort study will use three comparison groups: registered midwives, obstetricians/gynecologists, and family practice physicians. The sample will consist of all low-risk women giving birth in Manitoba from 2004/05 to 2014/15. This analysis will use population-based, de-identified administrative data from the Population Health Research Data Repository at the Manitoba Centre for Health Policy (MCHP). A cost analysis will be made with associated outcomes by provider types.

Emerging Findings: Preliminary findings from analysis will be reported at the time of the poster presentation. No results are available at this time.

Policy Implications: There has not been a documented analysis of how the inclusion of midwifery services in Manitoba has affected the provincial health care costs. As a result, no health workforce strategy for midwifery has been evident within the policy framework for publicly funded health services in the province. The proposed study will generate evidence to inform health human resource policy on what are sustainable and cost-effective models of maternity care in Manitoba.

Conclusions: There is a need to generate evidence that supports new models of maternity care that are cost-effective and meet patient needs.