



Attendance

Work Group Members

Jenna Bly
Rebecca Hautala
Stephanie Zehr
Sadie Booth

Non-BCC midwives

Kelly Gascoigne
Lauren Tignanelli
Andrea Levy
Tess Walter
Maya Bialy
Emma
Emily Gaudreau
Lauren McEachern
Claire O

Staff

Ali McCallum – Quality and Risk Specialist
Leanne Horvath – Policy Analyst (Chair)
Devi Krieger – Policy Analyst
Rochelle Miller (Recorder) – Administrator, Policy and Communications

Regrets

Juana Berinstein – Director, Policy & Communications
Anna Ianovskaia – Manager, Policy and Communications
Elizabeth Brandeis - Senior Project Leader & Labor Relations Specialist
Alexa Minichello – Acting Executive Director
Allison Rigney
Jenni Huntly

Land Acknowledgment/Reconciliation Reflection

L: Horvath led the land acknowledgment and reconciliation reflection.

1. Introduction: Devi Krieger – Policy Analyst

2. Agenda Review and Approval

L. Horvath: Agenda evolves based on committee feedback, please forward any agenda items to L. Horvath or J. Bly via email.

MOVED: S. Booth

SECONDED: L. Tignanelli

CARRIED.



3. Approval of April 16, 2024 Meeting Minutes

MOVED: R. Hautala

SECONDED: S. Booth

CARRIED.

4. New Drug Regulation

A. McCallum: With the filing of the new drug regulation, the AOM across departments (Quality and Risk, CKT and Policy and communications) are working on a list of issues and considerations as midwives make the transition.

Midwives address the scope of midwifery and what is allowed to be prescribed vs what can be administered with or without medical directives (ex. IUD). A midwife highlighted that they insert Nexplanon under medical directive, and it would be advantageous for midwives to be able to insert under their own authority since unlike an IUD, Nexplanon can be inserted any time after the birth.

Midwives are invested in expanding scope of care and prescribing capacities.

When will the drug regulation be under review again?

No precise date to report, but the CMO and the AOM are working toward this especially regarding abortion care and prescribing rights. Additionally, the AOM continues to work with a coalition of other healthcare providers on the issue of prescribing rights to exert more pressure on the Ministry of Health. There might be a possibility for amendments before the next review.

A. McCallum: Making sure that midwives have the scope, capacity, and judgement to be able to prescribe appropriately. The Quality Risk Management team is considering the process to prepare them to do so. Will continue to update the workgroup.

Stephanie [Arrive 10:22]

5. Implementation of midwife 3% compensation increase

In the most recent contract, a 3% increase was achieved for midwives working across all models of care. The OMP has assured the AOM that they have communicated verbally with every EMCM and IMP employer about this increase.

The AOM has requested that the OMP follow-up with a letter that clarifies that the increase is designated only for midwife compensation, and that if it is not utilized by the employer that the funds must be returned to the MOH.

Will continue to keep the group updated regarding the letter from the Ministry that clarifies the 3% increase and continues to hear feedback from midwives.



Midwives shared diverse rationales about why their employer is not passing along their increase, such as being part of the union, having temporary positions or being non-full-time employees. The group is concerned about these midwives not being compensated equitably; a major emphasis is placed on where funds are being relocated for midwives who have been excluded.

AOM staff confirm that the compensation increase can be paid out retroactively effective April 1, 2024.

Lauren McEachern Arrives 10:30

6. Member Proposal Update

There are three member proposals at the Annual Member Meeting that directly connect with the work of non-BCC midwives: CMO and active practice requirements, Midwife-Led Abortion and Uninsured Funding. The next step is that all proposals go to the Board of Directors for consideration.

7. New Name for EM Working Group

- **Non-BCC Midwives Work Group**
- **Employee Midwives Work Group**
- **Midwives Working Outside of a Practice Work Group**

At the last EM Work Group meeting, members expressed an interest in coming up with a new name.

