



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



# ROADMAP TO HEALTH SYSTEM INTEGRATION

A critical direction for **midwifery  
sustainability** in Ontario

FULL REPORT



May 2025

# Acknowledgements

The research synthesis that served as a foundation for this project and the Think Tank of academic experts and researchers were conducted by the Association of Ontario Midwives (AOM) through grants funded by the Ontario Ministry of Health. The Client Cafés that inform this report were funded through a Canadian Institutes of Health Research (CIHR) grant for client engagement. The content of the Roadmap to health system integration does not necessarily represent the views of the Ontario Ministry of Health or CIHR.

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## Land Acknowledgement

We acknowledge the land on which the AOM office is located is on the traditional territory of the Mississaugas of the Credit First Nation of the Anishinaabek Nation. It is also part of the Dish with One Spoon covenant. The covenant recognizes the relationship between the Anishinaabek and the Haudenosaunee Confederacy and their agreement to peace and a shared responsibility to care for the land, thus ensuring a life of peace and continued sustenance for the people.

We recognize that practices of health and well-being have been in place on these lands for over ten thousand years and continue to this day. We also recognize the special relationships of Indigenous and non-Indigenous people that have been affirmed through treaties at a nation-to nation level, and the breaches of these treaties by the Crown representing governments of Canada for hundreds of years. We recognize the role of the AOM in acknowledging the truth of systemic inequities and resulting health and socioeconomic disparities for Indigenous people and communities and affirm our commitment to reconciliation and responsibility to support Indigenous self-determination. We recognize the inextricable link between sustainability of midwifery and Indigenous sovereignty through dismantling systems of colonial oppression under white supremacist policies and practices.

# A message from AOM leadership

Midwives have always been experts in childbirth and sexual, reproductive and newborn care, in every culture throughout the world, throughout time. Indigenous midwifery has been practiced on these lands since time immemorial. Regulated midwifery has been part of the publicly funded healthcare system in Ontario for 30 years, through the success of a grassroots movement demanding a client-centred model of care based on respect for bodily autonomy and informed choice. And yet, even 30 years later, misunderstandings, stereotypes and biases are still pervasive about the role and scope of practice of midwives. For 30 years in the health system, midwives have fought for recognition of their highly skilled contributions as primary care providers and for a seat at decision-making tables. Midwives fought against gender-based discrimination for fair and equitable pay. Midwives fought for integration into hospitals and health systems, and for the ability to prescribe the necessary medications to provide care aligned with their scope of practice. During the global pandemic, midwives had to fight for basic PPE to stay safe while continuing to provide essential services. The pandemic highlighted midwives' need to constantly fight for simply being recognized as vital members of the health system, providing care day and night, day in and day out.

Now **Ontario midwives are tired**. Tired of fighting the same battles for recognition, respect and equity. And they are **burning out**.

Midwives in Ontario provide 20% of the perinatal care across the province, delivering highly skilled primary care services with excellent health outcomes for their clients. First Nations, Inuit and Métis midwives are working within their communities to bring birth back and restore culturally safe practices, governed by their communities. Culturally concordant midwifery care for Indigenous, Black, racialized, queer and other equity deserving communities increases access to care, reduces health inequities and fuels midwives' commitment for care delivery in their communities. Midwifery clients report high rates of satisfaction with their care, and the demand for midwives has continually outpaced the supply.

This high-quality, sought-after, client-centred model of midwifery care delivers what Ontarians want and need. But midwives themselves have borne the burden of delivering this model of care without adequate supports, recognition and respect. In fact, in 2013, midwives collectively launched a legal action against the Ontario government for gender-based discrimination on their compensation, **and they won**. The decision by the Human Rights Tribunal of Ontario (HRTO) in 2018 recognizes that midwives work under a "gender-trifecta". As the most female-dominated health profession, providing care to women, trans and gender diverse people, in a healthcare experience associated with women's reproductive health, midwives had been subject to gender discrimination. In 2020, the HRTO ordered the Ontario government to remedy this discrimination through several measures, including retroactive pay and other actions, to ensure the discrimination did not continue through policies and practices that discounted the work of midwives. To date, the Ontario government has not fully implemented the

recommendations from the Tribunal-ordered gender-based analysis on systemic changes, completed in September 2021 – including an equity action plan for midwifery. At the time of the release of this report, the AOM and Ministry of Health continue to work to complete the Joint Compensation Study, a critically important remedy ordered by the HRTO.

We have heard from midwives that the systemic undervaluing of midwifery work, from discriminatory compensation to lack of integration within the health system, is one of the key underlying elements of the current mental health, burnout and attrition crisis in midwifery. Despite the obstacles midwives have endured and confront every day, it's a testament to their dedication to their clients that they continue to provide 24/7 care that delivers excellent health outcomes for Ontarians.

In direct response to members' calls for action to address systemic inequities leading to this crisis, the AOM dedicated resources to examine and drive change on these issues. The **Midwifery Sustainability Project (MSP)** was born from this direction from midwives.

Our MSP research and engagements have shown us that midwives continue to experience challenges to full integration in the health care system. Regulatory barriers, restrictive limitations on scope of practice and inflexible funding models do not support innovation nor options for different ways of working. Lack of adequate supports for community-based midwifery practice groups – a model which continues to demonstrate its innovative approach to client-centred care - along with ongoing gender discrimination in compensation, were cited as barriers to sustainability over and over again in our consultations with midwives. We also heard about the pervasive effects of a health care system founded on medical dominance and colonial, capitalist, patriarchal, racist principles, leading to a lack of autonomy and respect for the value and expertise of midwives, in particular Indigenous and racialized midwives. All these systemic elements are contributing to burnout and attrition in the profession.

Midwives across the province told us they need options for working in a variety of ways that support them at different phases of their careers and lives. Up until 2018, midwives were only funded in one way. The AOM advocated for funding for new ways of working, such as Indigenous Midwifery Programs and Expanded Midwifery Care Models, some of which provide options for midwives to continue working without being on-call 24/7. Flexible work options must continue to respond to the evolving needs of midwives, while bringing new and improved access to services in their communities.

While there are exciting examples of midwives extending their roles in sexual and reproductive health care and leadership within the health care system, the growth and development of these models are hampered by a lack of adequate funding, infrastructure and systemic integration. Midwives are perfectly positioned to help address Ontario's primary care crisis by utilizing their skills

and knowledge to participate in and create the necessary programs to meet primary care access goals, especially to meet the needs of underserved clients.

Indigenous midwives, including First Nations, Inuit, and Métis (FNIM) midwives, are leaders in meeting the health needs of their communities and restoring access to care, with a mandate to serve and be accountable to their community through the restoration of Indigenous and FNIM ways of knowing and practicing midwifery. Despite the devastating effects of centuries of colonization for Indigenous and FNIM communities, including current-day practices such as birth evacuation, residential schools, forced removal of infants from families, and forced and coerced sterilization, today, Indigenous and FNIM midwifery models are providing care in a culturally safe clinical framework, drawing from traditional and contemporary health approaches.

**The time is now to invest in a sustainable midwifery future.** The strategies outlined in this report require bold financial investment, removal of unnecessary barriers and acknowledgement and utilization of the tremendous transformative benefits of midwifery for Ontarians and the health system. The AOM envisions a future where midwives are valued for their leadership in their communities and the health care system, rooted in the values of midwifery - delivering highly skilled, client-centred, community-responsive, equity-focused primary care to Ontarians.

With our health system integration road map as a guide, the AOM invites midwives, Indigenous and FNIM communities, government, policymakers, stakeholders, researchers and other partners to recognize and build on midwives' successes in perinatal, sexual, reproductive and infant care. Together, we can move forward on a path to a healthier, well-integrated, equitable and more sustainable future for midwives and the clients and communities they serve.

Sincerely,

**Althea Jones, RM**

*AOM Board President,*

*founder of Ancestral Hands Midwives*

**Ellen Kanikatsitsa Blais, Indigenous Midwife**

*AOM Co-CEO*

**Juana Berinstein**

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*AOM Director of Government, Labour and Public Relations,*

*Project Lead of the MSP*

## A message from the MSP Steering Committee

This is a hard truth: midwives in Ontario are suffering from burnout, and many are contemplating leaving – or have already left - the profession. Midwives in Ontario have dedicated themselves to providing essential, high quality primary care at the most transformative time in their clients' lives. Now, midwives themselves need transformative system-level change to continue to provide the best care to Ontarians. We have heard from midwives across the province about their experiences of stress and burnout and factors that serve as barriers to their well-being. We have heard that the root causes of this crisis are often systemic - midwives are facing health system barriers that prevent them from fully participating in a system that benefits from the excellent care they provide yet undervalues their contributions.

