Association of Ontario Midwives
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November 13, 2023

Health Workforce Regulatory Oversight Branch
Office of the Chief of Nursing and Professional Practice
Ministry of Health
438 University Avenue, 10th Floor
Toronto ON M5G 2K8

To Whom It May Concern:

RE: Proposed Regulatory Amendments to O. Reg. 884/93 (Designated Drugs) made under the Midwifery Act, 1991.

Thank you for the opportunity to respond to the proposed changes to the Designated Drug Regulation made under the Midwifery Act, 1991. The Association of Ontario Midwives (AOM) has serious concerns about two aspects of this proposed Regulation. Firstly, it contains a specified list of medications tied to indications for use which will quickly become outdated and will not ensure continued access to all medications necessary to provide care within the midwifery scope of practice. Secondly, it creates an unnecessary and unethical barrier to reproductive choice for Ontarians by failing to include elective termination in the list of conditions where midwives are authorized to prescribe and administer misoprostol and mifepristone combined as Mifegymiso.

Summary of Concerns and Recommendations

The AOM acknowledges that, in the interest of providing temporary improvements to access to care for midwifery clients in Ontario, it may be expedient to approve the proposed updates to the Designated Drug Regulation. Because the lists contained in the Regulation will be outdated soon after it is passed, the AOM urges the Ministry of Health to immediately act upon recommendations from the College of Midwives of Ontario, supported by the AOM, to address the quality and safety concerns inherent in the current and proposed Regulation. This was communicated directly with Dr K. Velji in correspondence and a meeting on this issue in Spring 2023. The Designated Drug Regulation must enable midwifery clients to access all of the care within the midwifery scope of practice from their midwives without the constraints of outdated drug lists. If there are legislative barriers to regulating in a manner that supports the health and wellbeing of midwifery clients and the interests of all Ontarians, it is the government's responsibility to remove those barriers and do so in an expedient manner. We have recently seen the government's ability to do this for other health professions. While the intent was to improve access within communities, pregnant and postpartum people continue to receive fragmented or delayed care because they are redirected back to their midwives by other practitioners who are much less familiar with the current standards of routine reproductive care.

Prior to passage of the proposed changes to the Regulation, the prescription and administration of Mifegymiso to provide care for medical abortion must be added to the designated drug list. To do otherwise is breach of reproductive choice, a denial of access to safe abortion, and a disservice to Ontarians.

Background

1. The Dangers of Regulating by Using a Drug List

Decades of experience have proven that the list-based approach to designating drug for midwifery:

- Increases **clinical risk** to the client.
- creates **gaps, delays, and roadblocks in services** for thousands of people receiving perinatal and newborn health care in Ontario,
- burdens an already struggling health care system with **extra appointments and ER visits**,
- burdens taxpayers with the **unnecessary additional cost of these extra visits**, and
- creates **unnecessary inconvenience for Ontarians** by requiring them forces midwifery clients to juggle time off from work, pay for childcare and transportation, and experience delays to get an appointment with another practitioner (who are often overbooked or not available close to home), for care they could have received from their midwives without extra visits or costs to the system.

Many new drugs and treatment protocols have been introduced in Ontario to improve the quality of care in pregnancy, birth, postpartum and for newborns since the Regulation was last updated more than a decade ago. Tens of thousands of Ontarians in the care of midwives have not had the safety and convenience of accessing these improved treatments through their primary care providers. The Ministry of Health has heard for years from midwifery clients, midwives, the regulator, and the AOM about the problems with the out-of-date list of medications in the current Regulation. Care is delayed or not accessible because the medication required for the best treatment is not on the list. Depending on the situation, this can be an inconvenience or a life-threatening situation.

When the list is updated in the proposed changes to the Regulation, there will be fewer problems temporarily, but then history will be repeated. New medications and new protocols for providing treatment are constantly being developed. If the approach to regulation does not change, the outcome will not change. As soon as the new regulation comes into effect, midwives will be right back to supporting clients to scramble for appointments with other practitioners to get the care that midwives could provide faster and more conveniently, and is well within their knowledge, skill and judgment to provide.

