Midwives as Abortion Providers: Moving advocacy Forward

Les sages-femmes comme prestataires de services d'avortement: Faire advancer le plaidoyer

Merci de vous joindre à nous !

Cette session va commencer dans un instant

Thank you for joining us !

This session will start momentarily

Midwives as Person-Centred Comprehensive Abortion Providers:

Moving Advocacy Forward

Action Canada for Sexual Health & Rights

Action Canada pour la santé & les droits sexuels

AGENDA

- Abortion in Canada
- Midwifery, abortion and the health system
- Policy brief
- Advocacy Roadmap
- Q & A

Land Acknowledgement

Presenters

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Action Canada for Sexual Health & Rights

Who

A progressive charitable organization with a 50-year legacy

Role

Advancing sexual & reproductive health and rights in Canada and globally

How

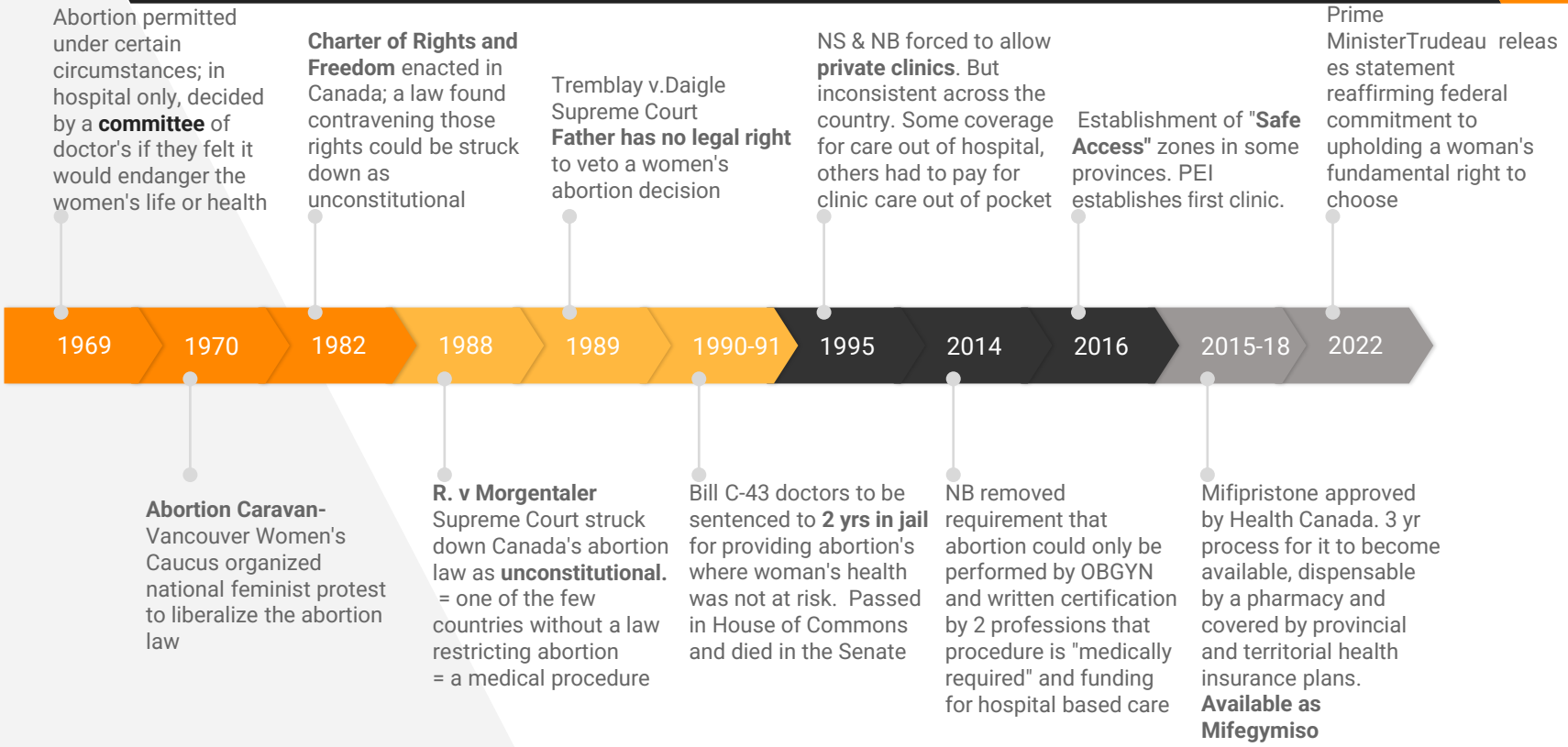
Access Line & Norma Scarborough Emergency Fund - direct support & info

