CAM ACSF
Midwives for everyone, everywhere
Des sages-femmes pour tous, partout

A NATIONAL STRATEGY FOR MIDWIFE-LED ABORTION CARE IN CANADA

THE CART ACCESS PROJECT

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Midwives for everyone, everywhere
Des sages-femmes pour tous, partout

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CAM's head office is situated on the unceded traditional territory of the Kanien'kehá:ka Nation, part of the Haudenosaunee Confederacy. We recognize the Kanien'kehá:ka Nation as the custodians of the lands and waters of Tiohtiá:ke (Montreal), which has long been a gathering place for diverse First Nations, including Algonquin-Anishinaabe, Atikamekw, and Huron-Wendat.

We recognize the historical and continued violence of settler colonialism and are committed to learning and working toward reconciliation through collaborative, bilateral and reciprocally beneficial relationships with Indigenous peoples and communities.

ACKNOWLEDGEMENTS

We are deeply grateful to all the midwives who participated in interviews, focus group discussions, and other guided discussion sessions. We thank you for taking the time and making space to share with us your stories, insights, and experiences with providing abortion care. Your voices and stories were central to shaping this *National Strategy for Midwife-led Abortion Care in Canada*.

We would also like to thank the project's Steering Committee for your dedication to integrating midwife-led abortion care in Canada. We are grateful for your technical expertise, guidance, and unwavering commitment throughout the course of this project. Your invaluable contributions have played a pivotal role in shaping the trajectory and outputs of the project.

Your collective efforts have not only enriched the depth of our work but have also paved the way for a more comprehensive and accessible sexual and reproductive healthcare landscape in Canada.

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AIMS

The *National Strategy for Midwife-led Abortion Care in Canada* has been developed by the Canadian Association of Midwives (CAM) as an evidence-informed advocacy tool for midwifery associations, midwives, regulators, midwifery education programs, and collaborating health professionals to champion change.

We have collected stories from midwives practicing across Canada to better understand the sexual and reproductive care needs of communities and the needs of midwives as health professionals. Reviews of the literature, a jurisdictional scan, and member engagement have also informed the development of the national strategy.

Currently, health systems in Canada are not meeting the sexual and reproductive care needs of women, trans, and nonbinary people. Many continue to face significant barriers to culturally safe, appropriate, and timely access to abortion care.

We recognize that midwives are a crucial component of a broader movement committed to achieving reproductive justice. We advocate for the integration of midwives as abortion care providers in all provinces and territories and believe this will bring us one step closer to realizing reproductive justice in Canada.

ABORTION CARE IS HEALTHCARE

The Canadian Association of Midwives (CAM) recognizes that abortion care is an essential and basic component of healthcare and supports the World Health Organization's (WHO) statement that "lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue".[1]

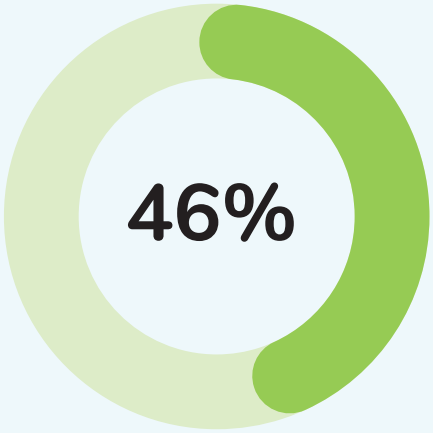
Comprehensive abortion care includes information and counselling, abortion management, and post-abortion care. It is part of the care that midwives provide globally, as affirmed by the International Confederation of Midwives (ICM).[1-3] The Canadian Midwifery Regulators Council's Canadian Competencies for Midwives also states that midwives offer abortion counselling and provision, recognizing that regulations differ by jurisdiction.[4] We use the term abortion care as an inclusive term for planned[1*] and unplanned pregnancies and includes care related to:[5]

- early pregnancy loss (miscarriage, spontaneous abortion, and missed abortion);
- induced abortion (medication or procedural interruption of pregnancy);
- incomplete abortion (incomplete passage of the products of conception); and
- fetal death.[1]

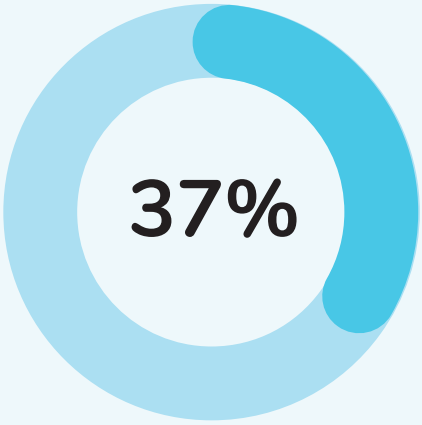
The need for abortion is a routine part of pregnancy care. For example, early pregnancy loss accounts for 15-25% of all pregnancies in Canada.[6] Ectopic pregnancies occur in approximately 1-2% of all diagnosed pregnancies, and the fetal death (stillbirth) rate in 2022 was of 8.9 per 1,000 total births in Canada.[6, 7]

Abortions (procedural and medication) are legal in Canada and provided for citizens and permanent residents under provincial, territorial, and federal health insurance systems.[8] However, there are many people living in Canada for whom abortion care costs are not covered (e.g., international students, migrants, and undocumented people).[9, 10]

[*] There are many terms used to attach intention and pregnancy.[5] We recognize that abortion care may be needed for all pregnancies, not just unplanned pregnancies. Many unplanned pregnancies do not come with abortion care as an outcome, and many choose abortion care for planned pregnancies.



