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ON THE STATUS OF WOMEN

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Midwives provide essential health care services to pregnant people and people giving birth in Canada and around the world. Recognizing the important role midwives play in the health of individuals, families and communities in Canada, on 29 April 2021, the House of Commons Standing Committee on the Status of Women (the Committee) agreed to study midwifery services across Canada and the potential ramifications of the closure of the Laurentian University midwifery education program (MEP).

This letter summarizes witness testimony about the valuable services that midwives provide; their particular importance in rural, remote and Northern communities; Indigenous midwifery and francophone midwifery services; and the detrimental effects of the closure of Laurentian University's MEP, as well as the university's decision-making process related to the program's closure. Finally, the Committee proposes various recommendations to the federal government regarding the provision of midwifery services and support for midwives in Canada.

Midwifery Services in Canada

Globally, the scope of midwifery is understood as the provision of "all sexual and reproductive health care" including contraception and access to abortion. In Canada, midwives' roles in providing care "begins at conception" and extends to six weeks postpartum. While midwives in Canada follow nationally standardized competencies and participate in a national examination processes, the scope of midwifery practice in Canada varies among jurisdictions based on regulations. For example, midwives may have skills to provide cervical cancer screening, insertion of contraceptive devices, or testing for and treating sexually transmitted and blood-born infections, however, these activities may not be within midwives' scope of practice in all jurisdictions. In addition, midwives may be restricted to providing this care only to people who are pregnant or who are in the first three months post-partum. Witnesses argued that expanding the scope of midwifery practice could support reproductive health more broadly in Canada, particularly in remote and rural areas.

The number of midwives, and midwife-led births, varies significantly across provinces and territories. For example, of the 1700 practising midwives in Canada, 800 practise in Ontario, compared to six in both New Brunswick and Newfoundland and Labrador. Around 11% of babies

are delivered by midwives across Canada annually, however, this proportion is approximately double in Ontario (20%) and British Columbia (25%).

The Committee heard that midwifery services are in high demand in Canada, and that often the demands cannot be met by the availability of midwifery services across the country. For example, in Ontario, approximately 40% of people who wish to access midwifery services cannot receive these services. Furthermore, the midwifery workforce "lack[s] sufficient midwifery providers who represent the diversity of our communities across the country" and this diversity is essential to the provision of culturally safe care. The unequal distribution of care providers, as well as restrictions on midwifery scope of practice, may be barriers to meeting communities' sexual, reproductive, maternal and newborn child health care.

Midwifery is collectively regulated by the Canadian Midwifery Regulators Council, a network of provincial and territorial midwifery regulatory authorities with which midwives must register in order to practise. Furthermore, each jurisdiction's college works to set registration requirements, enforce standards for safe and ethical care, and respond to complaints from the public about midwifery services. Nearly all provinces and territories recognize and regulate midwifery as health care services; Prince Edward Island is currently working towards regulating midwifery. With respect to Indigenous midwifery specifically, Indigenous students may participate in any of the recognized MEP in Canada. Indigenous midwives are eligible for registration in their jurisdictions through the same channel as other midwives; however, "Ontario and Quebec have laws [enacted and not yet enacted, respectively] that provide exemptions from registration for Indigenous midwives working in their communities."

Witnesses described the beneficial outcomes of midwifery services in Canada. Through continuing care and fostering relationships of trust, midwives contribute to better health and birthing outcomes for their clients in many ways. For example, midwives may:

- facilitate the birther's understanding of, and involvement in, the decision-making process for their birth experience, often improving mental health outcomes;
- be "cost-effective" for the health care system;
- contribute to low intervention and caesarian section birth rates;
- provide culturally safe and inclusive birthing experiences for birthers with diverse backgrounds, such as birthers or their families who are Indigenous, Muslim, or belong to lesbian, gay, bisexual, transgender, queer and Two-Spirit (LGBTQ2S) communities;
- deliver services in "low-resource settings" including in remote communities and individuals' homes; and
- improve outcomes for certain groups that are vulnerable or otherwise "hard-to-reach" such as birthers who are of low socio-economic status, have substance use or mental health issues or are refugees or new immigrants.