Engaging Policymakers & Promoting Rights

Collaboration & Movement Building

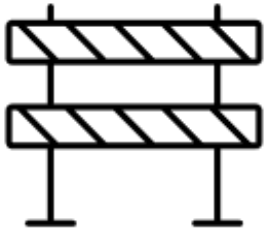
Overview of Abortion in Canada

Canadian Abortion over the Years (Advocacy Wins)



Barriers to Access

Barriers to abortion access are multiple, intersecting and disproportionately impact those facing systemic oppression



Abortion stigma

Gestational limits

Geographic location

Direct costs

Indirect costs

Systemic barriers

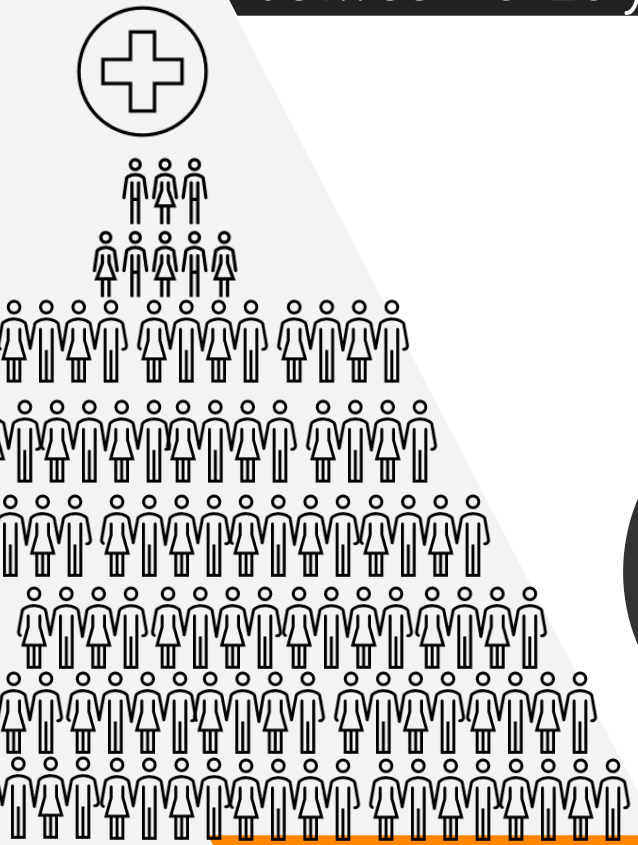
Access at a Glance

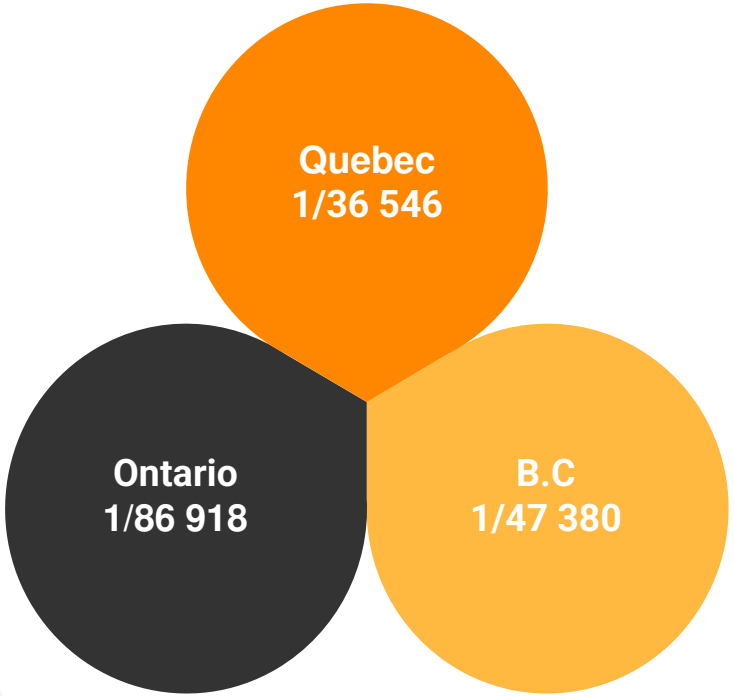
Note: Does not include providers prescribing mifegymiso within their own primary practice

