

Thank you for the opportunity to comment on the CMO's Scope of Practice Submission to HPRAC.

As a group of seven general Ob/Gyn's practicing in a Level 2 Center we generally support the OMA position.

We would heartily support changes that improve the relationship between Obstetricians and Midwives and the care they are able to provide their patients. The ability to prescribe antibiotics for GBS or UTI or the ability to use Misoprostol for post partum hemorrhage would be examples of such positive changes.

Attempting to gain and maintain the skill to repair third and fourth degree tears, perform an assisted vaginal delivery or manually remove a placenta would, however, clearly not be in a patient's best interest when an Obstetrician is on call for that hospital. These are skills that often take years to master and maintain, and can be associated with serious complications, ie. rectovaginal fistula, emergency cesarean section and post partum hemorrhage and shock.

Most groups of Obstetricians and Midwives have different backgrounds and skill sets, and each community they practice within is unique. Unique in its population, physician on-call coverage, nursing staffing, anaesthesia resources and geography. Each hospital needs the ability to tailor its own policy regarding Midwifery in order to serve its community appropriately.

Respectfully,

Dr. Stephen Bates, Dr. Christopher Cowan, Dr. Zohra Docrat, Dr. Cathie Mackinnon, Dr. Anne Powell, Dr. Rebecca Rooney, Dr. Charmaine Roye