One example of the imminent redundancy of the list in the proposed Regulation concerns the need to protect newborns from respiratory syncytial virus (RSV). Public Health Ontario (PHO) has warned that the spread of RSV, which can cause serious illness in newborns, is rising. PHO has expressed concern about the burden this creates for the health care system and the babies and families impacted by the illness.[1] In July of 2023, The Dalla Lana School of Public Health at the University of Toronto wrote:

"Health Canada is in the process of approving more immunization options to protect children against RSV—an antibody-based drug that may eventually be used to protect all newborns from severe RSV illness and a vaccine for pregnant people that would pass protection from parent to newborn. The potential impact of these new options, both for the health of Canadians and an already overburdened healthcare system, is massive." [2]

Allowing midwives to administer an RSV vaccine to their clients, as soon as it is available, is the best way to ensure that they get the vaccine to protect their newborns. Because the vaccine is awaiting approvals, it is not on the list of drugs in the proposed Regulation. Many pregnant people will face unnecessary challenges to get vaccinated, especially those from rural, remote, and disadvantaged communities, and those who do not have a family doctor. How many babies will end up in hospital because of the unnecessary barriers set by this Regulation? If midwives can administer the eleven types of vaccines on the revised list in the current proposal, why can they not use their knowledge skill and judgement to give clients a newly available vaccine recommended by health authorities for use in pregnancy? This is not the care promised in the government's "Plan for Connected and Convenient Care".

Another critical example is the limited list of drugs to treat postpartum hemorrhage. The list restricts which drugs midwives can administer during the life-threatening emergency of postpartum hemorrhage. In the past years, several of the drugs currently on the midwives list have experienced shortages and midwives have struggled to find suitable alternatives to be able to effectively treat postpartum hemorrhage in line with the latest guidelines.

There are so many more examples.

The Ministry of Health knows, and Ontarians have a right to know, that the list-based regulation currently open for public consultation is not the approach recommended by the College of Midwives of Ontario (CMO). It is the CMO's mandate to protect the public, serve the interests of Ontarians with respect to midwifery care, and recommend changes to regulations, but the government has chosen to ignore the CMO's recommendations in this matter. Since 2018, the CMO has repeatedly made submissions to the Ministry recommending that the list of drugs and

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[1] (Ontario, 2022, November 18)

[2] (Dalla Lana School of Public Health, 2023, July 5)

indications for use in the Regulation be replaced with a regulation that will give midwives the authority to prescribe any drug or substance needed to provide safe care within the scope of midwifery practice. The AOM strongly supports these efforts by the CMO. The AOM and the CMO believe better care is possible within the current legislative framework, but the Ministry of Health has rejected these proposed regulation changes, without public consultation. If there are legislative or regulatory barriers, the Ministry of Health must work with the CMO to remove those barriers and not wait another 10 years to review this matter.

2. Unnecessary Barriers to Reproductive Choice and Access to Safe Abortion

Midwives are trained and authorized by legislation to provide care during pregnancy, birth, and the postpartum period. The proposed Regulation authorizes midwives to administer mifepristone and misoprostol to provide care for clients experiencing spontaneous abortions. In the proposed Regulation midwives will not be permitted to provide the drugs mifepristone and misoprostol, which are combined and administered as Mifegymiso, to care for clients who are pregnant and are choosing a medical abortion. The management of therapeutic medical abortions require the same knowledge, skill, and judgement as the management of spontaneous, incomplete, and missed abortions. All are conditions impacting people in pregnancy, which is part of the midwifery scope of practice. The AOM questions the rationale for this exclusion and strongly opposes this restriction on access to safe abortion.

Currently, midwives are not allowed to prescribe Mifegymiso because it is not on the list of drugs authorized in the Regulation passed in 2010, when Mifegymiso was not yet available in Canada. When Mifegymiso was introduced in Ontario in 2017 for medical abortion, physicians and nurse practitioners were provided with training resources to ensure that they knew how to use the medication safely. Midwives undoubtably have more education about pregnancy and the early termination of pregnancy, whether planned or spontaneous, and more experience with the drugs contained in Mifegymiso than many physicians and nurses who are authorized to prescribe it. Many midwives have already accessed the same training resources that the province recommended for other practitioners in anticipation that Mifegymiso would be added to the designated drug lists when it was next updated, and all midwives already have a strong grounding in the management of the care required.

Access to safe abortion care remains emotionally and logistically difficult for many people in Ontario. Access would undoubtably be improved by allowing clients to receive this care from their midwives, especially in underserviced communities. The AOM questions how and why the government can rationalize denying this service to Ontarians when willing and qualified practitioners are available.

The AOM expects that the Ministry will correct the error of omitting Mifegymiso for medical abortion from the current proposed Regulation before it is passed.

Thank you for giving your careful consideration to this feedback. The AOM looks forward to working with the Ministry and the CMO to rapidly implement a long-term solution which allows midwives to practice within their full scope to provide the best care for midwifery clients and a more efficient solution for our health care system.

Your Sincerely,

Jasmin Tecson, RM
President

Cc:

Teresa Buchanan, Assistant Deputy Minister, Physician and Provider Services, Health & Long-Term Care
Nadia Surani, Director, Primary Health Care Branch, MOH
Ekta Khullar, Senior Manager, Midwifery Program, MOH
Claire Ramlogan-Salanga, President, College of Midwives of Ontario
Kelly Dobbin, Registrar and CEO, College of Midwives of Ontario

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