In 2015-2019, 46% of all pregnancies in Canada were unplanned.



Of those unplanned pregnancies in 2015-2019, 37% ended in abortion.

Guttmacher Institute. Unintended pregnancy and abortion in Northern America. Washington: Guttmacher institute: 2022

In Canada, the rate of unplanned pregnancies increased by 22% between 1990-1994 and 2015-2019.[11] According to the Canadian Institute for Health Information, in 2021, there were a total of 87,595 induced abortions reported in Canada.[12] Of those abortions, 63% (55,214) were procedural, and 37% (32,210) were medication abortions.[12] The majority of abortion care in Canada is provided by physicians,[13] which is a reflection of the current regulatory and funding barriers to other types of health professionals providing this care.

Enhancing how abortion care is delivered is key to supporting equitable access to sexual and reproductive healthcare in Canada. While abortion services are considered medically necessary under the Canada Health Act,[14] significant geographical and social inequities in access persist, particularly for those who already face the most barriers in accessing healthcare. For example, Indigenous women and 2SLGBTQI+ people are disproportionately impacted, experiencing abortion access barriers that include logistical barriers (i.e., far distances), mistreatment by health professionals in medical settings, stigma at societal and community levels, and lack of supportive follow-up care.[15, 16]

Abortion care is not evenly distributed across Canada, with services concentrated in major urban centres and along the U.S. border. In some provinces and territories, services are only available for up to 12 weeks.[17, 18] This results in many travelling outside their region for many hours by road or plane, taking additional time off work, arranging care for children, and facing significant financial barriers to access the healthcare they need.[17, 19]

Midwives possess the skills, knowledge, and competencies required to provide abortion care in Canada. Additionally, the Canadian midwifery model of care,[20] scope-of-practice, and training are unique among other health professions, and this approach and philosophy make midwives an ideal health profession to support equitable access to abortion care.[2] As highlighted by Action Canada for Sexual Health and Rights in a recent policy brief on increasing abortion access through midwife-led care, midwives are ideal providers as they:

- currently manage uncomplicated pregnancy loss, which is a related clinical skillset to managing medication abortion;
- collaborate with other health professionals to provide client-centred care;
- provide quality pre – and post-abortion counselling; and
- understand that abortion care fits within the midwifery philosophy, which includes continuity of care, informed choice, and providing care which is client-centred.[21]

Midwives also provide supportive care in complex abortion situations, including support for clients with medical mistrust.

While midwives are a key part of the solution to improving access to abortion care, regulatory barriers, including prescribing authority for midwives and funding barriers, currently limit midwives' ability to provide abortion care services.[22] This national strategy is intended to serve as a guide for provincial and territorial health system decision-makers to develop policies that fully integrate midwives as abortion care providers.

REPRODUCTIVE JUSTICE

Reproductive justice is a social movement and intersectional contemporary framework for activism.[23, 24] The reproductive justice framework was founded in the 1990s, building on and bringing together the advocacy work of women of colour and grassroots health organizations in the United States.[25] SisterSong Women of Color Reproductive Justice Collective is a Southern network in the United States focused on addressing the policies and systems that impact the reproductive lives of those facing systemic and routine barriers to care.[25] The movement recognizes that inequitable access to abortion care is but one manifestation of healthcare inequities. Reproductive justice work includes affirming rights to care and calls to action towards improved access for all to comprehensive sexual and reproductive care, which includes contraception, comprehensive sex education, options counselling, recognizing and responding to family violence, and perinatal care.[25]

Reproductive justice combines political movements in *reproductive rights* and *social justice*.[24] Four primary principles underpin the reproductive justice movement.

> ***"The human right to own our bodies and control our future***
> ***The human right to have children***
> ***The human right to not have children, and***
> ***The human right to parent the children we have in safe and sustainable communities."***
>
> (Visioning New Futures for Reproductive Justice Declaration, SisterSong, 2023)

REPRODUCTIVE OPPRESSION

To move towards reproductive justice, we must first recognize the past and current abuses of women, trans, and nonbinary peoples' reproductive bodies.[24]

