



November 7, 2019

Maternal and Perinatal Death Review Committee  
Office of the Chief Coroner  
25 Morton Shulman Ave  
Toronto, ON M3M 0B1

Dear Maternal and Perinatal Death Review Committee:

**Re: 2017 Maternal and Perinatal Death Review Committee Report**

Further to our letter of June 3, we are writing regarding a case in the Maternal and Perinatal Death Review Committee's 2017 report pertaining to early discharge from hospital following childbirth.

In the discussion of case 2017-N-02, the Coroner's Committee states: "While early discharge of newborns has become common, the safety of such a practice has not been fully established." We would like to take the opportunity to inform the Coroner's Committee about the management of midwifery clients during early hospital discharge.

While there is currently no data specifically on the safety of early discharge, there is also no data to suggest it is unsafe nor data to support the safety of later discharge. As such, we refer to research on home birth to assess the safety of out-of-hospital care in the early postpartum period as these infants had no hospital care. Such studies have shown that clients who have a home birth with an Ontario midwife have similar neonatal outcomes when compared to clients who deliver in a hospital. (1,2) Just as midwives consider risk factors in assessing a client's appropriateness for a home birth, the client's health status and stability after delivery is evaluated when discharging clients early from hospital. Furthermore, midwifery clients who are discharged less than 24 hours after delivery are able to contact their midwife 24 hours a day with any concerns, and are followed up by a midwife in their circle of care with a home visit within 24 hours of birth. Clients will receive at least three home visits within the first week postpartum (and more if clinically indicated) and another three visits in clinic for the remainder of their postpartum care, until six weeks postpartum.

In the absence of evidence to challenge the safety of early discharge, the above statement in case 2017-N-02 may be perceived to question the safety of midwifery care as midwives are the only health professionals who routinely discharge clients early following delivery. Research has well established that midwives who are well integrated into the health care system, with good access to emergency services, consultation, and transfer of care, provide safe, quality care that results in favorable outcomes. (2) This is true because low risk clients are discharged from hospital with quick follow-up by their midwives, known providers in their circle of care.

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We would ask in future the Committee critically consider whether evidence exists to support standard obstetrical practice when commenting on whether evidence supports midwifery practice. We would be happy in future to discuss any recommendation that may have this type of impact on midwifery, prior to the report being disseminated.

Thank you for the opportunity to respond to the Coroner's Committee Report and for taking the time to review and consider this letter. Please do not hesitate to contact either of us should you have any questions.

Sincerely,



Abigail Corbin, RM  
Chair, Quality, Insurance and Risk Management Committee



Allyson Booth, RM  
Director, Quality, Insurance and Risk Management

Cc Kelly Dobbin, College of Midwives of Ontario

## References

1. Hutton E, Cappelletti A, Reitsma AH., Simioni J, Horne J, McGregor C, Ahmed RJ. Outcomes associated with planned place of birth among women with low-risk pregnancies. CMAJ [Internet]. 2016 [cited 2019 Aug 06] Available from: <http://www.cmaj.ca/content/188/5/E80>
2. Hutton EK, Reitsma AH, Kaufman K. Outcomes associated with planned home and planned hospital births in low-risk women attended by midwives in Ontario, Canada, 2003–2006: a retrospective cohort study. Birth 2009; 36:180–9.