	AB	BC	MB	NB	NFL	NS	ON	PEI	Que	Sask	NWT	NU	YU
Public Points of Service	7	26	4	5	3	6	47	1	51	5	3	2	1
Medical Abortion Providers	5	15	4	3	1	3	34	1	21	2	2	2	1
Surgical Abortion Providers	5	20	4	4	3	5	28	1	51	1	3	2	1
Hospitals providing abortion	2	14	3	3	2	4	18	0	19	1	2	2	0
Clinics Providing Abortion	5	12	1	2	1	2	29	1	32	1	1	0	1
Gestational Limit (weeks)	20	24	19 +6	16	16	16	24	12	24	19	20	13	13

* as per Action Canada Provider Directory March 2023

1 Point of Service/ # of ppl who can get pregnant between 15-29 years old



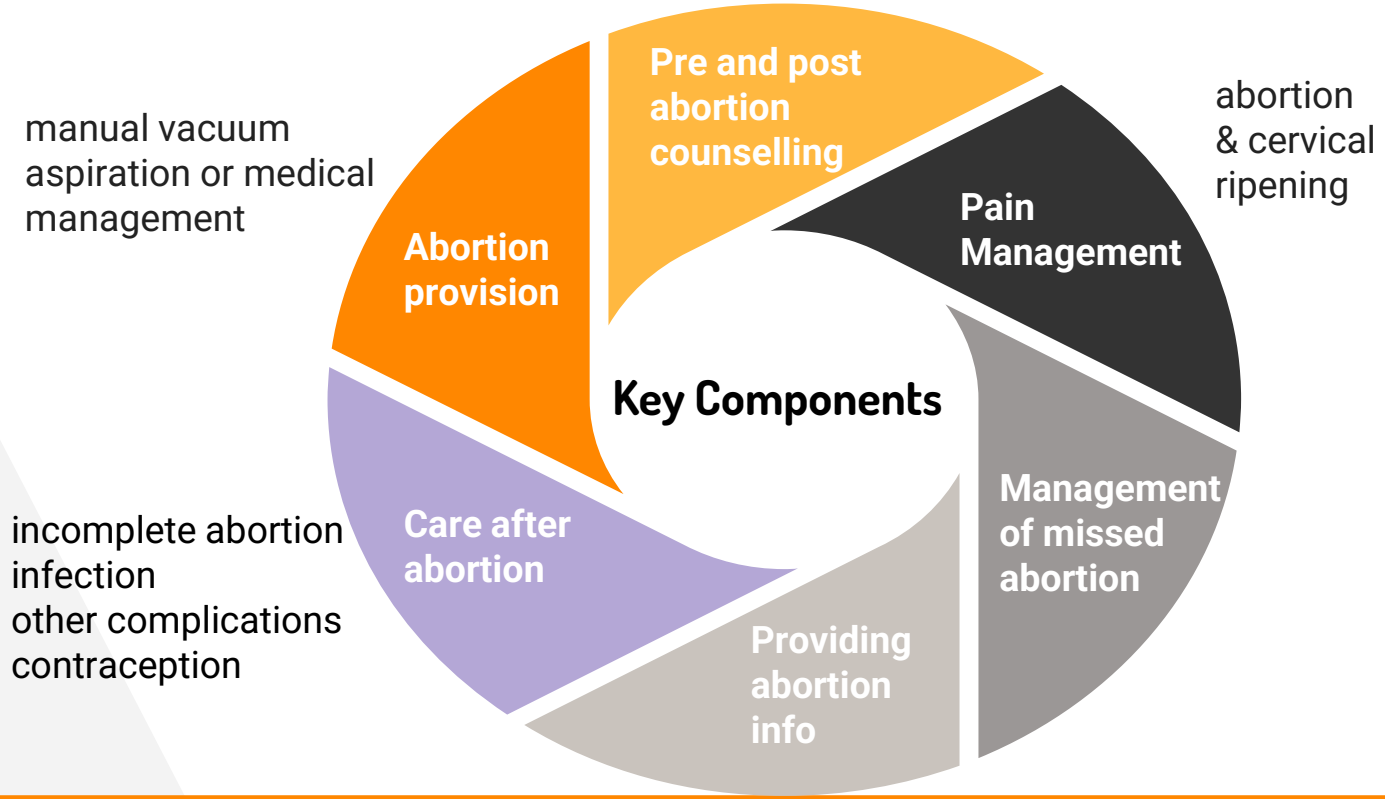


Accessibility in the top 3 most resourced provinces for abortion care

Adapted from: https://www.actioncanadashr.org/resources/factsheets-guidelines/2019-09-19-access-glance-abortion-services-canada

Current Midwifery & Abortion Landscape

Person Centred Comprehensive Abortion Care (PCCAC)



Abortion care guideline. Geneva: World Health Organization; 2022.

Midwives and PCCAC

Components of PCCAC	WHO recommendations for midwives
Providing information about abortion	Recommended
