



Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget

August 2020

Recommendations

Recommendation 1

We recommend that the Government of Canada extend the funding for Indigenous midwifery through an investment of \$100 million over five years to improve health outcomes for Indigenous communities.

Recommendation 2

We recommend that the Government of Canada allow recently graduated midwives to be eligible for the Canada Student Loan forgiveness program to support access to primary healthcare workers in rural and remote communities.

Introduction

In Canada, midwives are autonomous primary care providers responsible for the clinical management and care of pregnant clients and babies throughout pregnancy, labour, birth, postpartum, and newborn life. Midwives work collaboratively with other healthcare and service providers. Models of midwifery care may vary but all are based on principles of continuity of care provider, informed choice, and choice of birthplace. In addition, midwives in rural and remote practice sites have expanded scopes of practice which may include pre-conception counseling, well-women and well-baby care, implementation of general community health programs and preventive care such as Pap tests, testing for sexually transmitted infections (STIs) and prescribing contraception.

Midwives are well integrated health professionals in the community and within hospitals. Midwives offer a unique contribution to Canada's response to the COVID-19 pandemic as primary healthcare providers who can work in multiple settings. For example, midwives are serving Canadians outside hospital settings for checkups and births which helped to reduce COVID-19 transmission risk, reduce hospital admissions and make more beds available.

Hundreds of communities in Canada currently rely on midwives for sexual and reproductive health care, but demand for these services greatly exceeds supply and many communities still do not have adequate access to primary healthcare workers. This is primarily the case in Indigenous communities and rural and remote communities who continue to be the most vulnerable to a pandemic. Evidence clearly shows that greater health outcomes helps to drive economic growth, which is especially important now as we move into Canada's economic recovery. The following recommendations will help to build resiliency within these communities, increase the number of primary healthcare workers and support economic growth.

Supporting Indigenous Health Services

The COVID-19 pandemic underlined the need for Canada to bolster Indigenous health services over the long-term. While the immediate investments made by the government to support Indigenous communities were important, they unfortunately do not close the gap that has existed for generations. Indigenous communities continue to lack the proper number of primary healthcare providers which hampers the communities during normal times, but especially during a public health crisis.

Indigenous midwives may be First Nations, Inuit, or Métis—they may work as registered midwives in their respective province or territory, or practice within certain exemptions that exist.¹ In addition to having an expert clinical skill set, Indigenous midwives also:

- Create capacity in the community to provide sexual and reproductive primary care - midwives decrease the need to leave the community (evacuations) for care related to pregnancy, birth and newborn care;

¹ Midwives apply for registration with the governing body (the College) of their province or territory in order to practice midwifery. However, Nunavut, British Columbia, Ontario and Quebec have legislation that provides an exemption from registration for Aboriginal midwives. In Nunavut and British Columbia, the exemption is only available for midwives who practiced Aboriginal midwifery prior to the coming into force of the Midwifery Act. In Ontario, Aboriginal midwives providing care to Aboriginal communities are exempt from the Regulated Health Professions Act. The Ontario Midwifery Act allows Aboriginal midwives who provide traditional midwife services to use the title "Aboriginal midwife". The Quebec statute allows Aboriginal midwives to practice without being registered members, provided that the nation, group or community has entered into an agreement with the government. [Aboriginal Midwifery in Canada](#).

- Support women and families who are involved in child welfare while pregnant - midwives offer interventions in child welfare practices of apprehending and separating infants with a focus on bonding, healing and parenting teachings and supports;
- Support women and families experiencing violence in their homes by connecting them to social support systems;
- Re-establish significant ceremonial and cultural practices in relation to pregnancy and childbirth, baby care and breastfeeding;
- Support restoration of Indigenous wellness practices;
- Provide leadership and education in community, including mentorship to youth interested in exploring the career path to become a midwife or other health care professional.

In addition, most rural and urban communities across Canada lack culturally safe reproductive health services. Returning birth to communities is critical to Indigenous people's health and it can assist in restoring skills and pride in communities.²

There are many beneficial outcomes for having access to an Indigenous midwife and bringing birth back to communities. This includes increased access to culturally safe, trauma informed healthcare providers that honour the uniqueness, needs and interests of Indigenous people and provides care to families where they live, in urban, rural or remote communities. It also increases the education and knowledge of sexual and reproductive rights, as well as improves health outcomes for parents and babies.

The number of Indigenous people in Canada is increasing steadily and is likely to double over the next decade. The growth rate of Indigenous people is more than four times that of non-Indigenous people. In addition, close to half of First Nations people who report Registered Indians status live on reserve³ yet midwifery services are not available to meet the needs of these communities and therefore, reproductive health services are not being met.

While Canada's international development priorities include strengthening midwifery globally, little has been done to recognize and allow communities to implement midwifery services on Federal jurisdiction. In 2017, Health Canada (prior to Indigenous Services Canada) allocated \$6 million over five years to fund First Nation and Inuit community-based midwifery projects. These funds were part of the \$828 million from the 2017 budget to improve the health outcomes of Indigenous people.