The MSP was created in 2022 in response to this emerging midwifery retention crisis and to develop a comprehensive understanding of the factors leading to unprecedented rates of attrition, burnout and mental health leaves. The MSP has looked to the existing research literature on burnout and sustainability and engaged with midwives, clients, academics and researcher to understand the intersecting, and often compounding, factors impacting the profession.

As with all healthcare providers, midwives were deeply impacted by the pandemic, but concerns about midwifery sustainability were surfacing before COVID-19 sent shockwaves through the system. Midwives experienced the pandemic as an acceleration of preexisting issues, not as the root cause.

The **Midwifery Sustainability Project Steering Committee (MSP-SC)** represents midwives with a diversity of thought, identities, geography, lived experience and experience working in a variety of models of care to ensure a broad interpretation of the problem we are facing and an expansive lens on potential solutions. The MSP-SC has guided the activities of the AOM in its quest to fully understand and address the factors contributing to the current state of midwifery in Ontario. Each committee member contributes their unique perspective about what sustains and limits them in their vital work as midwives.

The MSP recognizes the key to unlocking sustainability in the profession goes far beyond individual resilience, support or self-care. **The drivers of this crisis are systemic**, including but not limited to the lack of flexibility of funding models, barriers to health system integration, and intersecting systemic inequities, such as racism, colonialism, ableism, heteronormativity, cisnormativity and gender discrimination. We have also learned much about systemic enablers to sustainability: respect, autonomy, flexible options for working in different ways, and being appropriately valued, to name a few.

This report is the culmination of our extensive research and engagement about systemic enablers of midwifery sustainability. It outlines the critical steps needed to ensure midwives are well integrated and valued in the health system, in order to support the profession's expansion in providing excellent sexual, reproductive, perinatal, and infant care to even more Ontarians across the province.

The report recommendations serve to ignite conversations and actions towards a healthy, valued, sustainable midwifery workforce. Join us in carrying this work forward. **Investing in a healthy future for midwives means investing in a healthy future for Ontarians.**





## MSP Steering Committee Members:

**'Remi Ejiwunmi**

*MSP-SC Chair*

**Kerry Bebee**

*Indigenous Midwifery Advisory  
Circle Representative*

**Jenna Bly**

*Employee Midwives Working  
Group Representative*

**Sadie Booth**

*Birth Centres Representative*

**Barb Borland**

*Quality, Insurance and  
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**Brittany-Lyne Carriere**

*Board of  
Directors Representative*

**Manavi Handa**

*Midwifery Education  
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**Bounmy Inthavong**

*Racial Equity  
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**Jasmin Tecson**

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**Edan Thomas**

*Disability Equity  
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# Executive Summary

Midwives play a critical role in providing person-centred, responsive primary care that meets the diverse needs of Ontario's population, especially in underserved communities. Addressing the sustainability of midwifery is essential to achieving the broader objectives of Ontario's health system.<sup>1,2</sup>

<sup>1</sup> Government of Ontario. Ontario Health Annual Report 2022/2023. Toronto; Ontario Health: 2024. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/Ontario-Health-22-23-Annual-Report.pdf>

<sup>2</sup> Government of Ontario. Primary care networks in Ontario Health Teams: Guidance document. Toronto; Ministry of Health: 2024. Available from: <https://www.ontario.ca/files/2024-01/moh-primary-care-networks-guidance-en-2024-01-23.pdf>



## Midwives are facing unparalleled levels of burnout, mental health concerns and attrition.

One in three midwives is considering leaving the profession in the next five years. The current model of midwifery care delivers what Ontarians want and need, with demand for midwifery services far outpacing supply. But midwives bear the burden of delivering this model of care without adequate integration, supports, recognition and respect. Ontarians and the Ontario health system have yet to fully benefit from the transformative potential of midwifery due to its persistent undervaluation and underutilization. Systemic change is needed.

By investing in midwifery, Ontario aligns with the health system's Quintuple Aims: advancing health equity, improving population health, enhancing client care experiences, lowering costs, and promoting the well-being of health professionals. Midwives, as highly skilled primary care providers, can help to remedy Ontario's primary care crisis, improving access to care throughout the province.

The work of the MSP was guided by the **Midwifery Sustainability Project Steering Committee**, comprised of midwives with a vast range of lived experiences, clinical experience, social identities, and practice models. The AOM undertook an extensive, province-wide research and engagement initiative to understand the factors contributing to the midwifery retention crisis, the actions required to shift the tide, and the mechanisms to effectively integrate and value the midwives' expertise. This process was informed by midwives, researchers, and clients. The data is clear: broad systemic integration to support a thriving midwifery sector is urgently needed. The key findings in this report, based on the analysis and synthesis of the MSP, led to **five urgent priority areas for action**.

### KEY FINDINGS:

- Midwives are highly skilled primary care providers yet are undervalued and underutilized. This limits midwives' ability to fully participate in the health system and impacts their mental health and wellbeing.
- Midwives are inadequately integrated in health system planning, funding mechanisms, hospitals and interprofessional care teams.
- Regulatory, legislative and policy barriers and the dominance of physicians in health care hierarchies hold back the contribution of midwives to the primary health care crisis.
- Midwives are underrepresented in health system leadership and decision-making.
- Midwives require options for working in a variety of models and settings to meet the needs of clients and communities and to align with their own life stages and needs.

The recommendations in this report require **government action** to make bold financial investment, remove unnecessary barriers, and acknowledge and utilize midwifery's tremendous transformative benefits for Ontarians and the health system.

**The time is now to invest in a sustainable midwifery future. Improved system integration of midwives benefits clients, communities, and the health system.**

# Recommendations for urgent funding and policy-making action:

## 1. Remove systemic inequity and structural barriers

- a. Implement the recommendations of the forthcoming Joint Compensation Study without delay.
- b. Develop a Health Human Resources Strategy for Midwifery that coordinates the profession's planned growth with needed investments in midwifery education pathways, especially for FNIM, northern and francophone midwives.
- c. Increase funding for the planned expansion of university-based midwifery education and support Indigenous-led, community-housed education pathways for First Nations, Inuit, and Métis midwives.
- d. Expand provincial recruitment and retention programs for student midwives to enter, stay and thrive in the profession.

## 2. Remove regulatory, legislative and policy barriers

- a. Amend the Midwifery Act to reflect the care midwives can and should be providing.
- b. Adopt the College of Midwives of Ontario's proposed amendments to drug and laboratory regulations to accord with midwives' scope of practice. Remove restrictive and outdated lists of medications and allow midwives to prescribe to their full scope of practice.
- c. Require as a condition of funding and accreditation that hospitals allow midwives to practice to their full scope.
- d. Remove barriers to interprofessional cooperation, such as fee-for-service funding models that incentivize unnecessary consultations and transfers of care to physicians.
- e. Ensure reasonable, evidence-based decision-making by evaluating proposals for regulatory and legislative changes regarding midwifery, without the dominant influence of physician organizations.



### 3. Expand midwifery career pathways

- a. Review and reform existing restrictive midwifery funding. Update midwifery funding to maximize midwives' role in the health system and reduce micromanagement and unnecessary restrictions.
- b. Increase funding to support the scaling up of proven midwifery models, such as community-based care, birth centres, and midwife-led hospital units, while supporting innovative ideas for new programs that meet the needs of communities. Midwives at different life and career stages need access to funding to provide care in a variety of models. More options for midwives mean comprehensive midwifery services that address the diverse needs of people, families and communities.
- c. Encourage interprofessional collaboration by eliminating funding barriers. Implement alternatives to fee-for-service models that create competition and incentivize volume-based care. Include midwifery in primary care reform through Integrated Primary Care Teams.