Offering and providing counseling before and after abortion, pain management for surgical abortion and cervical ripening (mechanical, medical)	Recommended
Abortion provision (manual vacuum aspiration < 14 weeks or medical management < 12 weeks)	Recommended
Management of missed abortion < 14 weeks	Recommended
Care after abortion including: management of incomplete abortion < 14 weeks with medical or vacuum, management of infection and hemorrhage, counselling and contraception (includes IUD)	Recommended

Continued

Components of PCCAC	WHO recommendations for midwives
Methods of surgical abortion at gestational ages ≥ 14 weeks	Suggested
Medical management of induced abortion at gestational ages ≥ 12 weeks	Suggested
Medical management of IUFD at gestational ages ≥ 14 to ≤ 28 weeks	Suggested
Tubal ligation	Suggested

WHO: Restrictions on Health Care Providers

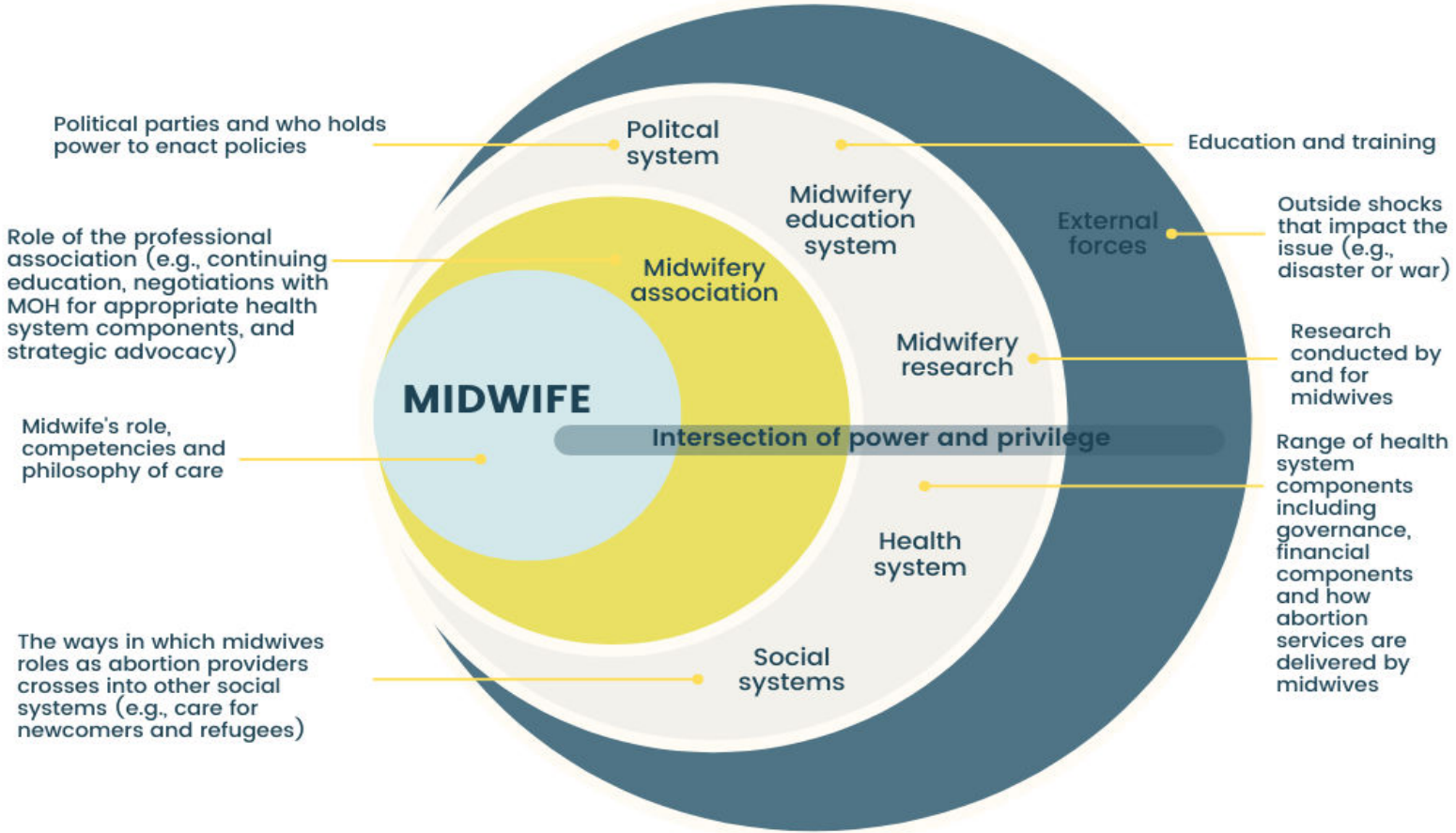
The reviewed evidence showed that restrictions on who can provide and manage abortion resulted in delays to and burdens in accessing abortion.

