August 14, 2008

As midwives practicing in a rural community we would like to respond to the CMO submission to HPRAC regarding the expansion of the Midwifery scope of practice in Ontario. Many of our clients live rurally, do not have access to a Family Physician, or health care within their immediate community. In addition, many of our clients do not have health care coverage. We feel as registered midwives that we play an important role in providing timely, safe, community-based and woman-centred maternity care to our clients. By being regulated primary care providers, we have been better able to integrate into the health care system and provide more effective and complete care to our clients. But like all systems, ongoing change and evaluation is needed. We need to be asking if we are meeting the needs of our clients, our community and the women living in Ontario, with our current scope of practice?

In general, we would like to extend our support for increasing Midwives' ability to respond to the looming maternity care crisis by extending their training and scope of practice. We believe that extending our scope of practice, supported by thorough and adequate training, will enable midwives to meet the needs of more women, in particular, marginalized and women in under-serviced, rural and remote communities. Collaborative and interprofessional relationships would be strengthened, resources would be used more efficiently, and the cost to the health care system would also be potentially reduced by these proposed changes.

We also want to stress that we continue to see midwives as protectors and promoters of normal pregnancy and childbirth, and as ideal care providers for low-risk pregnancies. Extending the midwife scope of practice including the changes to the Designated Drug regulation will better mirror other provincial jurisdictions in Canada, and furthermore the role of midwives internationally, but will also bring additional responsibility. Midwives will continue to rely and depend on our esteemed obstetric consultants for complicated and surgical cases, despite any increase in scope.

We acknowledge the barriers to collaboration, including different philosophical and funding models, as well as and issues around liability. Within our own model, we are also aware that changes need to occur to allow for more flexibility for midwifery practice. Midwives in rural and remote communities are the most likely to extend their scope of practice in order to meet community needs by providing well-woman and well-baby care, thus keeping maternity care local, effective and efficient. We want to stress that none of these recommended changes would or should come into being without thorough and adequate training and without changes to the midwifery model of care.

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