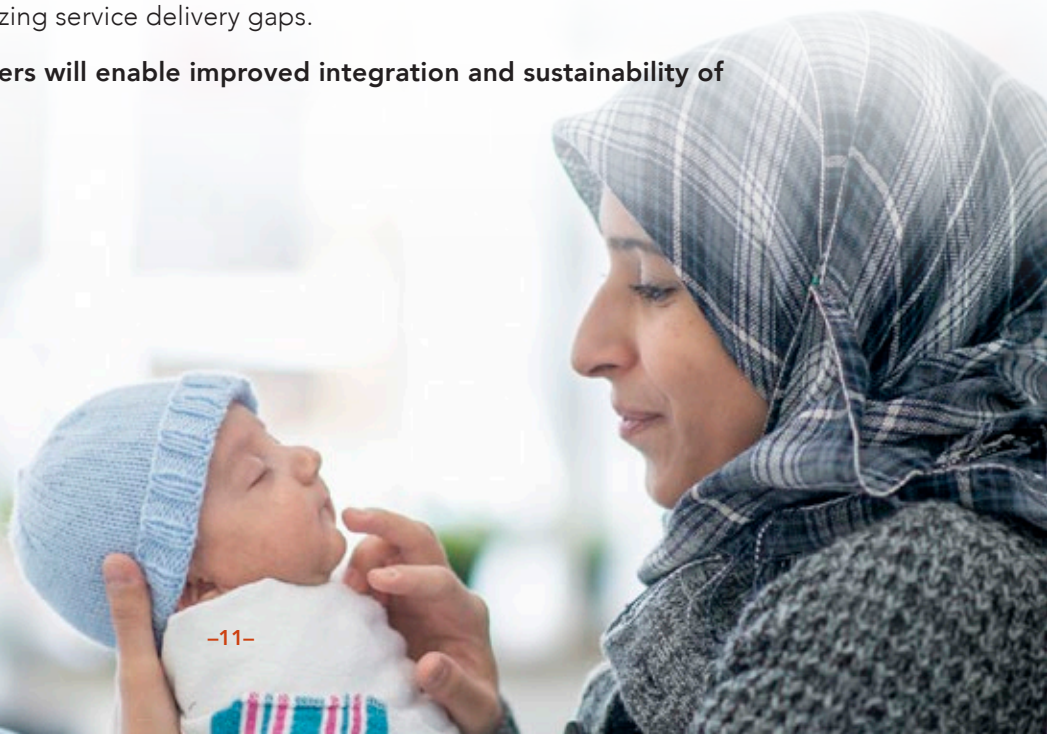
### 4. Support professional growth and leadership

- a. Ensure midwifery representation at all relevant health system decision-making tables. Midwives must be involved in health human resources planning, primary care reform, health system transformation discussions, and decision-making at the Ministry of Health and Ontario Health. A health plan for Ontario must include midwives.
- b. Remove barriers to leadership, including access to funded hospital leadership positions.

### 5. Maximize the expertise and impacts of midwifery

- a. Leverage midwives as an essential part of addressing the Primary Care crisis.
- b. Expand midwives' scope of practice to include sexual, reproductive and infant health care outside of the childbearing and newborn periods. Expanding scope for midwives also expands the positive impact they have on the health system and, most importantly, on the health of more clients, families and communities. Increased options for specialized practice enable retention and work satisfaction, while increasing access to funded health care for Ontarians and minimizing service delivery gaps.

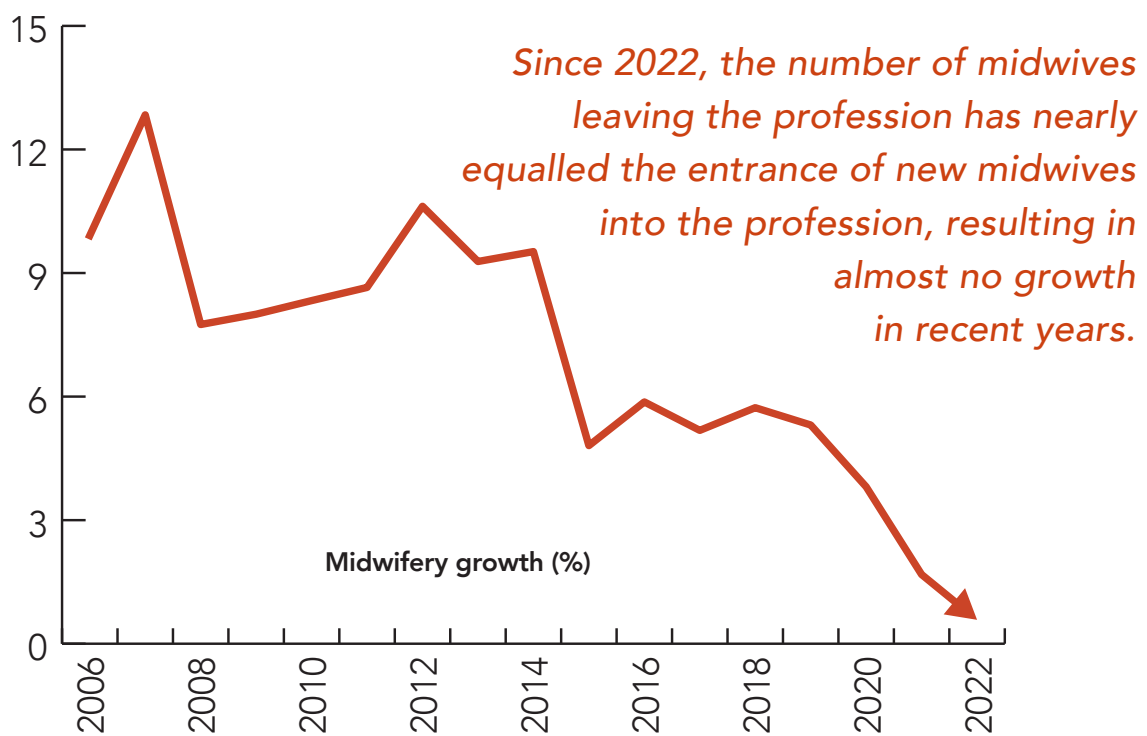
**Removing all of the above barriers will enable improved integration and sustainability of midwives and midwifery.**



# Background: The state of midwifery in Ontario

Midwifery has been regulated in Ontario since 1994, with its scope of practice defined by the *Midwifery Act* of 1991. This legislation includes an exception clause for FNIM Midwives (referred to as “Aboriginal” in the *Act*) to honour self-determination, longstanding traditions of service to communities on Turtle Island and the choice for regulation through community accountability rather than through the College of Midwives of Ontario.

Ontario is home to Canada’s largest and most established midwifery workforce, with 1,050 registered midwives and 18 FNIM midwives working under the exception clause reported in May 2025.<sup>3</sup> Midwives in Ontario are primary care experts for pregnant people and newborns, providing 20% of all perinatal care in the province.<sup>3</sup> The Ontario Ministry of Health funds midwifery services. To ensure midwifery care is accessible, Ontario residents without Ontario Health Insurance Plan (OHIP) coverage can still receive midwifery services at no cost. Unlike many other health systems, such as in the UK, where every pregnant person has a midwife and some also require a physician, in Ontario, the majority of pregnancy and intrapartum care involve costly and specialized obstetricians. Midwives could be providing cost effective, lower-intervention, high quality care to a much larger proportion of childbearing Ontarians.

