Appendix D: Formal Feedback

All Feedback

1. Midwife September 1, 2017 4:03 pm

   Thank you for the opportunity to provide feedback on the proposed changes to CMO standards. Th College's current standards support the midwifery model of care in Ontario by defining midwifery care for midwives, the public and the health care system. While the proposed changes allow for greater flexibility and fewer restrictions on the breadth of midwifery care, they also may diminish clarity around what midwifery care is.

   In the current context of a relatively new profession and one that is still frequently marginalized, misunderstood or unheard of in the health care system and in society at large, the clarification through standards of practice, philosophy and model of midwifery care provide a strong communication and advocacy tool for midwives within the profession, the general public and in interprofessional settings. Without this support, certain fundamental aspects of the midwifery mode may be jeopardized. Standards such as "When a Client Chooses Care Outside of Midwifery Standards of Practice" that require midwives to remain in attendance with clients who may be making choices outside of their midwives' recommendations, the active practice requirement to attend out of hospital birth and the enshrinement of continuity of care as a key tenet of the profession set clear expectations about the role and scope of midwifery. These fundamental aspect of midwifery may be reinterpreted or misunderstood within the larger influence of dominant medicalized maternity/newborn care practice if they are not upheld as core components of midwifery by our regulatory college. With these standards of practice, the approach of midwifery care is articulated, and thus protected. Currently, College standards support the model of informed choice and clients' right to self-determination. Without them, we question whether midwives will be adequately protected when clients choose care outside of recommendations or community norms. The requirement in the Code of Ethics that "a midwife may not refuse to attend or abandon a client i active labour" is just one example of how the CMO's role to protect the public is embedded within protecting the model of care. Rescinding this Code puts the public at risk by not ensuring midwifery that is respectful and responsive to client-centred care. The structure and support of College standards enable midwives to navigate sometimes difficult decision making in possibly less supportive environments, like within a hospital or a new community where midwifery is being

integrated. College standards are a powerful advocacy tool for midwives to work to their fullest scope within a midwifery community standard and as a defense against the dominance of medical standards. In the absence of clearly articulated midwifery standards, we are concerned that midwives will lose this powerful tool and will become more vulnerable to physicians defining their scope of practice.

While we are in support of simplifying standards and making them easier to interpret, and we support a more flexible and less prescriptive approach to regulation, we urge you to reconsider rescinding all of the proposed standards. In particular, When Clients Choose Care Outside of Midwifery Standards of Practice and the CMO Code of Ethics help to define what is distinct about midwifery and serve as protection against the midwifery model being subsumed by a more medicalized approach to care.

Midwives Collective of Toronto

- **Are you a:** Midwife
- **Organization:** Midwives Collective of Toronto
- **On behalf of:** Organization

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2. Midwife September 1, 2017 1:04 pm

Response to the CMO Professional Standards for Midwives

This is a challenging piece to write. Innately I hate change. However, the context is that I have worke for change my entire life, starting in the 60's with racial integration and equality of opportunity, and the non-violent resistance to the Vietnam war in the U.S. I worked as an illegal midwife in Nova Scotia in the 70's, and worked for change in England as a midwifery student, independent midwife and hospital staff midwife in the 70's and 80's. I had the privilege to work as a pre-legislation midwif in Ontario from 1990 and to contribute to the immense work already done by midwives here, and to be part of regulation and the development of the first midwifery education program in Canada. It is still my pleasure and privilege to work with women and childbearing families in a model of midwife care which I believe to be the best in the world. Midwifery in Ontario has come a long way since 199 and we have much to be proud of, and much to reflect upon.

I can understand the College's desire to simplify midwives' standards, and to want to be responsible for more broad and enforceable standards of behavior and practice of midwives. I also recognize th other regulatory bodies don't have such detailed 'micro-management' approaches to standards. I appreciate the maturity and flexibility that the College is attempting to bring to the profession of midwifery through these changes.

