

Response to CMO submission to HPRAC

I am a lecturer with the Midwifery Education Program (MEP) as well as a practicing midwife for 9 years. I welcome the proposed amendments in order to function more effectively as a midwife.

With regards to the categorization of drugs as opposed to the listing of individual medications, this amendment is essential in order to keep abreast with developments in treatment. I was practicing when the antihemorrhagic ergonovine was suddenly unavailable and a substitute had to be found. This resulted in much concern among midwives for their client safety in the homebirth environment. The proposed alternative is expensive and not heat stable. We need to be able to react quickly to such changes which our current legislation inhibits by decreasing flexibility. Approving drug categories is essential to prevent a future crisis.

It has also been a source of frustration in my own practice that I am responsible to screen for GBS, BV, STD's, etc, yet unable to treat. The ability to treat these infections along with UTI's and mastitis is essential to good and thorough practice and is long overdue.

Ontario midwives should have the skills and training to intubate newborns because it is the standard of practice for midwives from other jurisdictions as well as being the level of care recommended by the Neonatal Resuscitation Program. The extended scope option, which will allow midwives to apply a vacuum, assist at cesarean section, attach a scalp clip or obtain scalp gases, or induce through amniotomy, is currently necessary in low resource areas. I support midwives in those areas to have the tools and training to conduct safe deliveries. Low resource areas are not limited to rural and northern communities and the looming maternity care provider crisis could turn many of our practice catchments into low resource areas. It is for this reason that all midwives need some updating or expansion of current skills, as well as the option to pursue extended skills as required by their practice setting.

Midwives should be providing well-woman gynecological care (birth control, PAPs and STD screening) because we currently provide quality care in these areas and our expertise is not fulfilling its potential through limiting us to the care of pregnant and postpartum women. I am concerned that women may not be accessing this care due to provider shortages. I believe it is obvious that women do not seek this intimate care at walk-in clinics and would prefer to return to their midwife regularly for follow-up. Having this care provided by midwives as opposed to not at all, would save women's lives.