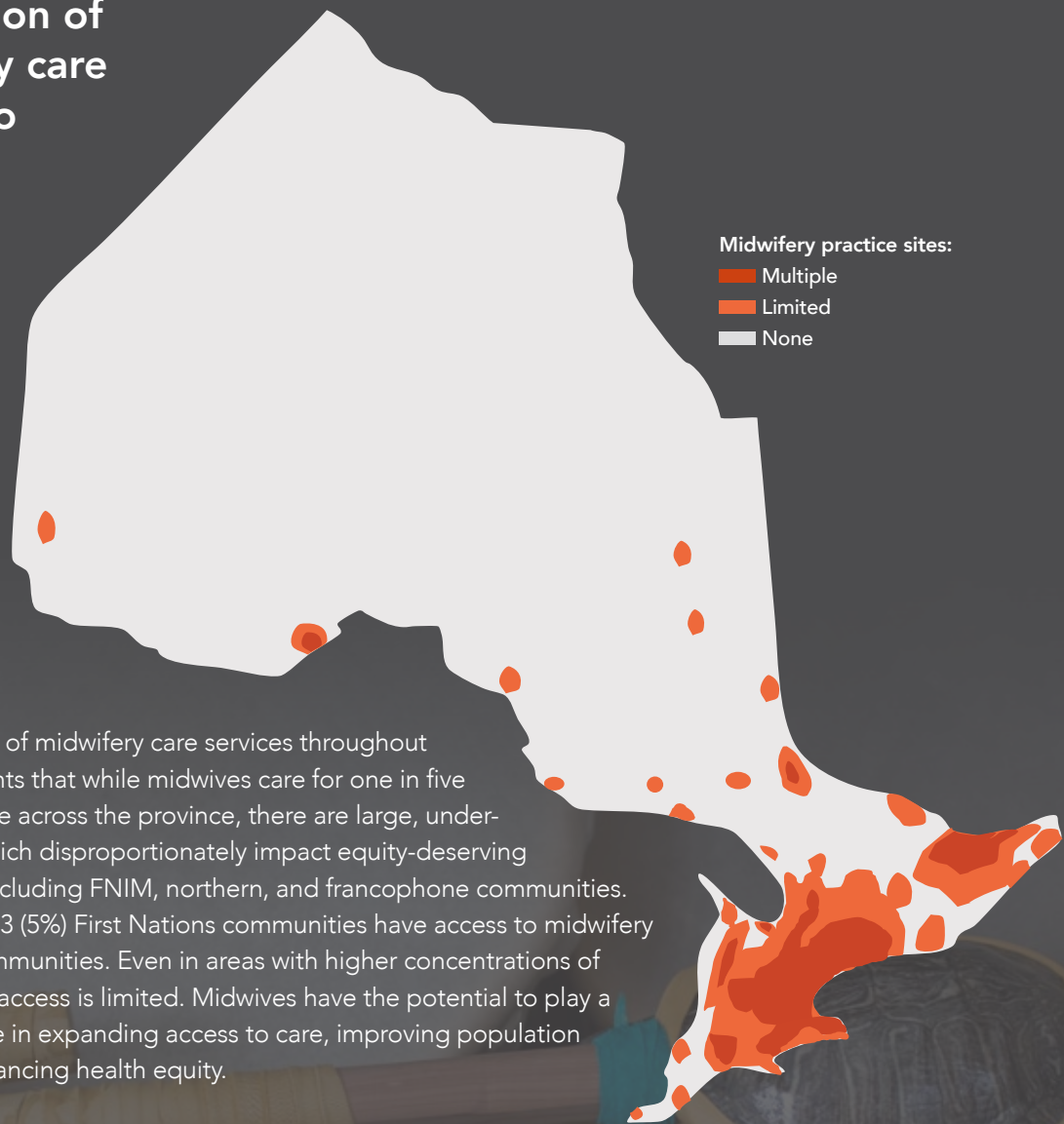


3 AOM. Midwifery by the numbers. Toronto: Association of Ontario Midwives; 2025. Available from: <https://www.ontariomidwives.ca/midwifery-numbers>



Demand for midwifery has always outpaced the supply of available midwives, even in years when the profession was expanding. Between 2013 and 2022, the profession grew by approximately 350 midwives, yet over 22,000 clients were unable to access the midwifery care they sought. Since 2022, the number of midwives leaving the profession has nearly equalled the entrance of new midwives into the profession, resulting in almost no growth in recent years. While midwives registered when the profession was first regulated are reaching retirement age, many midwives leaving the profession are in the early years of their careers. This concerning attrition and lack of growth only adds to the gap between the supply of midwives and the demand for their highly sought-after care, leading to a critical shortage of midwives.

## Distribution of midwifery care in Ontario



The distribution of midwifery care services throughout Ontario highlights that while midwives care for one in five pregnant people across the province, there are large, under-served areas which disproportionately impact equity-deserving communities, including FNIM, northern, and francophone communities. Only 7 out of 133 (5%) First Nations communities have access to midwifery care in their communities. Even in areas with higher concentrations of midwifery care, access is limited. Midwives have the potential to play a much larger role in expanding access to care, improving population health, and advancing health equity.

The MSP reveals that the impacts of colonial infrastructures, racism, discrimination, bullying, and oppression, alongside issues like a lack of professional recognition, on-call demands, pay inequity, and secondary trauma, has created a perfect storm of stress, burnout, and attrition across the profession.<sup>4,5,6,7,8</sup> The number of midwives on disability leave or leaving the profession entirely continues to rise.<sup>9,10</sup> These intersecting issues contribute to an alarming attrition rate, posing a severe threat to the sustainability of midwifery in Ontario.

When surveyed in 2021, 30% of midwives reported that they were considering leaving the profession in the next five years, demonstrating that this predicted crisis of attrition is now a reality and is not slowing down.<sup>11</sup> Without action, Ontarians risk losing access to these highly skilled primary health care providers at a time they are needed the most. Addressing the root causes of the midwifery retention crisis safeguards the well-being of this primary care workforce and guarantees better outcomes for expectant families in Ontario.



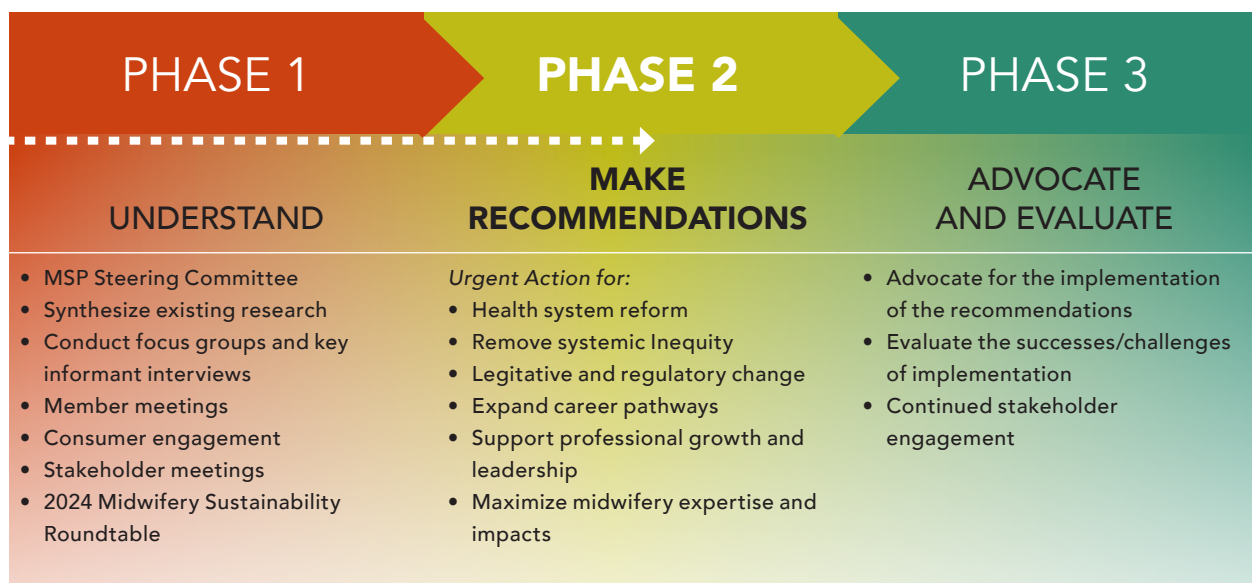
**1 in 3**  
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- 4 AOM. Bullying. Toronto: Association of Ontario Midwives; 2025. Available from: <https://www.ontariomidwives.ca/bullying>
- 5 Aseffa F, Mehari L, Gure F, L W. Racism in Ontario midwifery: Indigenous, Black and Racialized Midwives and midwifery students silenced. CJMRP. 2021;20(2):10-22.
- 6 Darling EK, MacKenzie RK, Ramlogan-Salanga C, Cates EC, Easterbrook R, Wilson-Mitchell K. Research report: Ontario midwives' mental health. Hamilton: McMaster Midwifery Research Centre; 2021.
- 7 Darling EK, Grenier LN, MacKenzie RK, Ramlogan-Salanga C, Cates EC, Graybrook R, Wilson-Mitchell K. A mixed-method study exploring barriers and facilitators to midwives' mental health in Ontario. BMC Womens Health. 2023;23(1):155.
- 8 Aseffa F, Mehari L, Gure F, Ahmed S. Disrupting racism in Ontario midwifery. JMWH. 2024 Jan;69(1):52-7.
- 9 Stoll K, Gallagher J. A survey of burnout and intentions to leave the profession among Western Canadian midwives. Women Birth. 2019;32(4):e441-e9.
- 10 Cates EC, Ramlogan-Salanga C, MacKenzie RK, Wilson-Mitchell K, Darling EK. A cross-sectional survey of the mental health of midwives in Ontario, Canada: Burnout, depression, anxiety, stress, and associated factors. Women Birth. 2024;37(4):101613.
- 11 AOM. 2021 membership survey. Toronto: Association of Ontario Midwives; 2021.