For more than 20 years I have had the privilege to work with students and preceptors across the province as a faculty member in the Midwifery Education Program. I have worked in clinical practice large and small. I have been concerned by the increasing erosion of the model of midwifery care in Ontario, particularly with regard to continuity of care and informed choice. The essential componen

that are unique to our model of midwifery care – all midwives competent and confident in providing care in home and hospital settings including providing full scope care for clients, continuity of care through pregnancy, labour and birth, and postpartum care, providing informed choice, and clients a primary decision-makers in care – are being eroded and diluted. Not all midwifery practices want or have full scope care in hospital. This may be because of hospital restrictions, but not always. When midwives transfer care, many leave the client, some missing the birth altogether. While I acknowledge the importance of sleep in providing safe care, most practices have enough midwives to enable rotation to cover a midwife who needs to sleep. Practice off-call models have become the driving force, sometimes pushing the limits of safety to maximize time off-call for midwives. Reliance on senior students to support midwives dealing with heavy client volume is not uncommon. What are we teaching the midwives of the future? Twenty-thirty minute prenatal visits are becoming more common, informed choice may be a summary of information about the hospital policies on a given topic rather than a discussion of research, community standards and options.

Eliot Freidson, a renowned sociologist on the health professions, has written eloquently on the tendency of occupations who become professions to put their own interests over the interests of their consumers over time. Sadly, I fear that many midwives are just following that pattern. I do understand the need for work-life balance, but I don't see it as an either/or relationship to the fundamental model of midwifery care. The funding model was based on 48 hours per course of care. We know after years of practice that some clients need more time, and some less, but it is a balance and that number is likely a good average. Midwives have the option to take on a lower caseload if they want more time off, but surely it is not ethical to take on a full-time caseload and have one-third of the year off, currently the norm in some practices. Obviously our current standards don't prevent such practices, nor any of the others mentioned above. However, I do not have faith that by replacing our current standards with the proposed Professional Standards for Midwives, there will be anything better for clients.

I do not support rescinding the following standards:

Continuity of Care

Informed Choice

Home and Out-of-Hospital Births

When a Client Chooses Care Outside Midwifery Standards of Practice

I also do not support a change to requiring midwives to only re-certify in NRP on a bi-annual basis if that will become the new standard by removing the Neonatal Resuscitation standard. I believe that is essential that midwives maintain a very high requirement of competence as we are attending births outside of hospital.

Judy Rogers RM

- **Are you a:** Midwife
- **Organization:** Midwives of Georgian Bay
- **On behalf of:** Yourself

3. Midwife September 1, 2017 10:09 am

   While I am encouraged by the prospect of greater flexibility for midwives to meet the needs of thei specific communities I have several concerns with the proposed changes:
   My main concern is that these changes would fundamentally weaken the strengths of our current model– specifically around choice of birth place and continuity of care. I also think we need to maintain the 'non-abandonment clause'. If we lose these aspects of our model, I do not see how we will be able to maintain client-centred care and informed choice. Clients will ultimately suffer!
   While I understand that some midwives may find the CMO standards for consultation and transfer c care restrictive at times, I fundamentally believe these standards protect midwives and their clients from being absorbed into the ever-increasingly medicalized birth culture. It encourages evidence-based practice and allows us to offer alternatives to hospital based policies for example. Midwives need to be able to offer real choice and alternative to clients– the standards (as well as the overall philosophy of birth currently enshrined by the midwifery model of care by the CMO) allows and in fact, forces us to do so.
   Overall I think these changes are happening too quickly and too soon. I think we need more time to process this proposal in our current context of widespread midwifery marginalization and more time for discussion.

   - **Are you a:** Midwife
   - **On behalf of:** Yourself

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4. Member of the public August 31, 2017 7:36 pm

   I've had 2 midwife births and they followed all of these procedures already. They were great. They were very beneficial to me and easier to deal with. They sent me right away to an object when we though I may have been prolapsing. The ob said it was fine and was angry at the midwife. Well I'm about 99% sure she was right. My midwives caught on to things faster than any ob I've had. If I decic to have #6 they'll be the first to get a call. So glad they already follow these procedures.

   - **Are you a:** Member of the public
   - **On behalf of:** Yourself

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5. Member of the public August 31, 2017 8:16 am

   The education and birth that my midwives provided me with during my two pregnancies and deliveries hugely impacted the mother I am today. The trust they have in a mother's ability to make decisions and birth their baby is very empowering. We need midwives.

   - **Are you a:** Member of the public
   - **On behalf of:** Yourself

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6. Member of the public August 30, 2017 10:55 pm

   I used my local midwives (Midwives of Muskoka) for my first birth in February 2017. The amount of time my midwives (my first, her student, and my two seconds) put into their appointments was always so nice but both my husband and I were truly blown away by the fact that these women literally work 24/7. They came to my house on the weekend, evenings and were so beyond amazing that I don't think I could ever properly thank them and express my gratitude that I was blessed enough to have such an amazing birth experience because of them. If fewer red tape policies and procedures enable them to do a better job then I cannot think of a greater gift to say thank you to them, as hopefully it will mean more time not working. The people who become midwives are truly so exception and I feel so beyond lucky and fortunate to have been in their care. Please continue to support and enable midwives to continue their excellence in their work.