L. Horvath invited midwives to share additional suggestions for names that capture the diverse ways midwives are working outside of the BCC model. L. Horvath clarified that a formal change of name for the Work Group would require a change to the Terms of Reference and approval by the Board of Directors.

A. McCallum: Clarified “Non-BCC Midwives” as midwives who are working outside the Billable Course of Care in a Midwifery Practice Group (MPG), includes midwives working for an IMP, EMCM, Independent contractor, clinical director of birth center, or anyone in Schedule R or Schedule Q.

Suggestions put forward by midwives: Other Ways of Working, Midwives Expanding Midwifery

8. Emerging Issues

L. Horvath: shared that the AOM is doing advocacy to address the issue of incorporated EMCMs that are unable to access uninsured funding but were designed to serve that population.

R. Hautala: Prompted discussion regarding how to refer to the EMCM, within academic writing they are moving toward less acronyms. Some midwives share that they utilize the terms “services”, “programs” or “Programs”.

L. McEachern: Introduced herself, working out of Saint Joseph’s Hospital in Hamilton [Midwifery Care Program], quite a small practice and just starting with home visits. Invites other midwives working in the postpartum care space to connect with them. – requests connections around postpartum care



E. Gaudreau: Introduces their selves, working at the concurrent family health – doing a lot of postpartum care

J. Bly: Shares they are currently in the process of setting up a family and baby clinic to serve midwifery and non-midwifery patients. Some concerns arise around double-billing when a non-BCC midwife provides care for an MPG client.

A. McCallum: Reminds the group that it is a legal requirement to report any changes to their employment or model to the college. That it can be done easily through their CMO profile.

J. Bly: Shares a challenge around non-BCC midwives being reimbursed for a set number of postpartum visits and if a midwife has a full schedule, they are unable to access funding for additional visits. States there is a confusion around accessing other programs, and potential issues of outsourcing postpartum visits, whereas another midwife bills separately, adds this conflicts with the funding agreement.

Claire O 11:20 arrives

9. Medical Directives

Deborah Bonser led a discussion around medical directives and invited midwives to offer questions or share advice. D. Bonser advises the group that the development of the medical directives resource is development. Suggested last year to CMO to host a webinar, unfortunately there wasn't the bandwidth.

An individual midwife shared that there is confusion at their site about how policies should be drafted since they are an RM and RN. Feedback the midwife received was to write a general policy applicable to midwives with a clause that notes differentiating option for RN who has a different scope of practice.

D. Bonser: Regulated Health professions of Ontario have a [website](#) that has directives, but it is limited and not specific to midwifery. Changes to the *Midwifery Act* will take a longer time to come into effect, and it would be helpful to have a repository of directives.

R. Hautala: shared the ways their practice is doing the research and offers to share their repository. It includes things like IUD insertion, chest feeding, and information regarding unattached populations. Suggested creating a repository so midwives can share their best practices. Acknowledged each practice needs different solutions and will need to be adapted as it evolves.

What is the best way to collect this data?

L. Horvath: Please email and ensure that the suggestions are anonymous.

A Survey will be sent out to no BCC-Midwives; this survey will give midwives the chance to indicate the medical directives they cover and have resources for, additionally can express their willingness to be contacted.



J. Bly: Encourages the group to include this information in the reporting. It would be useful to clearly see what practices are doing to know the most appropriate practices to contact for support.

R. Hautala: Speaks of the importance of also clarifying the facilities and different environments, things like size and demography are important pieces of context when suggesting references.

Action: *L. Horvath Distribution of Survey*

Action: *A. McCallum & L. Horvath Website webpage for Repository*

10. Meeting Adjourned:

MOVED: S. Booth

SECONDED: Emily

CARRIED.

Upcoming meeting:

The next meeting, to be held August 23, 2024.

Recorder's note: The meeting concluded at 11:58 am.