

Feb 23, 2023

Hon. Sylvia Jones
Minister of Health
Hepburn Block, 80 Grosvenor Street
Toronto, ON M7A 2C4
Via email: Sylvia.Jones@pc.ola.org

Dear Minister Jones,

We, the Head Midwives of Ontario hospitals and birth centres, are asking the Ministry of Health to include midwives in the government's new plan for health care by accepting the College of Midwives of Ontario's (CMO) proposed amendments to the drug and labs regulation without delay.

The current restrictions placed on midwives for prescribing medication and ordering tests are outdated, costly, an inconvenience to pregnant people, and cause further strain to a health system in crisis. The CMO has made specific recommendations for changes to midwifery regulations to protect the public. Drugs and tests are constantly evolving and changing as new evidence drives changes in clinical practice and the existing rules confine midwives to a specific and limited range of medication options for their clients. In order for midwives to provide the best and most responsive treatment for Ontarians within midwifery scope, the Ministry must remove outdated regulatory barriers. These changes would allow midwives to prescribe medications and order labs that are **within our scope of practice**, eliminating the need to refer clients for additional visits to a family doctor, removing **unnecessary costs** to the health system, and relieving pressure on family medicine and other physicians. The change would enable us to provide the right care at the right time and place, since the clients are already receiving their care from us in our community clinics and in their own homes.

As primary care providers serving Ontarians in their homes, hospitals, and within community clinical settings, midwives have seen the **impacts of these restrictions** on our clients' experiences of care. Delayed testing and treatment, unnecessary emergency room visits, and inconvenience are **daily occurrences** that result from these restrictions. There are countless stories of clients being sent back and forth to family doctors or walk-in clinics to get lab requisitions or prescriptions for conditions within their midwives' scope that could be accessed during their routine midwife appointments. Rural midwives describe the scarcity of walk-in clinics, family doctors and nurse practitioners in their communities, forcing clients to unnecessarily receive costly care from specialists or emergency departments for their low-risk conditions.

For Ontarians facing barriers to accessing care, (e.g., those residing in rural areas, those without family doctors, and those with limited transportation options, English language proficiency, and

financial resources), the impacts are even more profound. One such example is that of a midwifery client who was experiencing an uncomplicated third pregnancy. She did not have her own transportation but lived within walking distance of the midwifery clinic and regularly attended her prenatal appointments. After an informed choice discussion with her midwife, she accepted the recommendation to receive the vaccine for tetanus, diphtheria, and pertussis (Tdap) towards the end of pregnancy. Her midwives were unable to prescribe the vaccine— even though to do so would have been within their scope of practice. She did not have a primary care physician and the nearest walk-in clinic was a 45-minute bus ride from her home. After arriving too late to be seen at the walk-in, she was told to book an appointment for later in the week but had to cancel as she was unable to find childcare. Because of her lack of transportation and access to childcare, she decided to forgo the vaccine. In her postpartum, she and her family were exposed to whooping cough (pertussis) when attending a school function. Her newborn became ill and was hospitalized at five weeks old. The Tdap vaccine prevents these infections in late pregnancy and protects the newborn until they can receive the vaccine at 8-weeks. The Tdap vaccine is one of several medications that midwives must routinely offer in pregnancy but cannot order. This real-life example illustrates the serious consequences and unnecessary costs that **a midwife would have prevented** if able to provide the right care at the right time in the right place.

Other common conditions like iron-deficiency anemia or urinary tract infections are within midwifery scope but the existing restrictions require midwives to prescribe treatment from a specific and limited drug list – which means midwifery clients cannot access newer medications or the most up-to-date recommended treatments in a timely manner. Beyond being inconvenient, delays in detecting or treating common conditions can **increase risk** to otherwise uncomplicated clients and overall costs to the health care system. Broadening the regulation to allow midwives to provide comprehensive care as primary health providers will streamline the care experience for midwifery clients.