   - **Are you a:** Member of the public
   - **On behalf of:** Yourself

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7. Midwife August 30, 2017 9:40 pm

   On the whole, I think the change this documents brings to our profession is very positive. It is concis and the language is clear. This document is less prescriptive for individual midwives and will create opportunities for trained midwives to work in a variety of settings/ models where their skills can be employed. This is a positive change in my opinion.

   I have one main areas of concern that I want to raise and would be interested to learn about the rationale behind this proposed change.

   Concern: I am worried about the implications of the removal of the document "When a client chooses care outside midwifery standards of practice" Not often but from time to time, clients may choose care that is outside of a) the community standard or b) the midwife's scope of practice. Personally, I have used this standard in a variety of ways when handling these situations:

   1) It provided me clear guidance as to the steps I should undertake, including my responsibility not t abandon my client in labour. The standard outlines for me my professional responsibility as well outlined procedures. I have found this extremely useful in these challenging situations.

   2) This document helped me to inform other members of the healthcare team of my ethical responsibilities. . It seemed to promote an understanding of my professional responsibility amongst caregivers not familiar with the model of midwifery.

   3) It helps me truly provide informed choice when I do not agree with someone's choices. This is ver different than obtaining informed consent. Informed consent is what we witness in more areas of healthcare. It is not synonymous with informed choice.

   When I read the new document, I see that points 15 — particularly 15.4 – attempt to address this issue. However, I am concerned that it is too vague. I also worry that this document does NOT reflec the power dynamic that occurs within the Ontario healthcare model in which medical dominance is

factor that not only midwives need to interface with daily but also influences hospital administratior For example, when a client refuses something that is recommended by a physician, I am able to remain the MRP by using this document to clearly outline my role and responsibility. To me, the original standard is more clear than the statement " supporting their right to accept or refuse treatment (15.4).

In an ideal world, we would not need such a prescriptive statement like the previous document "When a client chooses care outside the midwifery standards of care." But in this current model of healthcare, I think we need to do everything in our power to support, facilitate and protect Informed Choice, even when it's an unpopular choice.

Lastly, I was unable to run my feedback to the CMO by my peers due to everyone's busy summer holidays schedules. We do not hold practice meetings in the summer (except for emergencies). The timing of the CMO sociliting feedback is unfortunate because I suspect my feedback to the CMO would be supported by my practice. I also worry that busy summer schedules will mean few peopl provide feedback. I wish the CMO had timed this outside of the two summer months because many workplaces are not at full capacity e.g. our hospital meetings are stayed for summer. We do live in Canada — where we need to savour the warm weather 😉

- **Are you a:** Midwife
- **Organization:** Lincoln Community Midwives
- **On behalf of:** Yourself

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8. Member of the public August 29, 2017 4:51 pm

I had midwives from Community Midwives of Toronto for the birth of both of my daughters. One was a hospital birth and one a home birth. I received excellent care from my midwives and loudly champion midwives to whoever is willing to listen.

I think this document looks great. My only point for feedback is to include women in the person centred care language. So maybe women-centred AND person-centred care. I definitely understan that definintions need to be expanded to include individuals that don't identify as women, but I am deeply concerned about the total erasure of the word women from birthing language. This is very much a feminist issue to me,so I'm more included to think addition rather than subtraction.

As a side note, I am a volunteer La Leche League Leader and we too are working on more inclusive language as an organization. My comments in this process too are much the same: mother/parent, so we retain women at the core while expanding to include.

- **Are you a:** Member of the public
- **On behalf of:** Yourself

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9. Midwife August 28, 2017 9:35 am

I am still reading and convincing myself that change is good, that we have to evolve, that nothing is

permanent, that the way of doing midwifery is not going to be the same, that continuity of care will be continues care, (as long as women/person has a midwife and knows who is the midwife who is organizing her care- that is the same concept that Ob's are working, we could evolve to that.). I know we do not need prescriptive standards, but I think the five principals are in a corporate language could even apply to a bank. The back bone, the pilar s of midwifery were not longer have to follow- continuity of care, informed choice, place of birth- I need clarification here (maybe is because my first language is not English) I think this consultation should be longer. I need more time to think

- **Are you a:** Midwife
- **On behalf of:** Yourself

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10. Midwife August 25, 2017 5:59 pm

    I am very pleased to see this development. I believe this new direction will encourage midwives to have more confidence in their own experience levels and more incentive towards further education/skill building pursuits.

