

# Building Referral Relationships with Midwives



Ontario  
Chiropractic  
Association



Association of  
Ontario **Midwives**  
*Delivering what matters.*



This resource provides information and advice on how you can build referral relationships with midwives. The OCA has also developed resources you can use when building these relationships, including a presentation and handouts.

MSK conditions such as low back pain, pelvic pain, hand pain, foot pain and thoracic spine pain are common during pregnancy. Low back pain (LBP) is very common, affecting 50-80% of pregnant people. Midwives are primary care providers during pregnancy, labour and birth, and referral relationships between chiropractors and midwives can be beneficial for patients and providers. Chiropractors and midwives both provide hands-on conservative care, creating a good fit for interprofessional collaboration.

### Who are Midwives?

Midwives are primary care providers for clients during pregnancy, labour, birth and up to six weeks postpartum. Similar to chiropractors, they are regulated under the *Regulated Health Professions Act*. The majority of midwives work under the authority of the College of Midwives of Ontario however Aboriginal Midwives working under an exemption recognized in the RHPA work under the authority of a community based regulatory process.

The four year education program to train midwives is offered at three universities in Ontario: Laurentian, McMaster and Ryerson and one community based Aboriginal Midwifery Education program is offered at Six Nations Birth Centre.

Midwifery is funded by the Ontario Ministry of Health and Long-Term Care and their services are provided free to clients. Midwives order ultrasounds and lab work, prescribe and administer medications, manage emergencies and obtain ongoing certifications in Neonatal Resuscitation, Cardiopulmonary Resuscitation, and Emergency Skills Training.

Ontario midwives provide care under a model and philosophy that emphasizes informed choice, recognizing the client as the primary decision maker in their care which is best supported by relationship building with their care provider and time to consider and discuss their options. The client will have a team of up to four midwives who are responsible for care until birth, with typically at least two midwives present during birth – one to care for the client delivering and the other to care for the baby.

When under the care of a midwife, the client has a choice of birthplace. This may include at home, in hospital or at a birthing centre. Midwives are specialists in out-of-hospital birth and are available to clients 24 hours a day. The midwife assesses health needs and provides information to ensure the client make safe and informed decisions about where to give birth.



## Building Referral Relationships

Here are some tips to developing referral relationships with midwives:

### 1. Do Your Research

Become familiar with midwifery, the scope of practice and philosophy of care, and midwives values and beliefs in order to ensure a good fit and to illustrate you are knowledgeable about their profession. You may also want to consider taking some continuing education courses related to pregnancy to expand your knowledge and expertise.

It's important to understand and be able to communicate how MSK conditions affect patients during pregnancy and how chiropractic can help, including the following points:

- Pregnancy can heighten the risk of developing MSK conditions due to structural, postural and hormonal changes, including extra weight that places considerable stress on the back and feet.
- LBP impacts 50-80%<sup>i</sup> of pregnant patients and is associated with sleep disturbance, pain medication use and disturbances to activities of daily living.
- Chiropractic can help by providing relief of aches and pains, and can provide advice and strategies on how to reduce back strain and muscle fatigue during and after pregnancy – all of which can help stop, reduce or prevent disturbances to activities of daily living, including sleep and pain medication use.
- The evidence for chiropractic care during pregnancy demonstrates improved patient outcomes (reducing pain, improving mobility)<sup>i, ii, iii, iv</sup>, high levels of patient and provider satisfaction, safety and effectiveness<sup>vi, vii, viii</sup> both during and after pregnancy. For more information on these studies, please see the endnotes.

### 2. Contact and Get to Know Midwives in your Community:

Getting to know midwives in your community and meeting them face-to-face can be one of the most effective ways to build referral relationships. Attending maternity themed events, fairs and conferences can provide opportunities for doing so. The Association of Ontario Midwives provides a midwife directory on their website with contact information and clinic websites, which may help you locate and learn more about them.

While contacting midwives, it may be helpful to offer to present a lunch and learn for them to learn more about chiropractic care and/or provide them with a handout demonstrating how chiropractic can help during pregnancy.



The OCA has created a presentation and handouts for these purposes which can be accessed on our Marketing & Outreach Library. We also have handouts that can be provided to pregnant clients, including Minimizing Pregnancy-Related Back Pain, Pregnancy, Back Pain & Core Strength, 9 Pregnancy Stretches for the Whole Body and 5 Ways to Avoid Backache While with Your Newborn.