# The Midwifery Sustainability Project

The Midwifery Sustainability Project is a multi-pronged response to the emerging human health resource crisis in midwifery. The MSP undertook the development of a comprehensive understanding of the factors leading to unprecedented rates of midwife attrition, burnout and mental health leaves. Launched in 2022 by the AOM, the MSP is guided by member resolutions, research evidence, and data gathered through midwife and client engagement. As a priority in the AOM's Strategic Plan for 2022-2025, the MSP underscores the Association's commitment to advancing midwives' health and well-being.<sup>12</sup> The project is tasked with envisioning solutions that address burnout, improve work-life balance, and reduce systemic barriers while maintaining the high quality, essential care that midwifery clients in Ontario demand and trust. Through this initiative, the AOM is dedicated to shaping the future of midwifery in Ontario, ensuring that midwives stay and thrive in their roles as essential primary care providers.

The first phase of the MSP focused on understanding the problem, while the recommendations set out in this report mark the Project's entry into Phase Two. The recommendations provide actionable, evidence-based priorities that will change the course of the current crisis, providing clear and tangible steps toward progress to address midwifery sustainability in Ontario.



12 AOM. Strategic plan 2022 - 2025. Toronto: Association of Ontario Midwives; 2025. Available from: <https://www.ontariomidwives.ca/strat-plan>

## Evidence-gathering and consultation process

The MSP employed a comprehensive and multifaceted approach to gathering evidence to inform strategic recommendations. Various quantitative and qualitative methods were used to ensure that the perspectives of a diverse cross-section of midwives and clients were captured and translated into actionable recommendations. The evidence-gathering process was designed to reflect midwives' diverse experiences and challenges, focusing on solutions by identifying barriers and enablers to sustainability.

The MSP-SC informed the development of a **Systemic Impacts Analysis Framework ("the Framework")** for understanding the systemic factors impacting midwifery sustainability.<sup>13</sup> The Framework acknowledges the layered impact of various forms of systemic oppression, including the intersecting impacts of colonialism, racism, and patriarchy, which affect midwives' well-being, career trajectories, and access to resources. The Framework also considers the broader context of midwifery's role within the health system, and other external social and political forces, underscored by an understanding of the impacts of systemic inequities. For further details on this analytic Framework, please refer to the Comprehensive Evidence Synthesis.<sup>13</sup>

13 AOM. Comprehensive synthesis: Understanding the systemic factors impacting the sustainability of midwifery in Ontario. Toronto: Association of Ontario Midwives; 2024. Available at: <https://www.ontariomidwives.ca/sites/default/files/MSP/AOM%20Midwifery%20Sustainability%20Project%20Comprehensive%20Synthesis.pdf>



Seven distinct types of evidence-gathering and consultation approaches informed the generation of this report. The following is an overview of the key methods employed:

- 1. Comprehensive Synthesis of Existing Evidence:**<sup>13</sup> The research evidence, including grey literature and AOM-led evidence, was synthesized to explore systemic factors influencing midwifery sustainability. This rigorous review of the evidence, supported by the Systemic Impacts Analysis Framework, served as the foundation for the Phase One of the MSP, ensuring that analysis was rooted in the most up-to-date and relevant research available, and was examined and understood through multiple and intersecting systemic forces.
- 2. Focus Group Discussions:** Focus groups were conducted with midwives at different stages of their careers: early-career midwives (1-5 years of practice) and late-career midwives (15+ years of practice). These discussions provided in-depth insights into the factors that contribute to job satisfaction and retention as well as barriers facing midwives in sustaining their careers.
- 3. Member Surveys:** AOM midwife members were surveyed to capture broad quantitative and qualitative data on the factors that help or hinder midwives' ability to remain in the profession. The survey provided valuable insights into midwives' collective experiences, revealing common challenges related to well-being, professional satisfaction, and the structural issues affecting their practice.
- 4. Client Cafés:** Virtual and in-person client engagement sessions were held to capture the voices of midwifery clients regarding the sustainability of the profession. These discussions allowed clients to share their stories and focused on understanding their experiences with midwifery care, including clients' needs and values. Insights were gathered regarding potential changes to the structure of midwifery to cultivate a sustainable and healthy workforce.
- 5. Think Tank:** A one-day Think Tank was organized to bring together midwifery academics and researchers from across Ontario. Participants presented key findings, generated new insights, and identified critical gaps in research related to midwifery sustainability. This Think Tank allowed for academic collaboration and ensured that the latest evidence was used to inform the project's recommendations.
- 6. Head Midwives Carousel:** A collaborative brainstorming session with head midwives where participants rotated through a series of engagements (carousel) provided insights into leadership within the midwifery profession. The session focused on understanding head midwives' leadership challenges and identifying health system barriers within hospitals. The consultation identified enablers that allow midwives to support their teams effectively in both community and hospital settings, bridging institutional processes with the voices and needs of midwives and midwifery clients.
- 7. Midwifery Sustainability Roundtable:** The evidence-gathering process culminated in a one-day Midwifery Sustainability Roundtable. This event brought together 91 midwives from across the province to share the Comprehensive Synthesis of midwifery sustainability evidence, validate the findings and identify gaps, and engage in strengths-based collective problem-solving. A companion virtual session ensured midwives who could not attend the in-person event had the opportunity to learn, participate, and contribute their perspectives.

# Key barriers and enablers for health system integration



## BARRIERS

- ✗ Lack of options to continue work through injury, disability, family caregiving responsibilities and aging; on-call work, unmanageable workload
- ✗ Lack of integration of midwifery care in health system, rigid funding models, regulatory barriers
- ✗ Emotional demands of care work without adequate supports, barriers to continuity of care with clients
- ✗ Medical dominance, lack of autonomy, lack of professional recognition, lack of leadership opportunities, poor relationships with hospital staff
- ✗ Low pay, lack of resources, unstable funding, workforce shortages
- ✗ Individual, interpersonal and systemic racism, safety concerns due to discrimination (hetero- and cis-normativity, ageism), inadequate support and mentorship

## ENABLERS

- Part-time work options, off-call options, incentives for providing intrapartum care
- Expanding role in sexual, reproductive and infant health, practicing to full scope
- Connection to clients and communities, continuity models
- Professional autonomy, opportunities for leadership, recognition of midwives as essential primary care providers
- Fair and equitable remuneration, sustainable funding
- Respecting and valuing Indigenous, Black and racialized midwives, and ensuring their contributions are well represented within the profession

## QUINTUPLE AIM

1

### BETTER CLIENT EXPERIENCES

Midwifery care enhances client satisfaction and clinical outcomes by placing the client at the center of their care through informed choice, addressing diverse needs and fostering trusting relationships.

2

### IMPROVE POPULATION HEALTH

Midwives deliver excellent perinatal and newborn health outcomes, engage in community-based health promotion and improve access to care for underserved populations.

3

### REDUCE HEALTHCARE COSTS

By offering lower-intervention options, 24/7 availability, and community care, midwives reduce the strain on health system resources by reducing reliance on specialists and hospital-based care including costly emergency department visits.

4

### INCREASE MIDWIVES' WELL-BEING

Midwives urgently need access to equitable compensation and benefits, flexible work options, expanded roles, and opportunities for recognition and leadership - all of which are key integration strategies to improve job satisfaction and reduce the current crisis of burnout and attrition.


5

### ADVANCE HEALTH EQUITY

Midwifery provide culturally safe, accessible care to residents of Ontario, including care to underserved, uninsured and other equity-deserving communities. First Nations, Inuit and Metis midwives support the reduction of health disparities in home communities while affirming sovereignty and ancestral knowledge.







# Sustaining midwives, sustaining Ontario: Investing in a strong health system

Addressing the sustainability of midwifery is essential to achieving the broader objectives of Ontario's health system.<sup>14,15</sup> Midwives, as highly skilled primary care providers, can play a critical role in solving Ontario's primary care crisis, improving access to care throughout the province. By investing in midwifery, Ontario aligns with the health system's Quintuple Aims: enhancing client care experiences, improving population health lowering costs, promoting the well-being of health professionals and advancing health equity.<sup>16</sup> Midwives play a vital role in providing person-centred, responsive care that meets the diverse needs of Ontario's population, especially in underserved communities Ontario's midwives deliver connected care and faster access to the right care in the right place, as set out in Your Health: A Plan for Connected and Convenient Care, Ontario's plan for strengthening health care in the province.<sup>17</sup>

*Being a midwife gives me an opportunity to show how health care can be given and received differently, with the client's needs and choices squarely at the centre.*

14 Government of Ontario. Ontario Health Annual Report 2022/2023. Toronto; Ontario Health: 2024. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/Ontario-Health-22-23-Annual-Report.pdf>

15 Government of Ontario. Primary care networks in Ontario Health Teams: Guidance document. Toronto; Ministry of Health: 2024. Available from: <https://www.ontario.ca/files/2024-01/moh-primary-care-networks-guidance-en-2024-01-23.pdf>

16 Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: A new imperative to advance health equity. JAMA. 2022 Feb 8;327(6):521-2.