    One thing I am not sure about is how many midwives will embrace these new freedoms given that some hospitals/obstetricians would like to hold on to practices or attitudes that restrict midwives practice. I can see that in my hospital, midwives will be able to provide care in the community that they will not be able to provide in the hospital despite any proof that the midwife can prove/demonstrate competency and knowledge for a particular approach.

    Many midwives have a great deal of fear of disapproval and criticism from more medicalized practitioners.

    I would like to see resources to help midwives build skill and information portfolios that will give them a a base of confidence in supporting their approaches to individualized care for women.

    - **Are you a:** Midwife
    - **Organization:** Kitchener Waterloo Midwifery Associates
    - **On behalf of:** Yourself

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11. Midwife August 25, 2017 2:54 pm

    The new professional standards allow for midwives to pursue a wider variety of modes of practice, which will allow much more flexibility and mobility within the profession. Removing the onerous, prescriptive regulatory style with this standard means more clarity for midwives and clients, and als shows trust in midwives as regulated professionals to make safe and evidence informed choices for the well being of our clients.

    - **Are you a:** Midwife
    - **Organization:** Guelph Midwives
    - **On behalf of:** Yourself

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12. Stakeholder August 24, 2017 11:18 pm

    Structuring standards around core midiwfery values, including professionalism, patient-centered care, leadership and integrity is a strong message. Some areas could be elaborated on to clearly articulate midwifery values of choice, respect for clients' needs, and midwives' history as advocates and leaders of social change.

    6.4/6.5 -could be clarified to include Informed choice discussion, including options, and their risks and benefits (information giving and checking for understanding were already mentioned).

    Ensure that the themes of responding to clients' needs, values and preferences carries through in the Standards:

    13 – respond to clients' needs;

    14 -change the wording, to support the knowledge / interest clients already have into regards to caring for their health and their newborns;

    15.4 – support choice of location;

    17 – provide more options, and support clients' decision.

    Is there room to include debriefing births, or is that too specific?

    What about transfers from one midwife to another so clients can maintain continuity of midwifery care in certain circumstances (VBAC, breech) — can standards clarify this option?

    29 – respect clients;' decision to refuse to transfer care;

    Integrity Standard – remove "decency"; focus on other midwifery values of advocacy and social change.

    We understand why that self-regulation is important in current practice. Could this section be writte in such a way that supports the values talked about in the previous four sections; knowledge, choic integrity, professionalism, and include a more collaborative tone? How will midwives be supported i this?

    Thank you for soliciting feedback from the public and stakeholders. This shows a commitment to transparency in collaboratively creating a framework that is responsive to the needs of midwives, regulators, and the public.

    - **Are you a:** Stakeholder
    - **Organization:** Mothers of Change of the National Capital Region
    - **On behalf of:** Organization

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13. Member of the public August 23, 2017 7:38 pm

    Going to be frank, currently Ontario has a more medical role for midwifery. I know this is something most people will say isn't true but it is, but it really is. We have many midwives who can't truly practice how they want too. Issues with hospital privileges or community standards or even just witl other midwives. In an idealistic world we would have midwives catching at home for VBAMC, breec and twins, we all know this is unlikely to happen. It does happen but the politics for it to happen are

time consuming and stressful. Then you have the "oh, I didn't know it was twins birth"(that we all role our eyes at, because we know what happens at antenatal). What should happen is we have midwives that are funded under the provincial health care plan like we currently have and also direc entry(lay midwife, homebirth midwife) midiwives. We also know Ontario does have them but not many people talk about them out of fear. What would happen is if a publicly funded midwife can't assist a person she would "refer" or at least in her inform choice talk tell them of the opinion for a midwife that isn't publicly funded. With this model of care we could truly see what pregnant people in Ontario want.

- **Are you a:** Member of the public
- **On behalf of:** Yourself

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14. Midwife August 23, 2017 6:43 pm

    I find the whole concept intriguing and exciting. The only suggest I have for the new document is or page 7, Person centered care #17 I feel that there should be more choices than home or hospital. One of the goals of this document is to allow/support more flexibility for the midwife to deal with each unique situation. This appears to give only two choices. I suggest with replacing home with Out-of-hospital or replacing the two choices with any appropriate/safe site of birth. this same choic also appears on the bottom of page 14.