This funding expires in 2022 and new and greater commitments from the Federal Government are needed. As the government contemplates measures that they can implement to rebuild Canada post-pandemic, the long-term health outcomes of Indigenous communities should be top of mind. With every Canadian and every community impacted by COVID-19, we can all work together to create a more equal and equitable Canada. As mentioned, investing in Indigenous midwifery will grow important local health human resources capacity, allow more Indigenous communities to improve health outcomes and reclaim a significant ceremonial and cultural practice. This is why the Assembly of First Nations has also

² Van Wagner, V., Epoo, B., Nastapoka, J., & Harney, E. (2007). Reclaiming birth, health, and community: Midwifery in the Inuit villages of Nunavik, Canada. *Journal of Midwifery & Women's Health*, 52(4). 384-391.

³ [Aboriginal peoples in Canada: Key results from the 2016 Census](#)

called on the federal government to support Indigenous midwifery⁴ as well as the Truth and Reconciliation Commission of Canada calls to action. For example, the 19th call to action recommends that the federal government establish measurable goals to identify and close the gaps in health outcomes, including infant mortality, maternal health, birth rates and the availability of appropriate health services.⁵

Through an analysis of the needs of Indigenous communities and Indigenous midwifery through the initial government funding, we believe that government funding of \$100 million over five years would help to accomplish many of the above-mentioned beneficial outcomes. A future investment in supporting Indigenous midwifery would include the development of a health human resources planning strategy and an Indigenous midwifery education, training and ongoing mentorship strategy to ensure an Indigenous midwifery workforce is in place to respond to community demand for midwifery-led maternity care services as close to home as possible. This will contribute to strengthening of Indigenous communities and knowledge and will allow for the creation of new practices. It will also support Canada's economic recovery through reduced evacuation costs, better health outcomes and increasing opportunities for Indigenous people in the healthcare profession. Indigenous health services should be on par with those that all Canadians receive, and this key investment is a good first step in supporting this goal.

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We recommend that the Government of Canada extend the funding for Indigenous midwifery through an investment of \$100 million over five years to improve health outcomes for Indigenous communities.

Supporting Rural and Remote Communities

While every community in Canada was impacted by the COVID-19 pandemic, rural and remote communities were especially vulnerable. For example, Nunavut was one of the first jurisdictions in Canada to close its border to other territories and provinces due to their realization of how a spike in cases in rural and remote communities might impact fragile health systems.

Prior to the pandemic, across Canada midwives, together with physicians and nurses, have been actively exploring collaborative models of care and multidisciplinary practice to address shortages of care providers and ensure access to reproductive health care services, particularly in rural and remote communities. In jurisdictions where midwives work to their full scope, midwifery practice includes epidural monitoring, induction for post-term pregnancy and augmentation of labour, prescription or fitting of contraceptives, vaccination, well woman and well baby care beyond the six (6) week postpartum period, providing surgical assists for caesarean section, and other aspects of primary care. Briefly, midwives can provide more services to a community than just aiding with pregnancies. In some rural or remote communities for example, midwives work to an expanded scope and provide a broader range of services to meet the needs of the population.

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

⁴ [AFN Resolution no. 21/2019, Support for a Greater Investment into the Reclamation of Childbirth](#)

⁵ http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

communities through the Canada Student Loan forgiveness program. Unfortunately, midwives continue to be shutout of this program, despite already being primary healthcare workers in some of Canada's most rural and remote communities.

Including midwives in this incentive program would increase the outflow of maternity care providers to rural and remote communities where maternity care services are desperately needed. According to internal research, more midwives graduating from the midwifery education programs would consider practicing in rural or remote communities if they were eligible for the Canada Student Loan forgiveness program. In the majority of these communities across Canada, women do not have access to adequate maternity care services. They are often flown out alone, thousands of kilometers away from their homes and families for weeks to give birth. During a pandemic, birth evacuation can be a large threat to a community, as it increases the potential exposure and acquisition of a virus.

When the next pandemic hits Canada, we must be better prepared and support rural and remote communities to be more resilient. Allowing midwives to be eligible for the Canada Student Loan forgiveness program is one step to increasing the number of primary healthcare workers to these communities.

Recommendation

We recommend that the Government of Canada allow recently graduated midwives to be eligible for the Canada Student Loan forgiveness program to support access to primary healthcare workers in rural and remote communities.

About CAM

The Canadian Association of Midwives (CAM) is the national organization representing midwives and the profession of midwifery in Canada. CAM's mission is to provide leadership and advocacy for midwifery as a regulated, publicly funded and vital part of the primary maternity care system in all Canadian jurisdictions.

About NACM

The National Aboriginal Council of Midwives (NACM) exists to promote excellence in reproductive health care for Inuit, First Nations, and Métis women. NACM advocates for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Aboriginal communities, consistent with the U.N. Declaration on the Rights of Indigenous Peoples.