



ASSOCIATION OF ONTARIO MIDWIVES

Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario

August 1, 2008

Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7

Dear Ms. Schiefer:

We are writing in support of the College of Midwives of Ontario's (CMO) scope of practice submission to HPRAC. The AOM has collaborated closely with the CMO on the submission. Our members are eager to see a resolution to a number of long-standing issues addressed that have an impact on a midwife's ability to provide care in a collaborative, interprofessional and timely way.

Midwives have been fully integrated into Ontario's health care system since 1994. Over these fourteen years, midwives have established themselves as primary care providers with excellent clinical outcomes, safe practice and exceptionally high rates of satisfaction among clients. The success of midwifery, both from a clinical and client-centred perspective, is clearly captured in the Ministry of Health and Long-Term Care Midwifery Outcomes Report Database.

However, the past fourteen years of practice have also revealed a number of shortcomings in the scope of practice that was defined in 1994. The changes proposed in the CMO's submission seek to remedy these shortcomings, update midwifery practice to reflect current community standards and needs, ensure continued public safety, and further enhance and enable collaboration between providers to ensure that clients continue to have access to high quality care.

The changes proposed in the submission will create flexibility within the current scope as well as create expansions to the current scope to ensure that midwives are able to continue providing high quality primary care for low-risk normal pregnancies and birth that is responsive to current clinical standards and community needs. In the event of complications and clinical situations that are beyond normal and low-risk, and where there is timely access to a physician, midwives will continue to act in the best interest of clients by consulting and transferring care as appropriate. However, the proposed changes will enable clinically unnecessary consults, such as consults to access antibiotics to treat mastitis or GBS, to be eliminated, improving the effective and efficient use of health human resources and contributing to improved collaborative care.

The midwifery model of care works. In fact, it is held up nationally and internationally as a best practice. The proposed changes in scope of practice will lead to enhanced interprofessional opportunities and better integrated client care within the proven Ontario midwifery model.

The intention of the proposed changes to midwifery scope of practice is to make the model more responsive and flexible by: facilitating midwifery participation in interprofessional care, enabling midwives to address routine clinical issues that arise during the provision of daily care to clients, and to enable increased provision of care to rural, remote and underserved areas. The changes are not intended to exploit midwifery resources, to substitute midwives for physicians, or to undermine the care that midwives provide under the current model of care – care that has been proven to be safe, effective and highly valued and requested by women.

Further, the recommended changes will encourage increased collaboration between providers. Proposed amendments to the *Public Hospitals Act*, for example, are critical in engaging midwifery participation in hospital structures that determine credentialing and scope and to ensuring that midwives are able to practice to the full extent of their current scope. Facilitating sustainable interprofessional care will require a number of additional initiatives. These initiatives are outlined in the AOM's recent position paper "Midwives and Interprofessional Care" (June 2008). We have attached a copy for your convenience.

In addition, we restate our commitment to providing training in cooperation with other stakeholders and on-going skills maintenance for our members as may be required in future. Currently, the AOM delivers emergency skills recertification for midwives and our emergency skills curriculum and training program have created a national standard for midwifery emergency skills.

The proposed changes to midwifery scope of practice must be accompanied and supported by provincial policy initiatives that work towards better co-ordination of the provision of maternal and newborn care in Ontario. To that end, we are optimistic about recent initiatives at the Ministry of Health and Long-Term Care to address the need for a provincial maternity care strategy through the Provincial Council for Children's Health.

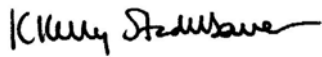
The current review by HPRAC presents a tremendous opportunity to update the midwifery scope of practice. This is the first significant and systemic review of scope of practice for midwives since the original *Midwifery Act* of 1994. We commend the College for a thorough and comprehensive submission. As the voice of the profession, we eagerly anticipate HPRAC's response and recommendation to the Minister of Health and Long-Term Care and look forward to working in partnership with stakeholder and government to realize the necessary improvements to Ontario's delivery of maternal and child health care services.

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Sincerely,

A handwritten signature in black ink, appearing to read "K. Kilroy". The signature is fluid and cursive.

Katrina Kilroy, RM
President

A handwritten signature in black ink, appearing to read "Kelly Stadelbauer". The signature is fluid and cursive.

Kelly Stadelbauer, RN, BScN, MBA
Executive Director