



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

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# RECOMMENDATIONS FOR THE 2026 ONTARIO PRE-BUDGET CONSULTATIONS

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**Prepared by the Association of Ontario Midwives  
for the Standing Committee on Finance and Economic Affairs**

January 12, 2026

The Association of Ontario Midwives (AOM) supports and strengthens the clinical and professional practice of Indigenous and registered midwives across Ontario, guided by a vision of midwives leading decolonized and anti-racist care throughout pregnancy, birth, the postpartum period and newborn care.<sup>1</sup> More than 900 midwives currently practise in Ontario, including 881 registered midwives and 17 active Indigenous midwives working under the exception clause of the *Midwifery Act*, providing care in over 250 communities and funded by the Ministry of Health. Since midwifery became a regulated health profession in 1994, over 400 000 babies have been born with the support of midwives—demonstrating the profession’s long-standing contribution to safe, high-quality sexual, reproductive, perinatal and newborn health outcomes.

Midwives are indispensable to Ontario’s health-care system. They deliver comprehensive, client-centred primary care that reduces reliance on emergency departments, supports earlier hospital discharge for healthy parents and babies, and provides continuous, around-the-clock care in both community and hospital settings. Midwifery care is proven to be effective and deeply valued by the more than 30 000 Ontario families midwives serve each year. Midwives are particularly well positioned to address critical gaps in care, especially in underserved, rural, northern and Indigenous communities.

Despite this essential role, Ontario’s midwifery workforce is at a crisis point. The details of this crisis and recommendations for addressing it are outlined in the Association of Ontario Midwives’ [Roadmap to Health System Integration: A critical direction for midwifery sustainability in Ontario](#).<sup>2</sup> Midwives are facing unprecedented levels of burnout and attrition driven by systemic undervaluation, poor integration within the health system, education restraints and a lack of sustainable growth and investment. One in seven (13.5%) of Ontario’s small midwifery workforce is inactive and not practicing due to leaves from practice or working in a non-clinical capacity, while waitlists for their services grow. A growing number of Ontarians requesting midwifery care cannot be accommodated due to the midwife shortage. Over 6500 families who wanted midwifery care could not access a midwife in 2023-24.<sup>3</sup> To make

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<sup>1</sup> [Strategic Plan 2022 - 2025 | AOM](#)

<sup>2</sup> AOM. *Roadmap to health system integration: A critical direction for midwifery sustainability in Ontario*. May 2025. Association of Ontario Midwives, Toronto, ON

<sup>3</sup> From 2019-20 to 2023-24, the number of clients midwives cared for increased by only 1,090 people (from 26,983 to 28,073). In the same years, the number of pregnant people requesting midwifery care and initially being put on a waitlist due to practice being full grew by 11,309 people (from 6,083 to 17,392), almost tripling over that time. The number of clients put a waitlist and never able to access midwifery care was 6,632.

matters worse, growing numbers of midwives are resigning from Ontario, either to quit midwifery entirely or to practice in other jurisdictions, particularly British Columbia.<sup>4</sup> Data from the Ontario Midwifery Education Program shows that in 2023, 24% of midwifery student graduates from McMaster University and 22% of graduates from Toronto Metropolitan University did not register in Ontario. Ontario is losing its return on investment in its Ontario-educated midwives, and Ontarians are losing out on their care. These conditions threaten not only the midwifery profession and the clients they serve but also the untapped transformative potential of midwifery to benefit more Ontarians and expand access to essential health care.

Failure to act now puts Ontario at risk of losing even more highly skilled midwives and the quality care they deliver—at a time when the health system needs it most. Strategic investment in midwifery is an investment in system sustainability, health equity and better outcomes for families. The AOM supports the government’s commitment to a connected, resilient health-care system and urges bold, immediate action to address the structural challenges facing midwives.

The AOM welcomes the opportunity to provide the Standing Committee on Finance and Economic Affairs with recommendations for the 2026 Ontario budget from the perspective of midwives for a stronger, healthier and more equitable Ontario. As part of the 2026 provincial budget, we respectfully call on the government to implement the following recommendations:

1. **New investment in university-based midwifery education** as proposed to the Ministry of Colleges and Universities in 2024
2. **Support for community-based, Indigenous-led midwifery education pathways** to bring Indigenous midwifery to Indigenous communities
3. **Increased investment in midwifery services** to increase access to care and address the primary care crisis
4. **Ensure midwife compensation is cleansed of gender discrimination** to support the sustainability of the profession

## Recommendation #1: New investment in university-based midwifery education

In contrast to other health-care professions, which have seen an increase in investment of over \$300 million in 2025 alone, the base funding of the Ontario Midwifery Education Program (OMEP) has remained static **since 2010**. To ensure that the OMEP can continue to prepare the next generation of Ontario’s midwifery professionals through high-quality simulation-based

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<sup>4</sup> College of Midwives of Ontario resignation data, 2025

learning, small group tutorials and clinical placements, the OMEP has proposed several recommendations to the Ministry of Colleges, Universities, Research and Security. Increasing base funding is critical. The OMEP recommended an increased investment per seat per term, raising the per student allocation to a sustainable level. Furthermore, the OMEP must be allowed to increase tuition in the next fiscal year with cost-of-living increases applied thereafter to support a sustainable financial model moving forward.

