

POSITION STATEMENT

POSITION STATEMENT ON MIDWIVES' PROVISION OF ABORTION

STATEMENT

Access to safe and legal abortion is a human right ¹ and providing abortion care and post abortion care is part of the role of Canadian midwives.

Sexism, colonialism, poverty, racism, ableism, heterosexism, and cissexism create inequities in access to abortion care in Canada. ² Lack of access in rural areas, language barriers, and perceptions of risk to providers have also reduced timely access to abortion. ³⁻⁵

The Canadian Association of Midwives (CAM) supports Canadian midwives who already provide abortion and postabortion care and midwives who are working to integrate this care into their practice ^{6,7} and calls on midwives and all reproductive health care providers to work to ensure access to abortion care in Canada.

CONTEXT

A significant proportion of the childbearing population in Canada will have an abortion in their lifetime. ² Evidence demonstrates that legal and affordable access to abortion provided by skilled health care professionals nearly eliminates associated mortality and morbidity. ⁸⁻¹² Indigenous midwives nationally and globally have long had the knowledge and the means to provide abortion care, responsive to the local needs, context, and practices of their communities.¹³ The International Confederation of Midwives (ICM) includes abortion provision in their definition of midwifery scope of practice, and midwives around the world provide abortions and post-abortion care.^{14,15} The Canadian midwifery model of care, scope of practice, and training are ideally suited to supporting improved access to all forms of abortion care.

PRINCIPLES

The following principles are intended to support increased and improved access to abortion care through the integration of midwives in the provision of services.

- Abortion is a normal part of sexual reproductive health care.
- Sexual reproductive health care is a part of midwifery care.
- Community-based and culturally safe abortion care is the right of all people, regardless of their race, location, health insurance or immigration status, and it is especially important for people who have cultural and generational histories of forced sterilization and child apprehension, including Indigenous and Black people, people who use drugs, people with disabilities and mental health conditions, and 2SLGBTQI people.
- Individuals should have access to up-to-date information on evidence-informed practice and be able to choose the location and type of abortion they prefer, including at home. 16
- Access to early abortion makes abortion safer and more cost-effective. Expanding the pool of abortion
 providers to include midwives will increase access to medical abortion and reduce the number of procedural
 (surgical) abortions.^{17,18}
- Abortion provision by midwives is part of continuity of care. Many individuals who have an abortion have previously given birth and for midwifery clients, returning to their midwife for abortion care may be preferable.

RECOMMENDATIONS

CAM/ACSF recommends that:

- The midwifery scope of practice includes the management of all forms of abortion, including spontaneous, incomplete, missed, and therapeutic abortions. Existing regulatory and funding barriers must be removed, and midwives must have access to all the means and education necessary to provide abortion care.
- Midwifery associations and stakeholders, including government, education programs, consumers and regulatory bodies advocate for midwives to be abortion care providers.
- Midwives' prescribing pharmacopeia include drugs for the indication of inducing and completing abortion.
- When appropriate, midwives have the capacity and training to provide procedural abortion care.
- Midwives work with interprofessional colleagues to increase and ensure access to abortion care in their communities.
- Midwifery education programs include early pregnancy loss management and abortion care in the standard midwifery curriculum.
- Governments fund and compensate midwives to provide abortions, including for uninsured clients.
- Midwives provide abortion care at home and in community, as appropriate, for those who choose it.