    - **Are you a:** Midwife
    - **Organization:** College of Midwives of Alberta - Past President
    - **On behalf of:** Yourself

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15. Midwife August 22, 2017 4:06 pm

    It is very interesting and inspiring, especially the intention to protect the client and the public and also affirming the importance and the necessity for midwives to exercise their professional judgement.

    I made a lot of reflections in relations with the rules and standards of l'Ordre des sages-femmes du Québec.

    Note: documents emailed in separately.

    - **Are you a:** Midwife
    - **Organization:** Université du Québec à Trois-Rivières & OSFQ Board Member
    - **On behalf of:** Yourself

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16. Stakeholder August 21, 2017 3:56 pm

    What a very different approach! The document is straightforward and easy to read, with language that I can understand. It is also written to speak to midwives directly; nice way to refer to the people for whom this is written.

The inclusive language is also current.
A few comments: Under Leadership and Collaboration: 32.2 is unclear to me; what is within your scope?
Also, in the Glossary, usually the term that you want to define and clarify is explained in other words not the exact word that is listed in the Glossary. Eg. “Concern” is not defined as “concern”, but rather “an issue of worry, anxiety about, unease, apprehension, a bother, or a situation to pay attention to”. I a number of the Glossary terms, the exact same word is used in the explanation. ……..Maybe it is the term” Glossary” that needs to change to something like “Situational Definitions” or something like that, because Glossary means – definition of.
Anyway, this document is very bold, fresh and supportive of professional midwives and their abilitie to make sound clinical judgements. Thank you for this opportunity; looking forward to the discussions and process in the next months.

- **Are you a:** Stakeholder
- **Organization:** College of Midwives of Alberta
- **On behalf of:** Organization

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17. Midwife August 18, 2017 4:57 pm

Overall I think the work done with this document is excellent. It is very well crafted and a welcome evolution for our profession. I enclose a few comments below, mostly for clarification.
Professional Knowledge and Practice:
1. Be aware of deficiencies in competence: I am wondering if this is the best word here. Should someone be practicing with deficiencies? Should they not be aware and address the deficiencies before practicing/ or continuing to practice. This may of course depend on what the deficiency was Would taking steps to address the deficiency encompass referral and/or collaboration? Accessing support from another midwife or other practitioner? These points may have been covered in Leadership and Collaboration #27.
19. Ensure that your personal views do not adversely affect client care: Would this include personal bias directing clients toward or way from treatments or other aspects of care?
Integrity
39. Recommend the use of products or services based on clinical judgement and not commercial gain: Clinical judgement seems a rather broad term here, Does there need to be more information c clarification here? Is there need to offer evidence of efficacy or lack thereof? Or require clinical proficiency of practitioners to be covered by professional regulation? Would clinical judgement be challenging to define/describe/defend in this instance if there was a complaint? This may be covered by appropriate informed choice.
Anything needed in regard to a safe work environment? i.e perhaps along the lines of promoting optimization of physical and emotional safety of all persons involved in patient care. Respectful

workplace practices?

Thank you.

- **Are you a:** Midwife
- **Organization:** Midwifery Council of New Brunswick
- **On behalf of:** Yourself

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18. Midwife August 10, 2017 9:14 am

Bravo on inclusive language and greater focus on equity and accessibility! I look forward to the very interesting discussions amongst colleagues, students and clients that this document will entertain.

tonya

- **Are you a:** Midwife
- **Organization:** Mountain Midwifery Care and Laurentian University
- **On behalf of:** Yourself

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19. Midwife August 6, 2017 5:27 pm

Responsibility: The health professional has primary responsibility for providing the information that will help a person make an informed choice.

- **Are you a:** Midwife
- **Organization:** Primary health care
- **On behalf of:** Yourself

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20. Midwife August 3, 2017 4:57 pm