With the unfortunate closure of the Laurentian OMEP site in 2021, students living in northern Ontario are compelled to move south to complete their education, creating significant barriers to access. This shift disproportionately affects Indigenous applicants, as Indigenous peoples make up a larger share of northern Ontario's population. Access is further limited by the absence of francophone program options at both McMaster University and Toronto Metropolitan University. The closure has exacerbated the recruitment and retention crisis affecting midwives in rural, remote and northern Ontario and deepened the disparity in access to health care for all, but especially underserved, francophone and Indigenous communities within those regions. The profession's future relies on a commitment to training and mentoring tomorrow's midwifery workforce. Funding needs to be prioritized for provincial recruitment and retention programs for midwives and the expansion of midwifery education and training programs.

We urge the provincial government to **prioritize the implementation of the OMEP recommendations and increase funding to midwifery education** to support the growth of the midwifery profession and improve access to high-quality sexual, reproductive, perinatal and newborn care for Ontario's families.

We urge the government to invest in the **expansion of midwifery education and recruitment and retention programs** to help student midwives succeed and enter the profession. **The future of midwifery relies on it.**

## Recommendation #2: Support for community-based, Indigenous-led midwifery education pathways

Indigenous Midwives practise both as Registered Midwives and under the exemption provisions of the *Midwifery Act*, which enables them to be governed by and accountable to their own communities rather than the College of Midwives of Ontario. Indigenous midwifery affirms community self-determination in pregnancy, birth and early parenting, with care that is led by and accountable to Indigenous communities.

Indigenous midwives serve as clinicians, educators and knowledge keepers, supporting holistic, whole-person health across the life course. Indigenous midwifery care is culturally rooted, relationship-based and informed by ceremony, and is delivered as close to home as is safe and desired. This model of care plays a critical role in reducing health inequities between Indigenous and non-Indigenous people in Ontario.

First Nations, Inuit and Métis (FNIM) individuals may enter the profession through a four-year university-based Midwifery Education Program or through Indigenous-led community-based apprenticeship pathways. These community-led pathways are tailored to the unique needs of each community and remain flexible and responsive over time.

Funding is required to support alternative educational pathways that are Indigenous-led and community-housed to support access to midwifery services in FNIM 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.

We urge the Ontario government to uphold their responsibility to FNIM peoples regarding health care to ensure equitable access to culturally safe care, supporting Indigenous-led health initiatives, building capacity for self-determination and honouring reconciliation through respectful partnerships. **Increased funding for Indigenous-led midwifery education** is one mechanism to restore health and well-being among FNIM people and answer the call to bring birth home to their communities.

### Recommendation #3: Increased investment in midwifery to improve access to care and address the primary care crisis

Midwifery provides accessible, front-line primary care that enables clients and families to receive services in the right place at the right time. Midwives ease pressure on other primary care providers, specialist physicians and hospital systems, while supporting seamless and continuous care. Midwifery care, including models that extend beyond the childbearing year, are well positioned to address a wide spectrum of sexual, reproductive and infant health needs — preventing gaps in care and reducing reliance on higher-cost services such as Emergency Departments.<sup>5</sup> Investing in midwives to offer a broad range of services is essential to sustaining the midwifery workforce and retaining experienced midwives.

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<sup>5</sup> Carla Sorbara, “Postpartum Emergency Department Use Following Midwifery-Model vs Obstetrics-Model Care” (2024) 7:4 JAMA Netw Open.

Ontario can expand access to person-centred, culturally safe care that is responsive to diverse community needs by increasing funding for midwifery care — **the care Ontarians want, need and deserve**. Strategic investment in midwifery will bolster primary care capacity and strengthen the overall health system. At a time of growing demand and mounting pressure across Ontario’s health system, fully leveraging midwives’ skills and expertise is a practical, high-impact investment that will allow physicians and nurse practitioners to focus on other complex primary care needs and services. Supporting better access to midwives increases primary care capacity, improves access to culturally safe and person-centred care, and delivers measurable returns by diverting care from emergency departments and hospitals. Strategic investment in midwifery is a fiscally responsible solution that strengthens Ontario’s primary care system and delivers value for families and the health system as a whole.

We urge the provincial government to **increase funding for midwifery services and support program expansion** of community-based midwifery practices and interprofessional care models that meet community needs. This includes investment in growth of Midwifery Practice Groups, Indigenous Midwifery Programs, Expanded Midwifery Care Models and midwives in Interprofessional Primary Care Teams where demand for services is unmet.

## Recommendation #4: Ensure midwife compensation is cleansed of gender discrimination

We call upon the Ontario government to finally **close the gender pay gap for midwives**. Investing in fair and equitable compensation for midwives is a fiscally responsible, gender-sensitive strategy that reflects a commitment to protecting and strengthening the primary care sector of Ontario’s health system.

In its monumental 2020 remedial decision, the Human Rights Tribunal of Ontario ordered government to take concrete measures to end the discriminatory gender pay gap for midwives.<sup>6</sup> One of the remedial orders, the **Joint Compensation Study** (JCS), remains outstanding. The JCS is an essential tool for rectifying this pay gap, aligning midwife compensation with the value of their work and recognizing the critical services midwives provide to Ontarians.

We urge government to **budget for the effective implementation of the recommendations from the forthcoming JCS**. Ensuring fair and equitable compensation will help retain skilled

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<sup>6</sup> Association of Ontario Midwives v. Ontario (Health and Long-Term Care), 2020 HRTO 165 (CanLII), <<https://canlii.ca/t/j5f8b>>, retrieved on 2026-01-12

midwives in Ontario, avoid the costs of attrition, and strengthen the availability and sustainability of midwifery services.

We thank the committee for its review of this submission and urge timely action through the forthcoming 2026 Budget reflecting meaningful investment and support for midwives and midwifery. We remain available to engage further and to assist in progressing these priorities.

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