

# Canadian Association of Midwives Brief to The House of Commons' Standing Committee on the Status of Women

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May 21, 2021

The Canadian Association of Midwives (CAM) and the National Aboriginal Council of Midwives (NACM) are the national organizations representing midwives and the profession of midwifery in Canada. Our vision: equitable access to excellent sexual, reproductive & newborn midwifery services for everyone. Our focus: advocacy, midwifery association strengthening and promoting excellence in clinical care.

Midwives are involved in 11% of births in Canada and play a vital role in the provision of equitable, accessible, culturally safe, and high-quality healthcare when and where people need it the most. Evidence shows midwives working in the continuity of care model decrease: preterm birth, stillbirth, epidural use, and instrumental birth (Sandall, 2016). Canadian midwives have been shown to decrease rates of Caesarean birth, hospital admission and readmission, and saving the healthcare system money (Janssen, 2015; MABC, 2014). For birthers of low socio-economic status (SES), midwifery has been shown to reduce prevalence of small for gestational age and preterm birth when compared with physician care (McCrae, 2018). Similarly, Canadian evidence shows outcomes of birthers who are substance using or have mental illness are also improved when cared for by a midwife rather than obstetrician (McCrae, 2019), but access to midwifery care is constrained for people of low SES because of lack of awareness (Darling, 2019). We know that there is an inverse relationship between perinatal outcomes and distanced travelled to care (Grzybowski, 2011). The further you travel, the worse the outcomes. Canadian midwives have a long history of providing care closer to home, particularly in remote, Inuit and Indigenous communities.

The COVID 19 pandemic has highlighted the critical role of midwives in public health care. Canadian midwives have adapted their practices to maintain service while stepping up to offer COVID testing, administer COVID vaccines, and care for unattached birthers and babies. They have advocated for ring fencing of antenatal care providers and birthers' rights to choice of birthplace and presence of support people. By offering homebirth and home visits they have taken pressure off acute care and kept pregnant people away from places where sick people congregate. We have demonstrated the benefits when midwives work to full scope and the ways in which midwives are instrumental not only in perinatal care, but in primary care in public health.

The UNFPA State of the World Midwifery (SoWMy) report was released May 5, 2021, International Day of the Midwife. The Canadian report shows our workforce of 2000 midwives amount to just 0.5 midwives per 10,000 individuals (UNFPA, 2021), an inverted ratio of midwives to physicians in comparison to other High-Income countries (De Vries, 2021). According to SoWMy (2021) report on Canada<sup>[98]</sup>, Sexual, Reproductive, Maternal and Newborn child health workforce theoretically exceeds needs, however in practice, the need in many communities is not met due to inequitable distribution of providers and scope of practice restrictions. The report also points to a potentially inefficient skill mix within the workforce, which may contribute to the over medicalization of childbirth, or 'too much, too soon' (Miller, 2016), in urban areas, and 'too little too late in rural.' Each contributing higher cost to the system and poorer outcomes for Canadians. Given the improved outcomes and cost savings, the case for increasing the proportion of midwives involved births is sound. If Canada wanted to adopt a midwife led perinatal care system, we would need to increase the number of midwives to 9000 by 2030 (UNFPA, 2021).

The SoWMy (2021) report doesn't take into account several factors that threaten the future of the midwifery workforce in Canada and include: a shortage of midwives to meet the demand of Canadian birthers (Mullin, 2017), a lack of University Midwifery Education Programs in Northern and Atlantic communities, a failure to address the need of Indigenous midwifery students and fulfill Truth and Reconciliation Commissions Call to Action 23 (2015), gender discrimination (AOM, 2018) resulting in limited opportunities for leadership and the scarcity of midwifery leadership in administration and governance (UNFPA, 2021), inequitable pay (AOM, 2018), lack of provincial or territorial funding, and stagnation of growth due to health system arrangements including employment model and/or lack of professional autonomy, ultimately resulting in significant levels of burnout (Hakem Zahdeh, 2021; Stoll, 2018; Zeytinoglu, 2020).

The Canadian Midwifery Study (Zeytinoglu, 2020) polled 720 midwives representing 43% of the workforce and found 1/3 of midwives were planning to leave the profession for reasons other than retirement. They cite pay increases that are too few and far between, strain on the physical and mental health, out of pockets expenses and uncompensated extra work as concerns. Data from the Midwives Association of BC (Stoll, 2020) shows that the proportion of BC midwives who reported moderate to high work-related burnout increased from 45% in 2017 (n=137) to 77% during COVID (n=111). The proportion of midwives who made plans to leave the profession more than doubled between 2017 and 2020, now 1 in 5 (20%) midwives are taking active steps to leave the profession.

Canada's midwifery workforce is 100% female, non-binary or trans identified (UNFPA, 2021). Midwives are impacted by "a gender trifecta of services provided by women, for women, in relation to women's reproductive health" (AOM, 2018). In 2013 the AOM filed a pay equity claim with the Ontario Human Rights Tribunal citing gender discrimination. In 2018 the tribunal ruled in their favour, ordering an immediate 20% raise, backpay and damages. Midwives across

the rest of Canada continue to push for similar acknowledgement and remedies. While several of the factors impacting burnout fall under provincial and territorial authority, the universal nature of the challenges calls for a national dialogue and approach to solutions.