By contrast, expanding the range of health workers who can provide abortion care improved timely access to early medical and surgical abortion; reduced costs, travel and waiting time; shifted components of care away from physicians; made abortion more available including in rural areas and at primary health care level; prevented unsafe self management of abortion; and reduced system costs.

This evidence indicates that provider restrictions produce inefficiencies, administrative burdens and workload burdens within health systems, and reduce in practice the number of available providers.

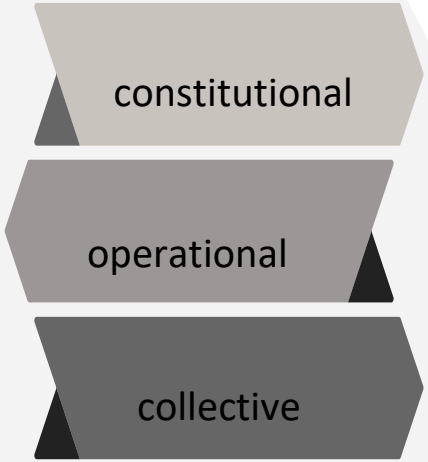
Abortion care guideline. Geneva: World Health Organization; 2022.

Integration of PCCAC into the Profession of Midwifery



Health Systems: Governance as a Starting Point

Governance can be looked at from various angles:



In context of what we call Canada, and midwifery and PCCAC;

1. various provincial or territorial legislation and corresponding regulatory infrastructures in place.
2. various Indigenous governance systems

    -strong collective governance infrastructures in place

    - autonomy regarding how health services is organized and provided specifically to their context.

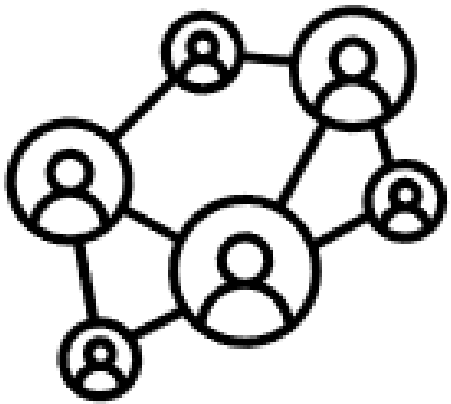
3. can breakdown constitutional into two broad categories:

    1.legislation pertaining to midwifery and

    2.Legislation pertaining to abortion that can by proxy impact midwives' ability to provide PCCAC.