17 Government of Ontario. Your Health. A Plan for Connected and Convenient Care. Toronto: Ministry of Health: 2023. Available from: <https://files.ontario.ca/moh-your-health-plan-connected-convenient-care-en-2023-02-02-v3.pdf>

## BETTER CLIENT EXPERIENCE

Midwifery care places the client's experience at the centre by prioritizing informed choice conversations, guiding clients through decisions about tests, interventions, and birth preferences, while allowing clients the space and autonomy to be the primary decision maker in their care.<sup>18</sup> Midwives also offer continuous support throughout pregnancy, birth, and 6 weeks postpartum. This "course of care" delivered by a dedicated midwifery team, ensures a seamless and personalized experience, with 24/7 availability for urgent concerns. Whether clients choose to give birth at home, at a midwifery-led birth centre, or in a hospital, midwives provide expert care, fostering trust and enhancing both satisfaction and health outcomes.<sup>19,20, 21</sup>

## IMPROVING POPULATION HEALTH

Midwives' approach meets the unique health needs of diverse populations. By delivering care in both community and hospital settings, midwives break down barriers to access and provide care that improves overall population health.<sup>22</sup> One example includes the benefits of accessible reproductive care for uninsured clients and the subsequent benefits from improved outcomes for whole communities.<sup>23</sup> Midwives' focus on accessible primary care that centres relationship-building helps reduce health inequities while fostering healthier communities. Continued investment in midwifery will enhance population health, especially for those traditionally excluded from the health system.

## COST EFFICIENCIES

Midwifery care can reduce costs to the health system in several ways. Midwives minimize unnecessary medical interventions, reduce emergency room visits and shorten hospital stays.<sup>24, 25</sup> These benefits of midwifery care contribute to significant cost savings for Ontario's health system and, most importantly, are what is best for clients' health and well-being.

Optimizing midwives' scope of practice reduces the need for unnecessary referrals and specialist consultations, ensuring that healthcare resources are used effectively. Investing in midwifery care reduces the financial burden on the health system while maintaining high standards and quality of care.

18 Reitsma A, Simioni J, Brunton G, Kaufman K, Hutton EK. Maternal outcomes and birth interventions among women who begin labour intending to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: A systematic review and meta-analyses. *EClinicalMedicine*. 2020 Apr 1;21:100319.

19 Mattison CA, Dion ML, Lavis JN, Hutton EK, Wilson MG. Midwifery and obstetrics: Factors influencing mothers' satisfaction with the birth experience. *Birth*. 2018;45(3):322-7.

20 Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gill P, Gates S, et al. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database Syst Rev*: 2024.

21 Murray-Davis B, Grenier LN, Mattison C, Malott AM, Cameron C, Li J, Darling E, Hutton EK. Mediating expectations and experiences that influence birth experiences in Canada's first Alongside Midwifery Unit. *Birth*. 2023 Dec;50(4):968-77.

22 Murray-Davis B, Grenier LN, Li J, Malott AM, Mattison CA, Cameron C, Hutton EK, Darling EK. Comparing birth experiences and satisfaction with midwifery care before and after the implementation of Canada's first Alongside Midwifery Unit (AMU). *PLoS One*. 2024 Aug 21;19(8):e0306916.

23 Health Network for Uninsured Clients (HNUC), Two Steps Back: The Impact of Ontario's Rollback on Healthcare Access for Uninsured Residents

24 Walters D, Gupta A, Nam AE, Lake J, Martino F, Coyte PC. A cost-effectiveness analysis of low-risk deliveries: a comparison of midwives, family physicians and obstetricians. *Healthc Policy*. 2015 Aug;11(1):61.

25 Koto PS, Fahey J, Meier D, LeDrew M, Loring S. Relative effectiveness and cost-effectiveness of the midwifery-led care in Nova Scotia, Canada: a retrospective, cohort study. *Midwifery*. 2019 Oct 1;77:144-54.

## PROMOTING THE WELL-BEING OF MIDWIVES

The COVID-19 pandemic revealed that even robust health systems were susceptible to being quickly overwhelmed by the crisis' healthcare demands. Health professionals have faced extraordinary pressure and continue to feel the effects of the pandemic.<sup>26, 27, 28</sup> The healthcare workforce in Canada has significantly suffered, affecting the supply, distribution, and overall well-being of its workers.<sup>26</sup> Midwives experienced the physical and psychological impact of poor system integration during the pandemic as they needed to advocate for equitable access to required resources, supports and supplies.

Supporting the health and well-being of the health workforce is critical to addressing the issue of midwifery sustainability. Fair and equitable compensation, flexible work arrangements, including accommodated work options for retaining midwives with disabilities in the workforce, as well as opportunities for leadership development are essential for reducing burnout, attrition and long-term leaves and in enhancing job satisfaction. By ensuring that midwives are adequately supported, Ontario can retain skilled professionals who will continue contributing to better health outcomes for all populations. Investing in midwives means investing in the long-term success and stability of the health system.

## ADVANCING HEALTH EQUITY

Midwives are on the front lines of addressing inequities in sexual and reproductive health.<sup>29</sup> By delivering comprehensive care that extends beyond pregnancy and birth to postpartum and infant care, midwives improve health outcomes for individuals across their lifespan. The ability of many midwives to provide culturally safe care ensures that underserved and hard-to-reach populations, including those in rural and remote areas, as well as undocumented and newcomer populations, have equitable access to high-quality primary care. Investing in midwives means retaining this vital expertise in Ontario, increasing equitable access and reducing healthcare disparities.



*The love for the Indigenous people and communities I serve is so huge, and it really, really feeds me. Being able to bring services to a place where nobody else wants to go feeds my commitment to keep making a difference.*

26 Memmott C, Smith J, Korzuchowski A, Tan H-L, Oveisi N, Hawkins K, Morgan R. 'Forgotten as first line providers': The experiences of midwives during the COVID-19 pandemic in British Columbia, Canada. *Midwifery*. 2022;113:103437.

27 CIHI. Impacts of COVID-19 on health care providers. Ottawa: Canadian Institute for Health Information; 2022.

28 MacDonald M, Burton N, Aseffa F, Toole J. Equity in care: Midwifery in Ontario during the COVID-19 pandemic. *CJMRP*. 2024 Aug 24;23(1):89-103.

29 Naughton S, Baldwin A, Harvey C, Capper T. The midwifery capabilities theory: How midwives enact woman-centered care to address systemic inequity. *Birth*. 2024 Sep 19.

# Urgent priorities and actions

Midwives navigate the complexities and challenges of the health system every day, bringing invaluable insights from the front lines of primary care. Through the consultative evidence gathering in Phase One of the Midwifery Sustainability Project, midwives voiced their experiences and needs to inform this report to pave the way forward. These findings are supported by midwifery clients whose perspectives align with midwives' urgent priority areas that must be addressed to secure a sustainable future for midwifery in Ontario.

## Health system barriers to midwifery integration

Despite their integral role in the health system, midwives face significant barriers to full health system integration.<sup>30,31</sup> Exclusion from provincial initiatives restricts midwives' contributions and impacts the performance of health systems.

Successful health system integration requires fully incorporating midwives as primary care providers within the health system, valuing their distinct skills, expertise, and philosophy, and ensuring their role remains autonomous and community-focused rather than assimilated or diminished within physician led systems and institutions. **These health system barriers are reflected in the following five urgent priority areas for policy reform:**

- Remove systemic inequity and structural barriers
- Remove regulatory, legislative and policy barriers
- Expand midwifery career pathways
- Support professional growth and leadership
- Maximize the expertise and impacts of midwifery

30 Mattison CA, Lavis JN, Wilson MG, Hutton EK, Dion ML. A critical interpretive synthesis of the roles of midwives in health systems. *Health Res Policy Syst.* 2020;18(1):1-16.

31 Mattison CA, Lavis JN, Hutton EK, Dion ML, Wilson MG. Understanding the conditions that influence the roles of midwives in Ontario, Canada's health system: An embedded single-case study. *BMC Health Serv Res.* 2020;20(1):1-15.