I understand the value of right sizing the number and scope of standards of practice. And I understand that best practice from other regulatory organizations suggest that being overly prescriptive is not best practice. I understand the notion of having a self regulated group of professionals self define their capacity, competency, confidence and need for education to provide services. I think the thing that makes me feel uncomfortable about wholesale removal of a number of the standards of practice is that midwifery is meant to be woman centred/client driven. Midwifer however in its current state and at its current place in history is incredibly influenced by all sorts of things that are beyond the control of midwives and their clients, which is not true of most of the health care professional regulatory bodies that we may be aiming to emulate. Funding pressures, hospital privileges, hospital scopes, budget approvals, job security and mobility, community standards (that are not midwifery standards). What reassurance is there that with the removal of sai standards, that midwifery will continue to be able to be responsive to women's needs, community needs, standards that are not standards within the medical community but are supported by evidence and what clients want? I see the potential in the removal of the standards for some amazing community driven initiatives that will allow midwifery to be more expansive, inclusive and

responsive. But I also see the potential without the explicit support of the regulatory body for even further restriction of scope based on external forces determining what is "competency"…. "if you don attend X VBACs per year, you can't competently provide care to women who are VBACs"…. What mechanism is built into these changes to ensure that midwifery will continue to be able to provide woman centred, evidence based, informed choice driven care, even if it isn't consistent with what other providers would offer?

- **Are you a:** Midwife
- **On behalf of:** Yourself

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21. Member of the public July 25, 2017 9:25 pm

I think that the document is well worded, clear and concise. In principle, I like the idea of providing a little more autonomy, with trust that midwives will work responsibly and with integrity without havin to rely on spelling out every detail of the College's rules. It goes with my general understanding of the leanings of midwifery.

I admit that I didn't think about how this will impact situations where a client wants to make a choice that is different from medical advice. After reading the comments before mine, I see that this will be concern. That said, I think that this document is a good step, and even if some adjustments will be needed before it fully meets the requirements.

- **Are you a:** Member of the public
- **On behalf of:** Organization

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22. Midwife July 24, 2017 2:43 pm

While I completely support the direction of streamlining standards and right-size regulation, my two biggest concerns in supporting these changes are that they measure up against the risk of;

1) putting midwives and clients in situations where the standards DON'T support midwives and clients to make choices that are inconsistent with medical community standards even when they ar evidence based. the advantage of the more detailed current standards are that they are clear and concise and provide midwives with the ability to say to their medical and hospital colleagues that our practice is different and is supported by the CMO standards. I would want to ensure that the CM envisions different types of situations (and potentially focus groups with midwives working in a variety of types of communities with varying degrees of integration/hostility) to test whether the wording of the draft documents would help or hinder a client who for example wants to delay induction of labour for post-dates until 42 weeks, or who wants to plan for a VBAC at home or who goes into labour at 35 weeks and doesn't want care transferred to the obstetrician or…. well you get the point.

2) putting clients in situations where midwives don't offer choices based on their own assessment o their capacity or their comfort level or preference with regards to the choices offered to clients. I'm

not suggesting that midwives be required to provide unsafe care that is beyond their capabilities. Bu at the same time I think it's important that it be emphasized that midwives can't simply CHOOSE not to provide certain elements of care because they evaluate themselves to be uncomfortable with those elements.

If these two issues can be addressed and can be emphasized, then I would feel more comfortable with the proposed changes.

- **Are you a:** Midwife
- **Organization:** Midwifery Care of Peel and Halton Hills/AOM
- **On behalf of:** Yourself

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23. Member of the public July 24, 2017 10:40 am

I realize that a huge amount of thought has gone into this endeavour. In general, I agree with what you are doing.

I am very curious about how it was decided that midwifery care which provides woman centred care,was to be instead changed to person centred and that the feminine pronoun was to be replace with "their". Woman isn't a bad word.

- **Are you a:** Member of the public
- **On behalf of:** Yourself

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24. Midwife July 19, 2017 2:10 pm

I really like these changes. Less focus on strict rules and more focus on self-regulation and autonomy is helpful!

- **Are you a:** Midwife
- **On behalf of:** Yourself

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25. Stakeholder July 18, 2017 3:45 pm

Wow, exciting times. Congratulations, I think it is a bold and timely move forward for the profession.

- **Are you a:** Stakeholder
- **Organization:** Ministry of Health and Long Term Care
- **On behalf of:** Yourself

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26. Midwife July 16, 2017 10:23 am

I like it!!! Clear and straight forward but I gather much like law- we will have to follow decisions to be able to look to establish precedence in order to determine what violates CMO rules. I do like some o the black/whiteness of the CMO rules (scope of practice); In a changing landscape of what is a midwife, boarder principle based rules may be more useful. Time will tell.

- **Are you a:** Midwife

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August 25, 2017

By E-mail

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Re: Professional Standards for Midwives

Thank you for the opportunity to provide feedback to the proposed draft of the Professional Standards developed by the College of Midwives of Ontario (CMO). The College of Nurses of Ontario, "the College", supports CMO's decision to move towards principle-based Professional Standards. These standards would ensure broader applicability to all midwives practising in different practice settings.