Research has found that in Canada, rural midwifery practice is highly successful, yet "we [have not] seen the investments that follow the evidence." Witnesses advised the Committee that investments in midwifery would benefit the growth of the profession, midwives themselves, as well as the communities they serve. Furthermore, the presence of midwives in Northern and remote communities ensures that the birthing process remains in these communities and babies are born close to home. As such, witnesses emphasized the importance of supporting Indigenous

midwifery in Canada and ensuring that Indigenous communities in rural, remote and Northern locations have access to these services.

Indigenous Midwifery Services in Canada

Indigenous midwives provide a protective force against racism not only in our role as Indigenous health care providers, not only in our role as advocates for our clients, not only in being a witness to how our people are treated, but by providing care in a way that promotes the sovereignty of Indigenous people where from the moment of birth our babies are surrounded by Indigenous knowledge and teachings, where they grow up with us as a part of their community to help them understand their bodies and their rights. – Claire Dion Fletcher

For many Indigenous and Northern birthers, health care services are not available in their home communities. As such, these individuals must travel very far, often alone, to give birth in a foreign environment separated from their families, their culture or their language. Without culturally safe and competent birthing services provided in the birthers' language, Indigenous birthers may face re-traumatization and racism through their experiences with the health care system. Witnesses emphasized the importance of Indigenous health care providers, including midwives, and care provided close to home, in combatting racism, discrimination and trauma in the health care system. Witnesses explained that investments in Indigenous midwifery are important steps towards combatting anti-Indigenous racism.

Witnesses described the important role of midwives in Indigenous communities since time immemorial. Prior to colonization and "Canadian and Crown policy," Indigenous communities depended solely on midwives. Witnesses explained that colonization, the "medicalization of birth" and the erasure of midwives' "pivotal role" have had direct effects on the overall health of Indigenous communities today. Witnesses explained that the child welfare system removes Indigenous children from their families, communities and cultures as residential schools did in the past. As Indigenous midwives are often present at the birth of Indigenous babies, they "work hard every day to intervene in [the] destructive practices [of removing Indigenous children from their families]." Supporting, sustaining and growing Indigenous midwifery is a step towards reconciliation, and is integral to culturally safe care for Indigenous communities. Witnesses asserted that Indigenous midwives' leadership must be incorporated into all decisions related to Indigenous midwifery.

Midwifery education provided in Northern communities is critical to maintaining and growing the number of Indigenous midwives and midwives practising in Northern communities. Many students have indicated that "they would not have done a degree in midwifery if they could not have remained in the North." As such, if MEP and clinical training programs are not offered in the North, the growth and sustainability of Indigenous midwifery in Northern communities is threatened. Finally, witnesses noted that Indigenous ways of knowing, as well as education provided in Indigenous languages, should be available to Indigenous midwifery students in the North.

Challenges Facing Midwives in Canada

Midwifery is under-valued and undercompensated and witnesses explained that going forward, the value and skill of midwifery must be recognized and appreciated. Witnesses explained that women's health care is "chronically underfunded, recovering often from previous cuts" and that midwifery, as a "female profession," is under crisis. Furthermore, the gender bias that exists across many professions dominated by women may be a contributing factor to limiting the scope and practice of midwifery in some jurisdictions. Witnesses suggested that identifying midwifery as a primary health care service under the Treasury Board of Canada Secretariat's Classification Program, would be beneficial in recognizing the value of midwifery services in Canada.

According to witnesses, burnout is a problem among midwives in Canada. In many communities, particularly remote and Northern communities, there may not be enough midwives to meet the demand for services. In addition, midwives working in these communities may not have the physical presence of other midwives for support in serving the communities' clients and their workload may be very heavy. Witnesses cautioned that they are seeing an "exodus of midwives from the profession" in part because of burnout and pay inequity that many midwives experience. Witnesses also cited challenges in sustaining midwifery practices, particularly in rural and remote areas due to a lack of resources and support.