## RECOMMENDATION 1:

### Remove systemic inequity and structural barriers

In 2013, midwives brought the Ontario Ministry of Health to the Human Right Tribunal of Ontario alleging gender-based discrimination on midwifery compensation. The Tribunal ruled in the midwives' favour, finding that the Ministry of Health's compensation practices systemically discriminated against midwives on the basis of gender.<sup>32</sup> The Tribunal emphasized that midwifery work is deeply associated with "women's work" and therefore highly susceptible to being systemically undervalued and under-compensated. Indeed, midwifery represents a "gender trifecta" which makes it particularly vulnerable to gender discrimination: midwives are the most female-dominated health profession, providing care to women, trans and gender diverse people, in a healthcare experience associated with women's reproductive health.<sup>32</sup>

The Tribunal agreed with the AOM's position that, despite significantly overlapping scopes of practice and the option for Ontarians to choose either midwifery or physician care, physician work was and remains strongly associated with male work and benefits from privileges, including medical dominance of the health care system. The Tribunal also agreed that discrimination against midwives has led to inequitable compensation and diminished bargaining strength in contrast to physician's compensation, labour rights and protections.<sup>33</sup>

The Tribunal ordered a variety of remedies, including a compensation equity adjustment retroactive to 2011, injury to dignity payments to all applicants, a Joint Compensation Study to establish an evidence-based and non-discriminatory framework for restoring midwifery compensation with benchmarking to other health profession comparators and a gender-based analysis to identify changes needed to government policies and practices related to midwifery compensation.<sup>33</sup>



*Midwives need our pay to be improved to be sustainable and equitable. Our compensation makes it difficult to make ends meet and is not comparable to many other skilled professions who don't have the same level of responsibility and risk in their jobs.*

The Joint Compensation Study, conducted by an external compensation expert, will make recommendations for further fair and equitable pay adjustments for midwives' current compensation and retroactively to 2014. The study will also provide a mechanism to prevent future discriminatory pay – an essential protection for midwives into the future. The gender-based analysis of government policies and practices identified the need for a Gender Equality Action Plan for Midwives in Ontario within a framework for a sector strategy for maternal and newborn care. A health human resources strategy for midwifery would coordinate health system needs and planning with the necessary growth and development of the midwifery workforce.

<sup>32</sup> Association of Ontario Midwives v. Ontario (Health and Long-Term Care), 2018 HRTO 1335 (CanLII), <<https://canlii.ca/t/hvb9p>>

<sup>33</sup> Association of Ontario Midwives v. Ontario (Health and Long-Term Care), 2020 HRTO 165 (CanLII), <<https://canlii.ca/t/j5f8b>>.

The profession's future relies on a commitment to training and mentoring tomorrow's midwifery workforce.<sup>34, 35, 36</sup> Funding needs to be prioritized for provincial recruitment and retention programs for midwives and the expansion of midwifery education and training programs. The Midwifery Education Program is inadequately funded, increasing the struggle to keep up with the changing demands of clinical education within the university setting. The equity gap in funding for midwifery training has increased with the failure to find a replacement for a northern site with a francophone stream following the closure of the Midwifery Education Program at Laurentian University.

In addition to these measures, funding is required to support alternative educational pathways that are Indigenous-led and community-housed to support access to midwifery services in First Nations, Inuit, and Metis communities. Support for education pathways for Indigenous and northern midwives is integral to addressing health disparities in Indigenous, rural and remote communities and returning birth to Indigenous communities through Indigenous midwifery.<sup>37,38,39</sup>

A coordinated strategy for recruiting and retaining new midwives and supporting Ontario's Indigenous and registered midwives within a broader health human resource plan is essential to system integration and sustainability of midwifery.

## ACTIONS

- 1a. Implement the recommendations of the forthcoming Joint Compensation Study without delay.
- 1b. Develop a Health Human Resources Strategy for midwifery that coordinates the profession's planned growth with needed investments in midwifery education pathways, especially for FNIM, northern and francophone midwives.
- 1c. Increase funding for the planned expansion of university-based midwifery education and support Indigenous-led, community-housed education pathways for First Nations, Inuit, and Métis midwives.
- 1d. Expand provincial recruitment and retention programs for student midwives to enter, stay and thrive in the profession.

34 Wilson-Mitchell K, Handa M. Infusing diversity and equity into clinical teaching: Training the trainers. *JMWH*. 2016;61(6):726-

35 Parker G, Kelly L, Miller S, Van Wagner V, Handa M, Baddock S, Griffiths C, Kelsey F, Neely E, Wilson-Mitchell K. Taking up the challenge of trans and non-binary inclusion in midwifery education: reflections from educators in Aotearoa and Ontario Canada. *Midwifery*. 2023 Mar 1;118:103605.

36 Tyson H, Wilson-Mitchell K. Diversifying the midwifery workforce: Inclusivity, culturally sensitive bridging, and innovation. *JMWH*. 2016 Nov;61(6):752-8.

37 Churchill ME, Smylie JK, Wolfe SH, Bourgeois C, Moeller H, Firestone M. Conceptualising cultural safety at an Indigenous-focused midwifery practice in Toronto, Canada: qualitative interviews with Indigenous and non-Indigenous clients. *BMJ Open*. 2020 Sep 1;10(9):e038168.

38 Pambrun N, Lawford K, Couchie C. Indigenous midwifery in Canada: An example of healthy relationships. *J Obstet Gynaecol Can*. 2019;41(S2):S259-62.

39 Durant S, Jeyamohan AE, Campbell E, Lawford K. Conceptualizing risk for pregnant Indigenous peoples accessing maternity care in Canada: A critical interpretive synthesis. *SSHO*. 2024 Jan 1;9:100773.

## RECOMMENDATION 2:

### Remove regulatory, legislative and policy barriers

Regulatory and legislative frameworks, hospital-imposed policies, unnecessary consultation requirements, and the dominance of physician-led hierarchies in healthcare impede midwives' ability to practice autonomously. These barriers erode midwives' capacity to provide timely, client-centred, evidence-based care. Examples of these barriers include lack of access for First Nations, Inuit and Métis midwives working under the exception clause to hospital privileges and prescribing rights.

Other barriers include hospital policies that unnecessarily restrict midwives' scope of practice, restrictive regulations and legislation, and lengthy and arduous amendment processes that limit midwives' ability to adapt to changes to standards of practice and effectively respond to the needs of their communities. The drugs midwives can prescribe, for example, have been limited to a restrictive and rigid list of medications, creating unnecessary barriers to midwives' ability to keep up with emerging practice changes. Such systemic barriers necessitate inconvenient workarounds for midwifery clients who are forced into having unnecessary extra appointments to access care that should be available through their midwives. These restrictions undermine midwives' autonomy as primary health care providers. Arbitrary limits on midwives' autonomy and scope of practice are key barriers to work satisfaction and longevity in midwifery.

#### ACTIONS

- 2a. Amend the Midwifery Act to reflect the care midwives can and should be providing.
- 2b. Adopt the College of Midwives of Ontario's proposed amendments to drug and laboratory regulations to accord with midwives' scope of practice. Remove restrictive and outdated lists of medications and allow midwives to prescribe to their full scope of practice.
- 2c. Require as a condition of funding and accreditation that hospitals allow midwives to practice to their full scope.
- 2d. Remove barriers to interprofessional cooperation, such as fee-for-service funding models that incentivize unnecessary consultations and transfers of care to physicians.
- 2e. Ensure reasonable, evidence-based decision-making by evaluating proposals for regulatory and legislative changes regarding midwifery without the dominant influence of physician organizations.



### RECOMMENDATION 3:

## Expand midwifery career pathways

Underfunding of midwifery and inflexible funding models perpetuate instability in the profession, making it challenging to attract and retain midwives.<sup>40</sup> The government-managed Ontario Midwifery Program allots caseload for community practices throughout the province. Caseload allocations are not always sufficient to meet the needs of communities, and limited funding for new care models means that great ideas for new models of care can't get off the ground, further limiting access to needed services. Increased funding for midwifery and more flexible funding models are required to support sustainable midwifery that includes interprofessional collaboration and the growth and development of community-responsive models of care. Without addressing these barriers, the future of midwifery in Ontario remains at risk, which has important implications for the broader health system.