Minister Jones, midwives have an excellent safety record and there is no justification for these restrictions that are historical, inefficient, and not aligned with the **changing health care landscape**. Families who choose midwives have been consistently very satisfied with their experiences, but the limitation of the current model disrupts continuity of care and further burdens a system that is still recovering after the Covid-19 pandemic. We ask that you **act today** to lift the restrictions and maximize the expertise of midwives. Please amend the drug and lab regulation as requested by the CMO. **Ontarians deserve to get the best possible care from the providers that they choose.**

Sincerely,

Head Midwives of Ontario

Head Midwife

Carolyn Scott
Shâdé Chatrath
Alexandra Thomson
Sarah Jean Smith
Kelly Gascoigne
Ginger Girard Fram
Monica McPherson
Angela Freeman, RM, MSc
Christy Miskelly
Linda Moscovitch
Corine Witteveen
Kelly Graff
Angela Reitsma
Sylviane Devos
Kristen Stevens
Carmen Felix
Heike Berger
Pilar Chapman
Jennifer Gasparotto
Amy Moland-Osborne, RM
Shelley-Ann Clarke-Dolby
Marcia Rowat
Annalee Winter
Jackie French
Sarah Cressman
Fang Yu

Andera Levy
Catha McMaster
Claire Osepchook

Kim McIntosh
Paule Corneil
Lisa Sabatino

Hospital

Southlake Regional Health Centre
WOHS - Etobicoke General Hospital
Trillium Health Partners
Muskoka Algonquin Health Centre-Huntsville and Bracebridge sites
Brantford General Hospital
Windsor Regional Hospital Metropolitan Campus
Norfolk General Hospital
Grey Bruce Health Services - Owen Sound
Quinte Health Care - Belleville General Hospital
St Michaels
Cambridge Memorial Hospital
Lake of the Woods District Hospital
St. Joseph's Healthcare Hamilton
Kingston Health Sciences Centre
Queensway Carleton Hospital
Mount Sinai Hospital
Hanover & District Hospital
West Lincoln site, Hamilton Health Sciences
Niagara Health
Timmins and District Hospital
Health Sciences North
Stevenson Memorial Hospital
Peterborough Regional Health Centre
Cortellucci Vaughan Hospital
Guelph General
Scarborough Health Network, Scarborough General hospital and Centenary Hospital

North York General Hospital
Ross Memorial Hospital
Sunnybrook Health Sciences Centre
Halton Healthcare (Oakville Trafalger Memorial Hospital, Milton District Hospital, Georgetown Hospital)
Temiskaming Hospital
McMaster University Medical Centre

Sarah Redfearn	Strathroy Middlesex General Hospital
Heidi Johnston	Grand River Hospital
Tracy Pearce-Kelly, RM, RN, CHE, BScN, BHSc-Midwifery, MHM, Adjunct Faculty McMaster University, Head of Midwifery Services	Joseph Brant Hospital
Christie Lockhart	Michael Garron Hospital
Simone Staats	Chatham-Kent Health Alliance
Allison Rigney	Collingwood General and Marine Hospital
Christine Roy	Weeneebayko Area Health Authority
Rosemarie Parisien	L'Hôpital Montfort
Andrea Campbell	Markham Stouffville Hospital
Genia Stephen	Brockville General Hospital
Jerrylyn Guevarra	Humber River Hospital
Tamatha Roberts	St. Joseph's General Hospital, Elliot Lake
Elizabeth Pollen	Markham Stouffville Hospital
Jill Portelance	St Thomas Elgin General Hospital
Tylee Maracle	Almonte General Hospital
Lisa Chappell	Peterborough Regional Health Centre
Lynne-Marie Culliton	Georgian Bay General Hospital
Carolyn Scott	Southlake Regional
Kim Cleland	Norfolk General Hospital
Robyn Berman	The Ottawa Birth and Wellness Centre
Sophie Gendron	Cornwall Community Hospital
Lindsay Sanderson	William Osler Health Centre - Brampton Civic Hospital
Kim McIntosh	Halton Healthcare
Justine Wilson	HPHA: Stratford General Hospital
Cynthia Soulliere	Listowel Memorial Hospital
Abir Hoblos	St Joseph's Health Centre Toronto
Amy Sjaarda	Groves Memorial Community Hospital
Kelly Armstrong RM	Orillia Soldiers Memorial