The Committee heard that the work of midwives has been greatly affected by the COVID-19 pandemic. For instance, midwives have been able to expand the services they offer; some midwives have offered COVID-19 testing and immunization as well as primary care services. As well, because midwives' services are often offered outside of hospital settings, they have been able to relieve some of the pressure on the acute health care system. However, witnesses indicated that midwives are experiencing burnout and are exhausted by the additional work caused by the pandemic. Witnesses explained that midwives were not eligible to receive the "pandemic pay" offered to essential health workers by provinces, a situation characterized as stemming from "gender bias in policy-setting." Furthermore, to comply with public health guidelines, some midwives had to cover additional expenses such as paying additional employees, making changes to their facilities and procuring personal protective equipment (PPE). Furthermore, accessing and/or being able to afford PPE was challenging, particularly for midwives working outside hospital settings. Some midwives had to rely on their communities to sew homemade masks and gowns, a situation that left some midwives feeling disheartened and insulted by the lack of recognition of their roles.

Midwifery Education in Canada

I would say that the cutting of the program—which was a success by all measures—is an example of what happens when decisions are made without consideration of the subtle impacts of gender bias. Ultimately, this slows the growth of a profession that already is growing slowly and is behind demand. – Jasmin Tecson

In early 2021, Laurentian University (Sudbury, Ontario) commenced proceedings under the *Companies' Creditors Arrangement Act* because of its poor financial health. After an evaluation

process, the Board of Directors of Laurentian University decided to stop offering the midwifery program. The institution argued that, comparatively, the program was an expensive one to deliver and the revenues were below the costs of delivery. However, witnesses explained that the midwifery program was popular and financially viable because it was funded by the Government of Ontario along with student tuition. The Committee heard that the Laurentian University Staff Union was confused about the decision to close the program since it was successful.

Laurentian University was part of a consortium of three academic institutions working together to offer midwifery training programs in Ontario. The 30 positions previously offered at Laurentian University will be transferred to Ryerson and McMaster universities; the number of training positions for midwives in Ontario will therefore stay the same. The Committee was told that clinical placements in Northern Ontario will continue to be available to students at Ryerson and McMaster universities and opportunities will be available for francophone students to finish their training in French.

However, the Committee heard concerns about the fact that midwifery training programs would be available only in Southern Ontario. The strength of the midwifery program at Laurentian University was its mandate to train francophone, Indigenous and northern students to provide midwifery service to their communities. Witnesses indicated that the closure of the program offered by the Laurentian University might lead to a reduction in midwifery services and in the number of midwives practising in Northern Ontario and that it might negatively affect access to health care services for women because students would have to go to Southern Ontario for training and might not come back to Northern Ontario for their internships or to start their professional careers. In addition, the Committee heard that closing education programs that reduce barriers and are inclusive of students from diverse backgrounds, particularly of Indigenous students, would reduce services for underserved populations and communities.

Witnesses also suggested that the closure of the francophone midwifery program at Laurentian University is devastating for francophones in Canada. Midwifery programs at Ryerson University and McMaster University are offered in English only and Laurentian University was the only institution in Canada accessible to individuals living outside Quebec who wished to study midwifery in French. The Committee was told that the francophone midwifery program at Laurentian University was essential to continuing to have francophone midwives outside Quebec. For example, the majority of midwifery services offered in Northern Ontario, including services offered in French, and at the Montfort Hospital in Ottawa is offered by Laurentian University graduates. Furthermore, witnesses indicated that receiving midwifery services in one's mother tongue is not only a question of rights, but also of quality of care.

List of Committee Recommendations

Witnesses emphasized the importance of increasing the number of midwives across Canada, as such, several recommendations were provided with the goal of supporting midwifery students' access to and success in midwifery education programs, including federal student loan forgiveness for graduates practicing in underserved communities. The Committee heard from many witnesses that midwifery education must remain available in the North, and that access to these education opportunities must be expanded by reducing certain aspects of

current midwifery regulation in some jurisdictions, such as the jurisdictional restrictions on clinical preceptorships or supervised hands-on learning opportunities. In addition, witnesses emphasized the importance of maintaining access to bilingual midwifery education opportunities for students outside Quebec. Witnesses also called for investments in Indigenous midwifery education and services in order to expand access to both. Finally, witnesses underlined the importance of recognizing the value of midwives in Canada, integrating midwifery into Canada's healthcare system and including midwives' voices in decision-making processes and leadership positions.