The closure of Laurentian University will have a significant impact on the future of the midwifery workforce in Ontario as a whole, and particularly Northern, francophone and Indigenous communities across Canada. Laurentian was the only bilingual program in Canada and the only French language midwifery education program open to students who are not residents of Quebec. On March 8, 2021, the Standing Committee on Official Languages presented a motion recommending that the government fulfill its obligations to support bilingual education. Laurentian also attracted the largest number of Indigenous midwifery students in Ontario. Laurentian midwifery students are left uncertain of their educational pathway, and the sexual and reproductive health care of Northern and rural communities has been put at risk. We appreciate that interim measures are being taken whereby currently enrolled students are absorbed into McMaster or Ryerson to ensure their education is not delayed. However, this temporary solution represents an enormous burden to students, Faculty and staff currently located in the North.

## **Recommendations:**

### **1. High-Quality Midwifery Education**

- **Laurentian University**

We request the federal government support with the relocation of the Laurentian University Midwifery Education Program to a Northern institution which can support its bilingual and tri-cultural mandate and a development of a meaningful stewardship plan to minimize the impact on current students, Faculty and Staff.

- **Diverse Pathways for Education for Indigenous Students**

Renew and expand investment in Indigenous Midwifery. In partnership with NACM, explore alternative pathways to education and regulation for Indigenous students, including expanding options for community-based education which honour Indigenous communities right to sovereignty and self-determination, in keeping with TRC Call to Action #23, UNDRIP, and NACM's recommendations.<sup>i</sup>

- **Advanced Educational Opportunities**

Creation of Graduate and Post-Graduate level midwifery education programs are essential to enable and empower the midwifery workforce and, to address gender disparities in pay rates, expand career pathways, and ensure planning approaches reflect the autonomy and professional scope of midwives.

- **Student Loan Forgiveness**

Since April 2013, the Government of Canada has been providing student loan forgiveness to eligible family doctors, residents in family medicine, nurse practitioners, and nurses who work in rural or remote communities. We request that midwives be included in the list of health care professionals eligible for this program.

## 2. **Health Workforce Planning, Management and Regulation and Work Environment**

- **Federal Recognition of the profession of midwifery**

We request that the Government of Canada recognize the profession of midwifery at the Federal level and **have midwifery included under the primary health care job classification category as defined by the Treasury Board of Canada**. Under the current classifications, midwifery is not listed under Health Services. This lack of a job classification has been identified as a barrier to midwives being hired on federal jurisdictions for service delivery. For example, if the federal government wanted to hire a midwife within its public administration for policy development, or to hire a midwife for service delivery on a federal jurisdiction (i.e., a First Nations reserve, prison, military

base, etc), they would not be able to since midwifery is not included in the Occupational Group Structure (OGS).

- **National Action to Address Midwifery Burnout**

We recommend a national task force be convened, under the direction of a Chief Midwifery officer, to address cross jurisdictional factors regarding midwifery including but not limited to retention of midwives, inter-provincial reciprocity, care for uninsured individuals, education.

- **Expanded Investment in Indigenous Midwifery**

Continue to solidify Canada's commitment to reconciliation, meet the TRC Call to Action #23<sup>ii</sup> and UN Declaration on the Rights of Indigenous People,<sup>iii</sup> and to ensure equitable access to culturally safe reproductive health care that is close to home through expanded investment in the growth and sustainability of Indigenous midwifery across Canada.

### 3. **Midwifery Leadership & Governance**

- **Creation of Senior Midwifery Leadership Positions**

Enable full and effective participation and equal opportunities for midwifery leadership at all levels of decision-making in political, economic, and public life is critical and highly relevant. Particularly, a Chief Midwifery Officer within Health Canada, and midwifery leadership roles within Public Health Agency of Canada, Global Affairs Canada, and other federal offices. Midwives must be at every table where decisions relating to SRMNAH, and maternity services are made.

- **Investment in capacity building of Canadian midwifery associations - CAM's National Association Strengthening Programming**

In keeping with CAM's Policy Brief for Grounding the Feminist Foreign Assistance Policy iv we recommend the federal government work with CAM to

invest in CAM's National Midwifery Association Strengthening Programming. Governments must ensure that midwifery associations are central and properly embedded in projects that strengthen the midwifery profession and promote access to SRHR. This includes capacity building of midwifery associations. Continued investment in CAM's national programming will allow continued work to build the capacity of provincial and territorial midwifery associations thereby contributing to continued growth of a sustainable workforce.

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<sup>i</sup> [http://trc.ca/assets/pdf/Calls\\_to\\_Action\\_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)

<sup>ii</sup> [http://trc.ca/assets/pdf/Calls\\_to\\_Action\\_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)

<sup>iii</sup> <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

<sup>iv</sup> [https://www.international.gc.ca/world-monde/study\\_work\\_travel-etude\\_travail\\_voyage/policy\\_challenge-2020-defi\\_politique.aspx?lang=eng](https://www.international.gc.ca/world-monde/study_work_travel-etude_travail_voyage/policy_challenge-2020-defi_politique.aspx?lang=eng)