

August 25, 2022

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

Dear Minister Jones,

### Re: Midwifery assistance with urgent issue of human resources pressures

On behalf of the Association of Ontario Midwives (AOM), and the over 1000 Indigenous and Registered Midwives in Ontario, we would like to formally congratulate you for your success in the recent election and your recent appointments as Deputy Premier and Minister of Health. We are reaching out to you today to introduce ourselves and highlight how midwives can assist with addressing the urgent issue of human resources pressures in Ontario's health-care system.

Birth is the number one reason for hospital admission, and C-sections are the most common surgery performed in Ontario hospitals. As unique specialists in pregnancy and birth, midwives must be part of the solution to manage hospital pressures. We have four key recommendations:

## 1. Optimize and leverage midwifery skills to address critical gaps

The skills and knowledge of midwives could quickly be leveraged to alleviate pressures on physicians and emergency rooms. The government can take these **immediate actions** to assist in addressing critical gaps in the short term:

- a. Accept the College of Midwives of Ontario's proposed amendments to the drug and labs regulation allowing midwives to prescribe drugs and order tests to their scope of practice. These changes would allow midwives to prescribe medications and order labs without referring clients for an additional visit to a family physician, removing an unnecessary pressure on family medicine and other physicians. This is also a cost saving to the health-care system by reducing the number of visits by clients to family physicians, as well as being more convenient for clients while reducing delays in their care.
- b. Direct hospitals to remove unnecessary restrictions on midwives, allowing midwives to work to their full scope of practice. Currently, many hospitals restrict the scope of practice of midwives with regards to induction, augmentation and epidural management. Not only does this create patient safety issues, but it means this work is unnecessarily taken on by physicians and nurses even though midwives have the training, knowledge and skill to do the same work. This will also create cost savings for the ministry that currently pays for the same care twice.

### 2. Divert government resources away from fighting midwives in court

The government has lost two appeals to the Human Rights Tribunal of Ontario's ruling that the government is liable for sex discrimination against midwives. Both appeal decisions found unanimously in midwives' favour. Instead of forcing midwives to defend their human rights once again to the Supreme Court of Canada while they are also working hard to care for their clients, it is time to stop wasting taxpayer dollars and **divert government resources to address the health human resources pressures on the system.** 

### 3. Repeal Bill 124 and invest in health human resources

Government-imposed wage restraints incentivize health-care workers to find opportunities elsewhere, including midwives. Frontline health-care workers have been overworked and undervalued for too long, contributing to unprecedented burnout and attrition at a time when our society needs them the most. We urge the government to repeal Bill 124 to incentivize health-care workers to remain in the system.

### 4. Increase midwifery student enrollment

As an important **medium-term strategy**, we urge the ministry to add Midwifery Education Program seats, increasing enrollment from 90 to 110 midwifery students per year. This will stave off a growing health human resources crisis in midwifery, ensuring the growing numbers of midwives retiring and leaving the profession are replaced and enabling midwifery to expand to areas of the province that are underserved.

We have included a 'Primer on Ontario midwifery' as an addendum to this letter should you need additional context.

We would welcome an opportunity to meet with you to discuss these issues and answer any questions you may have. Sonia Tavares, AOM Executive Assistant, will call your office next week to schedule an appointment.

Sincerely,

Jasmin Tecson, RM, BHSc

M.L.T

President

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Kelly Dobbin, Registrar, College of Midwives of Ontario

Encl.



# **Primer on Ontario midwifery**

Ontario's commitments to keeping costs down for Ontario families and plan to stay open – particularly supporting community-based care – align perfectly with the AOM's evidence-based, cost-effective recommendations for Ontario's health sector.

Midwives provide a seamless transition between hospital and home and have great success coordinating and delivering care for families in Ontario in both acute care and community settings. The midwifery model of care boasts excellent clinical outcomes and is a cost-effective use of taxpayer dollars, and an effective way of cutting hospital wait times (e.g. through ER diversions, early hospital discharge and less demand on hospital bed and nursing resources for those clients who have home births).

Ontario midwives are publicly funded primary health-care providers who are specialists in providing around-the-clock, on-call care for clients throughout normal pregnancy, birth and the first six weeks after birth. Midwives are one of the only health-care providers where the same provider follows the client/patient between community and hospital, depending on the needs of that client/patient. They provide care that Ontario families deeply value. This includes over 35 Indigenous midwives who are engaged in the profound work of returning birth to Indigenous communities and are transforming maternal and child health by providing culturally appropriate care to Indigenous families and communities and re-awakening Indigenous cultural knowledge and practices.

This year, over 26 500 Ontario families will have the care of a midwife. Midwives have attended over 51 000 home births between 2003-21, and currently attend 18 per cent of all Ontario births – 26 527 in 2020-21. With a proven safety record, midwives are experts at providing high quality, evidence-based primary care to clients and their newborns in hospital, community health centres, Aboriginal Health Access Centres, homes and birth centres.

For more information, visit www.ontariomidwives.ca.

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<sup>&</sup>lt;sup>1</sup> BORN Ontario Midwifery Care Profile, 2020-21