Health system components Context	Governance Midwifery legislation (and regulations, SOC etc)	Governance against or impeding abortion	Health Service components	Financial supports
United States	Yes	Yes	Sometimes	Sometimes
Sweden	Partially	Yes	Sometimes	Sometimes
Democratic Republic of Congo	Yes	No (did exist)	Developing	Developing
Quebec	Yes for MA only	No	No	No
Ontario	Proposed for MA only	No	Sometimes	Sometimes

Common stakeholders: Midwifery and PCCAC



- Other midwives providing or wanting to provide PCCAC
- Clients and community
- Civil society including local organisations supporting abortion (planned parenthood, saskatoon abortion support, northern birth work)
- Midwifery regulators (OSFQ)
- Midwifery association (RSFQ)
- Other ally professional associations
- Elders, traditional midwivesç
- In some places, the government's agenda regarding access to SRHR has leverage midwives
- Researchers or educators

NB: it's different everywhere and depends on your context

To recap:

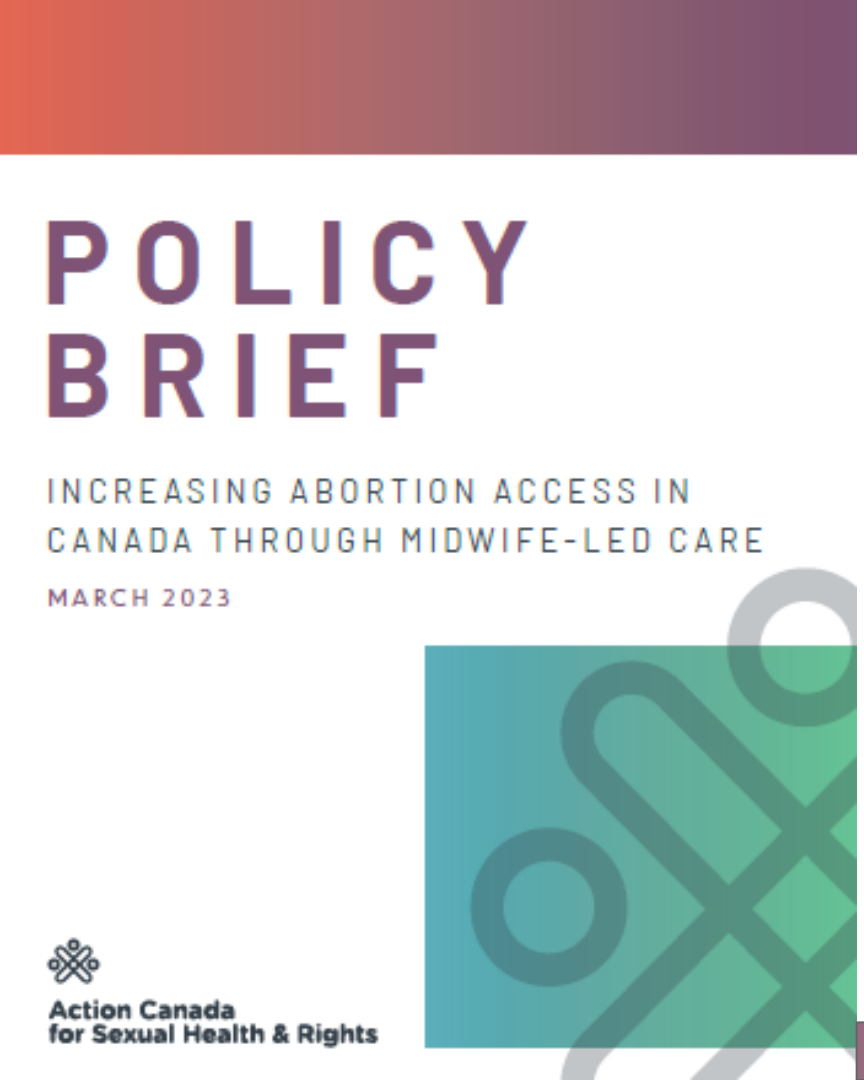
- Midwives are providers of PCCAC systems should recognize this and support it!
- There are many sytems factors that impact both positively and negatively how midwives provide PCCAC and each context or jurisdiction
- Understanding our contexts and our allies/stakeholders can help leverage and advance this work.