*We need funding to support midwives working in different ways. Despite community need and the ability to run the programs we've applied for, we can't access funding to make these projects a reality*

Expanding innovative midwife-led care will support the health of Ontarians and build a sustainable future for midwifery in Ontario. Innovative primary care approaches, including the community-based midwifery practice model as well as newer models of care such as Indigenous Midwifery Programs, Expanded Midwifery Care Models, midwifery-led hospital units and birth centres, offer solutions that have demonstrated success in improving health outcomes and lowering rates of unnecessary medical interventions. These programs offer culturally safe, community-responsive, and accessible care that can prioritize the unique needs of Indigenous and underserved populations. By growing midwifery, the health system can advance primary care access goals, improve health equity and community health, and support midwives in their professional fulfilment and career longevity.

Support for innovative change includes continual support and enhancements for midwives working in the community-based midwifery practice model. This model has a proven record of excellent clinical outcomes and high rates of client satisfaction. Flexible funding to support disability accommodation and adaptable work depending on a midwife's life stage and circumstance is one way to retain midwives who are still able to provide care, but who may not be able to work within the limitations of currently available funding structures. Midwives working on-call, 24/7, to provide intrapartum care require supports and compensation that prevent burnout in this valuable client-centred continuity model of labour, birth and postpartum care. Leveraging community-based Midwifery Practice Groups as midwife-led sites of integrated interprofessional primary care would expand access primary care and optimize existing government investments. Midwifery-led clinics could serve as integrated primary care hubs, bringing together services to support healthy people, families and communities.

<sup>40</sup> Darling EK, Lemay SB, Ejiwunmi R, Miller KJ, Sprague AE, D'Souza R. The impact of funding models on the integration of Ontario midwives: A qualitative study. BMC Health Serv Res. 2023;23(1):1087.



*Midwives require better accommodation for clinically experienced midwives seeking flexible work. We are losing a vital cohort of midwives and knowledge base due to a lack of off-call options.*

Flexible work arrangements, specialized roles, and community-responsive programs are essential in addressing the ongoing challenges of midwife burnout. Expanding career options helps retain midwives through improved work satisfaction and enhances their ability to meet the diverse needs of the populations they serve.

#### **ACTIONS:**

- 3a. Review and reform existing restrictive midwifery funding. Update midwifery funding to maximize midwives' role in the health system and reduce micromanagement and unnecessary restrictions.
- 3b. Increase funding to support the scaling up of proven midwifery models, such as community-based care, birth centres, and midwife-led hospital units, while supporting innovative ideas for new programs that meet the needs of communities. Midwives at different life and career stages need access to funding to provide care in a variety of models. More options for midwives mean comprehensive midwifery services that address the diverse needs of people, families and communities.
- 3c. Encourage interprofessional collaboration by eliminating funding barriers. Implement alternatives to fee-for-service models that create competition and incentivize volume-based care. Include midwifery in primary care reform through Integrated Primary Care Teams.

## RECOMMENDATION 4:

### Support professional growth and leadership

Midwives bring a unique perspective that can transform the Ontario health system, embodying client-centred, relational and community-responsive care that addresses access to care and health equity. By fostering leadership and ensuring midwives' voices are heard at decision-making tables, Ontario can create a health system better equipped to meet the needs of all populations.

The sustainability of midwifery is closely tied to leadership development and professional growth opportunities. Increased midwifery representation in decision-making processes for health workforce planning and sexual, reproductive and newborn primary care supports midwives' participation in health policy, system planning and midwifery integration. Midwives' inclusion is vital for shaping policies that reflect the principles of holistic, community-based care, ensuring that primary care health policy is equitable, accessible, and responsive to the needs of clients, midwives, and communities. This representation needs to reflect the diversity of midwives and the populations they serve, ensuring that perspectives from the different ways midwives exist and work in the province are visible and included in policy and planning decisions.

Midwives as leaders in the health system bring creative problem-solving and client-centred solutions to a struggling health care system. The midwifery model has been at the vanguard of providing care that places the client at the centre. The health system benefits from midwife leaders' understanding of client-centred and community-responsive care – care elements that are needed in all parts of healthcare.



*Effective leadership in midwifery is pivotal to sharing the profession's core values, clinical expertise, and client-focused model with the broader health system. When midwives are at the table, the benefits of the midwifery model of care can impact the policy, decision-making and quality of perinatal, sexual, reproductive and neonatal care throughout the province.*

#### ACTIONS:

- 4a. Ensure midwifery representation at all relevant health system decision-making tables. Midwives need to be involved in health human resources planning, primary care reform and health system transformation discussions, and decision-making at the Ministry of Health and Ontario Health. A health plan for Ontario must include midwives.
- 4b. Remove barriers to leadership, including access to funded hospital leadership positions.

## RECOMMENDATION 5:

### Maximize the expertise and impacts of midwifery

Midwifery offers accessible primary care that allows clients and families to receive services closer to home, thereby reducing the strain on primary care, specialist physicians and hospital systems while enhancing continuity of care. Midwifery care models that go beyond the childbearing period show meet a broad range of sexual, reproductive and infant care needs. Midwives having options to provide a broad range of services is a key enabler of keeping midwives in practice. Midwives need opportunities to specialize their practices to meet the diverse needs of their communities.

Optimizing midwifery scope of practice is critical to addressing the growing demand for health services, particularly in underserved areas. By fully leveraging midwives' expertise and skills, Ontario can further support care that is person-centred, culturally safe, and aligned with the health needs of diverse communities. Investing in midwifery and supporting midwives to work to their full abilities strengthens primary care and the health system as a whole.

#### ACTIONS:

- 5a. Leverage midwives as an essential part of addressing the Primary Care crisis.
- 5b. Expand midwives' scope of practice to include sexual, reproductive and infant health care outside of the childbearing and newborn periods. Expanding scope for midwives also expands the positive impact they have on the health system and, most importantly, on the health of more clients, families and communities. Increased options for specialized practice enable retention and work satisfaction, while increasing access to essential funded health care for Ontarians and minimizing service delivery gaps.

**Removing all of these barriers will enable improved integration and sustainability of midwives and midwifery.**





# Conclusion: Action needed for midwifery sustainability in Ontario

Building a sustainable future for midwifery in Ontario requires dedicated collaboration between government, the AOM and other key stakeholders, including FNIM provincial organizations, as well as decisive strategic action. The recommendations outlined in this report provide a clear path forward to improving primary care, enhancing health system efficiency, and ensuring equitable access to person-centred, culturally safe care for all residents of Ontario while addressing the sustainability crisis in midwifery.



*How people give birth matters and imprints future generations. Regardless of whether the birth goes exactly as planned, clients feel empowered. Their choices and autonomy are respected. That is what keeps me going.*

We urge government to continue working closely with the AOM, midwives, hospitals and other healthcare stakeholders to implement these recommendations fully. By removing barriers, investing in midwifery innovation, and supporting midwives' full integration into the health system, Ontario can create a sustainable future for midwifery and benefit the health system at a time of crisis.

Through these recommended actions, the AOM will monitor improvements and continue to engage with midwives, healthcare leaders, communities and government to ensure these solutions are lasting and effective. Together, we can build a health system that improves the health of everyone in Ontario, values midwives' contributions, and provides long-term sustainability for this essential profession.

# Thank you

The AOM extends its deepest gratitude to all those who have supported the development of this report.

Sincerest thanks go to the midwives of the Midwifery Sustainability Project Steering Committee whose voices have guided us in our comprehensive understanding of midwifery sustainability and who continue to steer us towards a brighter midwifery future.

The AOM expresses profound appreciation for Dr. Cristina Mattison, Ph.D., research consultant, whose insights into health systems and midwifery shaped the framework of the research synthesis which foundationally informs this report. We truly value her understanding of the intersection between clinical care, health system reform, and social justice which is reflected in our analysis.

The AOM would like to acknowledge the AOM Board for their commitment to systemic changes that support sustainable midwifery. Their midwifery-led advocacy will have impacts for future generations.

To all AOM staff who have shaped this report - thank you for bringing your expertise, creativity, critical thinking, and diligence to this process. This report stands as a testament to your professionalism, care, and shared vision for a more just and sustainable future in midwifery.

Special thanks go to the midwifery clients, professionals, educators, and advocates who participated in MSP consultations — your voices ground our work and shape our vision.

Lastly, our profound admiration and gratitude for all the dedicated midwives across Ontario whose commitment to excellence in perinatal, sexual, reproductive, and infant health care, health equity and justice, and to each other continue to inspire us. Your work on the frontlines drives meaningful change. This report is dedicated to you.