When speaking to midwives, it is also important to use shared language. Generally, midwives use the word 'client' rather than 'patient' and believe in using inclusive language that does not assume that a person's gender identity matches the sex they were assigned at birth. Rather than speaking about women and women's health, inclusive language such as 'client', 'parent', 'partner' or a 'both/and' approach is recommended.

### 3. Share Clinical Notes:

Asking your pregnant patients if they have a midwife and getting their contact information and consent to share clinical notes with them is another very important way to build referral relationships. Sharing clinical notes demonstrates what you can offer to their clients, your clinical findings/diagnoses, what treatments their clients are currently receiving, and how they can contact you for follow-up, which could lead into the development of a strong referral relationship.

When writing clinical notes for midwives:

- Avoid the use of technical terms with which non-chiropractors may be unfamiliar.
- Keep your notes as concise as possible. Provide a brief description of what's going on (findings/diagnoses) and the plan of management. You may also want to describe what may make the condition worse, what can make it better, and the treatment outcomes you expect.
- Let the midwife know what education and self-management techniques (such as exercises, stretches) you have provided to the patient that the midwife can reinforce with them.
- Ask the midwife if there is any additional information about their client that you should know in order to safely treat them.
- Provide your contact information and offer to answer any questions the midwife may have.



## 4. Discuss the Benefits of a Collaborative Interprofessional Approach:

You may already have several collaborative interprofessional relationships. It is important to discuss how you've seen patients benefit from receiving care from multiple providers who are in touch with one another on their health, treatments and needs, and how this leads to a well-coordinated and integrated patient experience.

Let midwives (and any other health care provider) know they can locate and contact Ontario chiropractors by visiting the OCA website ([www.chiropractic.on.ca](http://www.chiropractic.on.ca)) and clicking on 'Chiropractor Locator'.

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### Notes

i Sadr, S., Pourkiani-Allah-Abad, N., Stuber, K. J. (2012). The treatment experience of patients with low back pain during pregnancy and their chiropractors: A qualitative study. *Chiropractic & Manual Therapies*, 20(32), URL: <https://chiromt.biomedcentral.com/articles/10.1186/2045-709X-20-32>

ii Ibid.

iii Lisi, A. J. (2006). Chiropractic spinal manipulation for low back pain of pregnancy: A retrospective case series. *Journal of Midwifery & Women's Health*, 51(1), URL: <http://onlinelibrary.wiley.com/doi/10.1016/j.jmwh.2005.09.001/full>

iv George J.W., Skaggs C.D., Thompson P.A., et al. (2013). A randomized controlled trial comparing a multimodal intervention and standard obstetrics care for low back and pelvic pain in pregnancy. *Am J Obstet Gynecol*, 208(295), e1-7, URL: [http://www.ajog.org/article/S0002-9378\(12\)01969-2/abstract](http://www.ajog.org/article/S0002-9378(12)01969-2/abstract)

v Peterson, C. K., Muhlemann, D., & Humphreys, B. K. (2014). Outcomes of pregnant patients with low back pain undergoing chiropractic treatment: A prospective cohort study with short term, medium term and 1 year follow-up. *Chiropractic & Manual Therapies*, 22(15), URL: <https://chiromt.biomedcentral.com/articles/10.1186/2045-709X-22-15>

vi Sadr, S., Pourkiani-Allah-Abad, N., Stuber, K. J. (2012). The treatment experience of patients with low back pain during pregnancy and their chiropractors: A qualitative study. *Chiropractic & Manual Therapies*, 20(32), URL: <https://chiromt.biomedcentral.com/articles/10.1186/2045-709X-20-32>

vii Ibid.

viii Borggren, C. L. (2007). Pregnancy and chiropractic: A narrative review of the literature. *Journal of Chiropractic Medicine*, 6(2), 70-74, URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647084>

ix Stuber, K. J., Wynd, S., & Weis, C. A. (2012). Adverse events from spinal manipulation in the pregnant and postpartum periods: A critical review of the literature. *Chiropractic & Manual Therapies*, 20(8), URL: <https://chiromt.biomedcentral.com/articles/10.1186/2045-709X-20-8>

x Lisi, A. J. (2006). Chiropractic spinal manipulation for low back pain of pregnancy: A retrospective case series. *Journal of Midwifery & Women's Health*, 51(1), URL: <http://onlinelibrary.wiley.com/doi/10.1016/j.jmwh.2005.09.001/full>