The College's Professional Standards for nurses are principle-based and broad. They apply to any nurse, in any role and in any practice setting. The Professional Standards also include principles within a set of standards that outline the accountability for nurses in any role, including specific standards for nurses in administration and education roles. The College's Professional Standards include the following main standards: accountability, continuing competence, ethics, knowledge, knowledge application, leadership, relationships such as therapeutic nurse-client relationship and professional relationships.[1]

For the most part, CMO's proposed Professional Standards align with the College's Professional Standards. However, there are some sections that fall outside of the Professional Standards and apply to other College practice standards. For example, standard 4 which relates to midwives acting in a dual registrant capacity under the professional knowledge and practice principle, aligns with College's practice guideline, "Working in different roles".[2] Under the same principle, standard 6 regarding maintenance of accurate, objective and legible records of client care aligns with the

[1] College of Nurses of Ontario. (Revised, 2002). Practice Standard. Professional Standards. Retrieved from http://www.cno.org/globalassets/docs/prac/41006_profstds.pdf
[2] College of Nurses of Ontario. (2017). Practice Guideline. Working in different roles. Retrieved from http://www.cno.org/globalassets/docs/prac/45027_fsdiffroles.pdf

College's documentation standard.[3] Similarly, under the integrity principle, standards 41 to 44 in relation to professional boundaries align with the College's practice standard. "Therapeutic Nurse-Client Relationship".[4]

This could be related to the fact that the structure of CMO's practice standards is different than the College's. Therefore, CMO can consider whether these items are appropriate to be under Professional Standards or if they may be more applicable to other CMO practice standard(s) or guideline(s).

There are also specific items under each principle that may be more applicable to different sections of the Professional Standards for midwives. For example, the standards that discuss the provision of care and the role of the most responsible providers (MRP) do not appear to align with the principle on person-centered care. It may be possible that this item could move under professional knowledge and practice since its focus is on developing and maintaining the knowledge and clinical skills necessary to provide high quality care to clients. Furthermore, references to the responsibilities of the MRP appear to be listed under the leadership and collaboration principle in standard 29.[5] CMO can consider either moving this standard in the current MRP standards or move them under the professional knowledge and practice standards.

Under this same principle, Standard 20 – person-centered care, refers to ensuring supplies and equipment necessary for care in home settings are available to midwives. This standard appears to be too specific to a particular practice setting. Thus, it may be difficult for midwives in other settings to apply the standard. Also, ensuring availability of supplies and equipment is not sufficient and does not necessarily ensure quality practice setting.[6] To make it more applicable to all midwives and ensure quality practice setting, the standard could be broadened to a more principle-based sentence, as follows:

> *Ensure resources are available to create environments that promote and support safe care to clients.*

In addition, there are certain standards that could be added to two particular principles based on the College's practice standards: leadership and collaboration as well as integrity. For leadership and collaboration, CMO can consider adding concepts like: role modelling professional values, develop solutions to practice issues, share/collaborate knowledge with other healthcare practitioners/providers and demonstrate respect for

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[3] College of Nurses of Ontario. (Revised, 2008). Practice Standard. Documentation. Retrieved from http://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

[4] College of Nurses of Ontario. (Revised, 2006). Practice Standard. Therapeutic Nurse-Client Relationship. Retrieved from http://www.cno.org/globalassets/docs/prac/41033_therapeutic.pdf

[5] Ensure that clients and health care providers know who is the most responsible provider (MRP) throughout client care, including delegations, consultations and transfers of care.

[6] The College defines a quality practice setting as a workplace that supports nursing practice, fosters professional development and promotes the delivery of quality care (College of Nurses of Ontario, 2014).

others' roles.[7] Similarly, CNO's ethics practice standard, identify issues and take action to resolve issue, could be added to the integrity principle of CMO's Professional Standard.[8]

Lastly, the standards that address maintaining professional boundaries between midwives and clients may need to be strengthened or emphasized in another document or guideline. Given the current environment and government's recent attempts in eradicating sexual abuse by healthcare practitioners, it is important for CMO to emphasize its position on the therapeutic midwife-client relationship.

By moving towards a principle-based framework, the standards will better reflect what it means to be a midwife. They will also help the public understand what to expect from midwifery care, and the choices available to them. Ultimately, a comprehensive principle-based professional standard will reduce the regulatory burdens while ensuring public protection.