REFERENCES

- Office of High Commissioner for Human Rights. International Safe Abortion Day-Friday 28 September 2018. Geneva: United Nations; 2018. Available from: https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=23644
- 2. Shaw D, Norman W. When there are no abortion laws: A case study of Canada. Best Pract Res Clin Obstet Gynaecol. 2020 62:49-62. Available from: https://pubmed.ncbi.nlm.nih.gov/31281015/
- 3. Norman W V, Soon JA, Maughn N, Dressler J. Barriers to Rural Induced Abortion Services in Canada: Findings of the British Columbia Abortion Providers Survey (BCAPS). PLoS One. 2013 8(6): e67023. Available from: https://doi.org/10.1371/journal.pone.0067023
- 4. Sethna C, Doull M. Far from Home? A pilot study tracking women's journeys to a Canadian abortion clinic. J Obstet Gynaecol Can. 2007 29(8): 640-647. Available from: https://pubmed.ncbi.nlm.nih.gov/17714617/
- Norman WV, Guilbert ER, Okpaleke C, Hayden AS, Lichtenberg ES, Paul M et al. Abortion health services in Canada: results of a 2012 national survey. Can Fam Physician. 2016 62(4):e209-17. Available from: https://pubmed.ncbi.nlm.nih.gov/28192276/
- 6. Handa M, Rosenberg S. Ontario Midwives' Attitudes About Abortion and Abortion Provision. Canadian Journal of Midwifery Research and Practice. 2016 1(15):8-35. Available from: https://www.cjmrp.com/articles/volume-15-2016/ontario-midwives-attitudes-about-abortion-and-abortion-provision
- 7. Contraception and Abortion Research Team. Planning Canada's Midwifery Abortion Implementation Study. Vancouver: University of British Columbia.; 2018 Available from: https://med-fom-cart-grac.sites.olt.ubc.ca/files/2018/07/Planning-Canadas-Midwifery-FINAL.pdf
- 8. World Health Organization. Preventing unsafe abortion. World Health Organization. November 25, 2021. Available from: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion
- 9. Haddad L B, Nour N M. Unsafe Abortion: Unnecessary Maternal Mortality. Reviews in Obstetrics and Gynecology. 2009 2:122-126. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709326/

- 10. Raymond, E G, Grossman D, Weaver M A, Toti S, Winikoff B. Mortality of induced abortion, other outpatient surgical procedures and common activities in the United States. Contraception. 2014 90(5): 476-479. Available from: https://pubmed.ncbi.nlm.nih.gov/25152259/
- 11. Schummers L, Darling E K, Dunn S, McGrail K, Gayowsky A, Law M R, et al. Abortion Safety and Use with Normally Prescribed Mifepristone in Canada. N Engl J Med. 2022 386(1):57-67. Available from: https://pubmed.ncbi.nlm.nih.gov/34879191/
- 12. Raymond E G, Grimes D A.The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol. 2012 119(2 Pt 1): 215-219. Available from: https://pubmed.ncbi.nlm.nih.gov/22270271/
- 13. Anderson, K. Life Stages and Native Women: Memory, Teachings, and Story Medicine. Winnipeg: University of Manitoba Press; 2011.
- 14. Fullerton J, Butler M M, Aman C, Reid T, Dowler M. Abortion-related care and the role of the midwife: a global perspective. Int J Womens Health. 2018 10:751-762. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6260173/
- 15. Tillman S, Levi A J. Midwives in Abortion Care: A Call to Action. J Midwifery Womens Health. 2020 65(2):195-198. Available from: https://pubmed.ncbi.nlm.nih.gov/31710170/
- 16. Ngo T D, Park M H, Shakur H, Free C. Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review. Bull World Health Organ. 2011 89(5) 2011:360-370. Available from: https://pubmed.ncbi.nlm.nih.gov/21556304/
- 17. Costescu D, Guilbert E, Bernardin J, Black A, Dunn S, Fitzsimmons B et al. Medical Abortion. J Obstet Gynaecol Can. 2016 38(4):366-389. Available from: https://www.jogc.com/article/S1701-2163(16)00043-8/fulltext
- Costescu D, Guilbert É. No. 360-Induced Abortion: Surgical Abortion and Second Trimester Medical Methods. J Obstet Gynaecol Can. 2018 40(6): 750-783. Available from: https://pubmed.ncbi.nlm.nih.gov/29861084/
- 19. Canadian Institute for Health Information. Induced Abortions Reported in Canada in 2018 (Updated). Ottawa, ON: CIHI; 2020. Available from: https://www.cihi.ca/en/induced-abortions-reported-in-canada-in-2018