



Midwifery Care, Immunization, and Informed Choice Position Statement

About Midwifery

Canadian and Indigenous midwives are primary care providers integrated in the Canadian public health care system who typically care for clients and newborns during pregnancy, childbirth and up to twelve weeks postpartum. Indigenous midwives are often trusted health leaders with roles in the community that extend beyond the perinatal period. Midwives play a significant role in primary health care delivery and, more generally, help secure optimal health outcomes for families. Midwives' work is centered on providing evidence-based care and informed choice, building close, non-authoritarian relationships with clients, respecting client decision-making and increasing access to health care.

Rationale

The Canadian Association of Midwives (CAM) and the National Aboriginal Council of Midwives (NACM) acknowledge that immunization can be a complex and divisive issue. CAM and NACM also acknowledge that access to vaccination information and services is a human right and increasing safe and equitable access to vaccines and vaccine information is important for community health and well-being. The prevention, control and treatment of infectious diseases improves health overall and helps to reduce health inequities among population groups.

Midwifery clients have expressed their desire for and trust in midwives to facilitate nuanced, evidence-based, and respectful discussions around immunization, thereby confirming that midwives are well positioned to not only engage families in immunization education and decision-making but to contribute an important perspective to immunization research, information-sharing, and service delivery.

Current midwifery training, scope, capacity, and resources around immunization vary between provinces and territories, regions and communities, however, providing infectious disease and immunization information and vaccine administration services to clients is appropriate to the midwife's role and can improve clients' health and well-being.

Principles

❖ **Promoting wellness**

Midwives advocate for normal, physiological pregnancy, birth, and the newborn period. Discussing interventions, including vaccination, is a component of this approach.

❖ **Informed Choice**

Midwives are committed to respectfully delivering comprehensive, evidence-based immunization information and acknowledge client autonomy in decision making.

❖ **Active Engagement**

Midwives welcome questions and discussion, promote active client participation in health care decision-making, strive to hear diverse perspectives, respond to a diversity of needs, and support open social discourse around vaccination.



❖ **Access**

Midwives work to improve access to health care, including immunization information and services, for Indigenous, Black, racialized and otherwise marginalized communities.

❖ **Transparency**

Midwives underline the importance of accessible, clear, and comprehensive information from government agencies responsible for the collection of scientific and medical information around immunization. Access to scientific data is required for the delivery of comprehensive informed choice discussions.

❖ **Cultural Safety for Indigenous, Black and Racialized Peoples**

Indigenous, Black, and racialized peoples live with disproportionate burdens of infectious diseases and a lack of access to vaccines has adversely affected their health, particularly in under-served communities. Public health services need to be delivered to Indigenous and racialized peoples within a framework of cultural safety.

Recommendations

Currently, midwifery immunization services that meet the needs of clients are not available in all jurisdictions. CAM and NACM recommend the creation of conditions necessary for midwives to fully participate in vaccine information-sharing and administration within a framework of informed choice. These recommendations include:

1. Education & Training

CAM and NACM support:

- a. pre-service and continuing education on infectious diseases and immunization for all midwives.
- b. including infectious disease and immunization knowledge in university and community-based midwifery education programs, national pre-service registration exams, and both the National Aboriginal Council of Midwives and the Canadian Midwifery Regulatory Council's core competencies frameworks.
- c. including Indigenous, Black, and racialized peoples' colonial history and current experiences of infectious diseases and public health services in all immunization education.

2. Scope of Practice

CAM and NACM call on:

- a. midwives to be responsive to the immunization needs of their communities.
- b. midwifery regulatory bodies to include the delivery of informed choice discussions on infectious diseases and immunization in midwifery scopes of practice.
- c. midwifery regulatory bodies to include vaccine prescription and administration of the routine recommended vaccines of the perinatal period in midwifery scopes of practice.
- d. governments for political, logistical and financial support to establish vaccine administration in midwifery care settings, this includes facilitation of interprofessional collaboration to support ease of vaccine access for midwifery clients, particularly in settings where access to comprehensive primary care is more limited, and increased funding where there is scope expansion.
- e. governments to facilitate midwifery participation in the design and implementation of vaccination initiatives, programs, and policies.



3. Vaccination Registration, Surveillance, & Monitoring

CAM and NACM recommends:

- a. midwives keep vaccination records and report Adverse Events Following Immunization (AEFIs).
- b. nationalized, coordinated, and timely vaccination schedules, data collection and AEFI reporting, including for Indigenous communities.

4. Research

CAM and NACM support:

- a. continued research on immunization safety, including vaccine risks.
- b. governmental support for midwifery-led research in the field of infectious diseases and immunization.
- c. midwifery participation in developing immunization research priorities during the perinatal period.

5. Information Transparency

CAM and NACM call for:

- a. transparent, accessible, and referenced immunization information-from public health agencies and the medical community.
 - b. collaboration within midwifery, public health, and medical communities to promote informed choice and respect for client decision making around immunization.
 - c. the collection of race-based data surrounding vaccination outcomes and research that is community-led.
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vaccines
We can talk
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