In light of witnesses' recommendations, the Committee recommends the following:

Recommendation 1

That the Government of Canada encourage the provinces and territories to support the growth of midwifery in Canada by working with the Canadian Midwifery Regulators Council and the provincial and territorial midwifery regulatory authorities to:

- **examine ways to expand students' access to clinical preceptorships, such as by removing jurisdictional restrictions on these preceptorship requirements;**
- **support Indigenous-led pathways to regulation for Indigenous midwifery; and**
- **consider options to expand the scope of midwifery practice across Canada, beyond what is currently allowed across the various jurisdictions.**

Recommendation 2

That the Government of Canada work in partnership with provinces and territories and Quebec to establish a national task force that would identify ways to prevent burnout and improve working conditions and renumeration of midwives across the country.

Recommendation 3

That the Government of Canada create the position of Chief Midwifery Officer and similar positions in Public Health Agency of Canada and Global Affairs Canada and other federal offices as appropriate, to ensure that midwives' perspectives are integrated in discussions and public policy decisions regarding reproductive health, pregnancy, childbirth and postpartum care at the federal level and to facilitate conversations with provinces and territories about these issues, while respecting the jurisdiction of the provinces and territories to execute midwifery services.

Recommendation 4

That the Government of Canada collaborate with provincial and territorial governments to launch an awareness campaign about midwifery services across Canada, with the goal of promoting and recognizing the value of midwives and their services.

Recommendation 5

That the Government of Canada, with the goal of integrating midwifery services into Canada's healthcare system and ensuring the availability of midwifery services across jurisdictions in

Canada including in Northern and Indigenous communities, identify midwives as primary health care providers under the Treasury Board of Canada Secretariat's Classification Program, so that they can work in federal jurisdictions.

Recommendation 6

That the Government of Canada consult provinces and territories to identify ways the federal government could help increase funding and expand access to midwifery services, including Indigenous midwifery services, particularly for services offered in Indigenous, Northern and francophone communities.

Recommendation 7

That the Government of Canada work with provincial and territorial partners to identify possible avenues to maintain, and expand, midwifery education, including in the North, and that this education program ensures Indigenous and francophone representation in the program.

Recommendation 8

That the Government of Canada work with the Province of Ontario and the Consortium national de formation en santé to find a solution to restore bilingual and Indigenous midwifery education program spaces in the north of the province.

Recommendation 9

That the Government of Canada, through the Training and Retention of Health Professionals component of Health Canada's Official Language Health Program, continue to explore options to financially support francophone midwifery training programs.

Recommendation 10

That the Government of Canada extend forgiveness of federal student loan payments to midwives who are working in underserved, rural and remote communities.

Recommendation 11

That the Government of Canada, with the goal of ensuring access to culturally safe care in Indigenous communities, work with the provinces and territories to support the creation of a pan-Canadian group of postsecondary midwifery training institutions that would increase the midwifery workforce and the sustainability of midwifery services through opportunities for advanced training and education for midwives serving Indigenous and Northern communities.

Recommendation 12

That the Government of Canada explore ways to support the creation of Indigenous-led midwifery education programs that incorporate community-based learning and Indigenous knowledge, to ensure that Indigenous midwifery services are available across Indigenous and Northern communities, and that these services are culturally safe and responsive to community needs.

Recommendation 13

That the Government of Canada support the creation of a Northern midwifery research institute.

On behalf of the Standing Committee on the Status of Women, it is my honour to present these findings to you for consideration and action.

Sincerely,

Marilyn Gladu

Marilyn Gladu, M.P.
Chair of the Standing Committee on the Status of Women
House of Commons