

# Pre-Budget Submission 2019

## Association of Ontario Midwives



The Association of Ontario Midwives represents over 900 Registered and Aboriginal Midwives working in Ontario. Today we want to encourage this committee and this government to give Ontario families a great start in life by supporting midwives as valued health-care professionals. Ontario's commitment to working collaboratively with health-care practitioners to ensure fair treatment while putting patients' interests first aligns perfectly with our association's evidence-based, cost-effective recommendations for Ontario's health sector.

Ontario midwives are regulated primary health-care providers who are specialists in providing around-the-clock, on-call care for clients throughout normal pregnancy, birth and the first six weeks after birth. This year, over 29,000 families will have the care of a midwife. Over 200,000 families have received midwifery care since it was legislated 25 years ago. With a proven safety record, midwives are experts at providing excellent, evidence-based primary care to clients and their newborns in hospital, home, and birthing centres. They provide care that Ontario families deeply value. For example, a recent study showed very high rates of client satisfaction [1], significantly higher than that of family physicians or obstetricians.[2] By offering birth at home or at birthing centres, as well as providing successful vaginal birth after C-sections, Ontario midwives effectively reduce hospital stays and free up beds and hospital resources for those who need it most. In fact, midwifery clients in Ontario have a 13% lower C-section rate, a 34% lower epidural rate[3], a 20% home birth rate [4], and shorter hospital length of stay than the provincial average.[5] The midwifery model of care not only boasts excellent clinical outcomes, but is also a cost-effective use of taxpayer dollars and an effective way of cutting hospital wait times and ending hallway medicine.



# THREE RECOMMENDATIONS FOR SUPPORTING ONTARIO FAMILIES AND MIDWIVES

APPROPRIATELY PAY MIDWIVES FOR THEIR HARD WORK, SKILLS, EXCELLENT OUTCOMES AND COST-EFFECTIVE CONTRIBUTIONS TO THE HEALTH CARE SYSTEM

By not appealing the Tribunal's decision, Ontario will not waste any further significant taxpayer dollars.

ENSURE PAY EQUITY PROCESS FOR SETTING MIDWIVES' COMPENSATION

Compensation free of discrimination has rippling economic benefits for everyone. This is supported by the OECD regarding pay equity in a Canadian context; the OECD projected that "narrowing the gap between men's and women's employment in Canada by 50% could contribute an additional \$160 billion to our economy by 2030. Moreover, the World Bank suggests that closing the gender wage gap could be worth the equivalent of 10% of Canada's GDP." [6]

MAINTAIN OPERATIONAL FUNDING TO THE COLLEGE OF MIDWIVES OF ONTARIO

Cutting funding from a profession that is already deeply undervalued only exacerbates pay inequality and puts further pressure on recruitment and retention challenges.

[1] Janssen P, Klein M, Harris S, Soolsma J, Seymour L. Single Room Maternity Care and Client Satisfaction. *Birth*. 2000 Dec; 27(4):235-243.

[2] Public Health Agency of Canada. *What Mothers Say: The Canadian Maternity Experiences Survey*. Ottawa: 2009. 225 p

[3] BORN Ontario. *Provincial Overview of Perinatal Health in 2011-2012*. 2013 Oct.

[4] BORN Ontario. *Provincial Overview of Perinatal Health in 2011-2012*. 2013 Oct.

[5] Canadian Institute for Health Information (CIHI) Database [Internet]. Patient Cost Estimator 2015 [cited 2015 May]. Available from: [http://www.cihi.ca/cihi-ext-portal/internet/en/documentfull/spending+and+health+workforce/spending/pce\\_application](http://www.cihi.ca/cihi-ext-portal/internet/en/documentfull/spending+and+health+workforce/spending/pce_application)

[6] Vandenbeld, A. (2016, June). IT'S TIME TO ACT Report of the Special Committee on Pay Equity (Canada, 42nd Parliament, House of Commons). Retrieved from <https://www.ourcommons.ca/Content/Committee/421/ESPE/Reports/RP8320461/esperp01/esperp01-e.pdf>