For any additional information, please contact Kevin McCarthy, Director of Strategy at kmccarthy@cnomail.org.

Sincerely,

Kevin McCarthy, RN, BScN, MPPAL
Director, Strategy

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[7] College of Nurses of Ontario. (Revised, 2002). Practice Standard. Professional Standards. Retrieved from http://www.cno.org/globalassets/docs/prac/41006_profstds.pdf
[8] College of Nurses of Ontario. Practice Standard. Ethics. Retrieved from http://www.cno.org/globalassets/docs/prac/41034_ethics.pdf

Association of Ontario Midwives
Delivering what matters.

August 25th, 2017

Tiffany Haidon, President
College of Midwives of Ontario
55 St. Clair Ave. W., Suite 812, Box 27
Toronto, ON M4V 2Y7

Dear Tiffany:

Re: Draft Professional Standards for Midwives

We appreciate the opportunities the CMO has provided to the AOM to ask questions and better understand the College's regulatory transformation. We have provided some specific feedback on the Draft Professionals Standards document to Johanna Geraci and Marina Solakhyan, both in person and in writing. This letter addresses one over-arching concern about the need to maintain certain foundational standards that currently support midwives to uphold client autonomy and informed choice.

We understand that it is not the regulatory body's role to impose a model of practice onto the profession. However, the College has the legislated role of ensuring public protection within the context of midwifery care. In order to ensure safe and quality midwifery care, the public must know and understand midwives' scope of practice and the foundational principles that are currently found in the CMO's standards. We believe it is the College's role, in order to protect the public, to articulate these foundational principles through the maintaining of certain key standards.

We completely agree that having a less specific and prescriptive approach to regulation has the potential to allow midwives to practice with greater flexibility to meet the needs of their communities. However, midwives and midwifery care are still largely marginalized in the healthcare system and within individual institutions. This marginalization has the potential to negatively impact client care and jeopardize client safety. Such negative impacts are most likely to be seen in the following areas: client's choices regarding their care may be restricted through hospital policies; medically unnecessary transfers of care may be imposed leading to increasing clinical risks; continuity of care may be disrupted leading to poorer clinical outcomes. College standards can protect clients from these situations and the resultant clinical and client satisfaction outcomes.

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Many midwives currently use College documents (such as the Home and Out-of-Hospital Births and Informed Choice standards) when challenged by physicians for supporting a client's choice. The power of a document issued by the regulatory body cannot be underestimated in terms of its ability to act as a shield for midwives advocating for the care that their client has chosen. Statements from the AOM lack the authority required to shield midwives from such encroachments the way that a statement from midwives' regulator can. Client care will be directly affected if midwives cannot challenge threats to client choice and client autonomy with the backing of these College documents.

It is for these reasons that we feel strongly that the "Midwifery Model of Care", especially the foundational principles of informed choice, choice of birthplace, and continuity of care need to be emphasized in the Professional Standards document (or in another document). Even though the current draft Professional Standards addresses these elements, they are not articulated in great enough detail to be understood by the public and interprofessional colleagues. For example, the common definition of "person-centred care" as adopted by many hospitals cannot be assumed to be the same as what is commonly understood in the midwifery community. Similarly, standard statements like: "Provide client with a choice between home and hospital births", lack specificity which could lead to physicians to challenge midwives who support clients to have out of hospital births under contentious circumstances by obstetrical standards (e.g., VBACs). The lack of specificity about VBAC in particular has the potential to negatively impact VBAC rates.

An explanation of midwifery "foundational principles", the principles that the public demanded and that led to the establishment of professional midwifery in Ontario, could be maintained in another standard (one that is not rescinded) or could be included in the overview section of the Professional Standards document. The inclusion of these principles in the Professional Standards document highlight them as the bedrock on which the professional standards are built. Clients, members of the public and other healthcare providers who access this document will understand the expectation of adherence to these foundational principles. We strongly recommend the following statements be maintained so that their importance is not minimized within a larger broader document:

- Code of ethics
- Home and Out of Hospital Birth
- Informed choice
- VBAC and choice of birthplace
- Continuity of care

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We are happy to further discuss any of these points with you and again, appreciate this opportunity to provide feedback.

Yours truly,

Elizabeth Brandeis, RM, President

Cc: Kelly Dobbin, CEO & Registrar, CMO
Kelly Stadelbauer, Executive Director, AOM
Allyson Booth, Director Quality and Risk Management, AOM

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