Policy Brief

Increasing abortion access in Canada through Midwife-led Care

Premise:

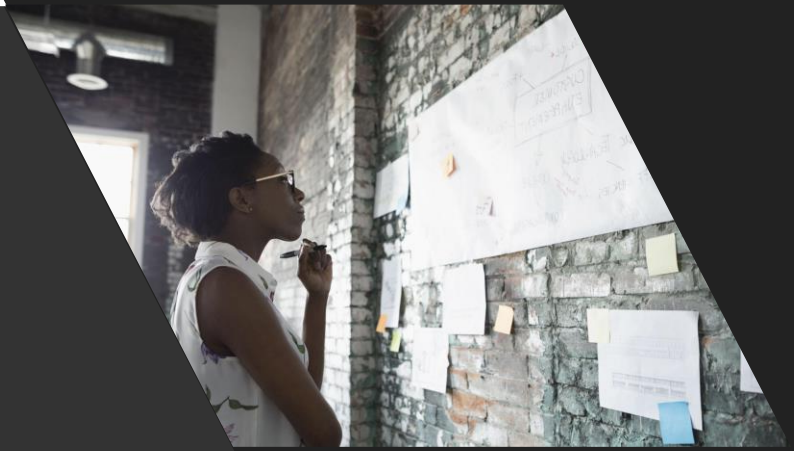
- Abortion is a **normal outcome of pregnancy**; therefore it is within midwifery scope of practice
- **Access would be improved** with midwives as regulated abortion providers (increased providers, **midwifery model**)
- Addressing **legal & regulatory barriers can be one step** toward moving advocacy forward - this one is within reach!



What is the brief for?

- Tool for advocating for person-centered comprehensive abortion care
- Spotlight on one aspect of possible change (eg. medical abortion)
- Offers public support from an advocacy organization

What needs to happen?



Advocacy roadmap

How to plan for the change we want

Three essential parts to advocacy work

Connectivity work

- How do you know that there is a problem?
- Do you know how different people experience this issue?
- Has anyone tried to solve this problem before? How? What barriers have they faced?
- Etc.

Data and resources

- What are the tools you will need to do your influencing work effectively?
- Is there information missing to make a sound policy recommendation?

Influencing

- What can you do to support those who hold the power to change the policy, the program, the rule, to make the change you want?
- E.g., Meetings with elected officials, public campaigns, media work, trainings, information sessions, etc.

Steps to Plan your Advocacy Work

Map the Landscape

(with intersectional analysis)

1

Articulate the **overarching story**

2

Advocacy Goals=
Landscape problems
+
Potential solutions

3

Delineate goals into short, medium and long term

4

Regularly **reassess priorities**
(respond to political opportunities)

5

Use **advocacy toolbox** to plan goals

6

The Advocacy Toolbox: Shaping your interventions

1. Identify the **change makers**, the **influencers,** and the **blockers**

2. Identify existing narratives (for and against)
-how can you counter the opposing messages?

3. Make a plan of what you will do to move the change makers toward your solutions

4. Shape your approach using the **principles of influence**

5. Do a pre-mortem with your whole team - What may make this plan fail?

6. Adjust plan of action with pre-mortem insights in mind

7. **Identify what you can do to 'ease the transition':**
-what is making change hard?
-how can you support the change maker

8. Map out moments of opportunity:
-follow-up plan or 'calendar'
-stay in front of the people you want to influence

9. Track and monitor progress by choosing **indicators of change**

The Principles of Influence (Cialdini)

Summary

ABORTION ACCESS

Significant access issues persist

CONTEXT & SYSTEMS FACTORS

What is needed in your context?

Midwives can be comprehensive abortion providers

MIDWIVES AS PROVIDERS

Use strategies & resources to make change

ADVOCACY

Resource Package

Contact Action Canada for support, information and discussion:
info@actioncanadashr.org

*Please indicate **"midwifery webinar"** in email to be routed to correct department

To **connect with CAM**, contact:
Annie Hibbert
Coordinator for Association Strengthening
ahibbert@canadianmidwives.org

Six self-paced modules covering all elements of medication abortion in primary care settings:

Abortion Overview

Patient-centred Counselling

Medication abortion 101

Post Medication abortion Contraception

Integrating Medication abortion into practice

Stigma, Safety and Security

Course offerings based on region or discipline with an hourlong live Ask Me Anything session

More information or to register: https://cvent.me/YPb9Qy

Q & A

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