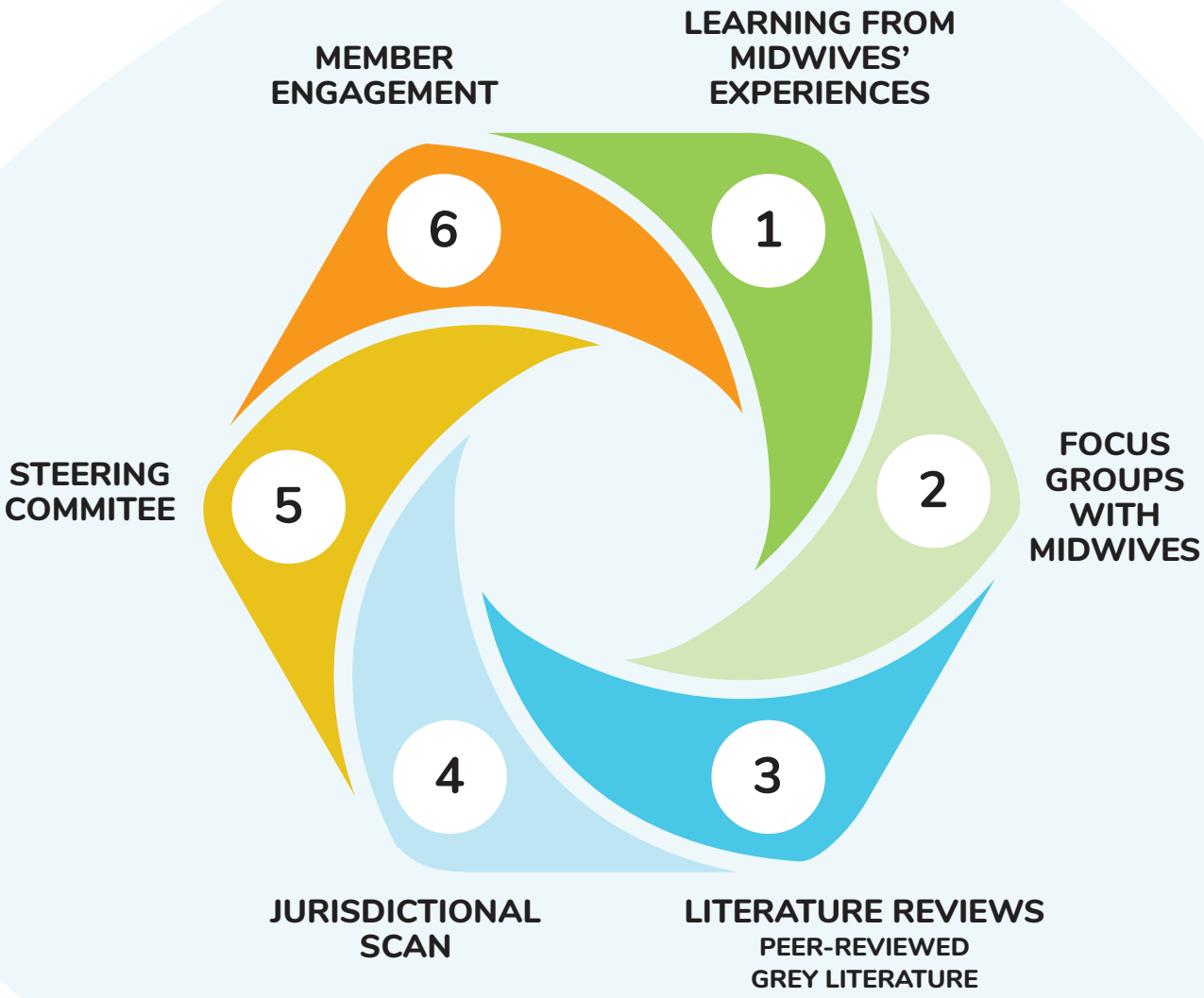
The experiences of reproductive oppression in Canada include, but are not limited to:

- the historical and ongoing impacts of racism and colonization, including medical colonialism, obstetric violence, current anti-Indigenous racism at both the individual level (e.g., denial of healthcare or violence from health professionals), and structural racism through policies that remove reproductive care and birth from Indigenous communities (e.g., denying communities health resources while enforcing policies of routine and blanket evacuation of pregnant people); [22, 27, 28]
- forced and coerced sterilization of persons in Canada through laws and government policies that specifically target First Nations, Inuit, and Métis communities, Black communities, and among people at the intersections of gender, race, poverty, and disability;[29]
- forced and coerced imposition of contraception;
- child and newborn apprehensions as a result of the systemic biases maintaining family policing of Indigenous, Black, and People of Colour (IBPOC) infants and children;[30, 31]
- forced and coerced abortions, which comprise a wide range of behaviours to exert reproductive control, including laws and policies;[32, 33]
- lack of access to safe, healthy, and sustainable communities (e.g., affordable housing crises, police brutality, food insecurity, and safe drinking water, which are results of policies intended to deliberately create and maintain inequities);[34]
- the many barriers to accessing comprehensive reproductive care that people with disabilities face, including accessible facilities and resources, accessible transportation, and access to the full range of necessary health services;
- the systemic discrimination and barriers to inclusive reproductive care, specifically safe abortion services for 2SLGBTQI+ people;[32] and
- lack of coverage for uninsured people, including undocumented people, migrant workers, and international students, resulting in excessively high fees and significant financial barriers to access healthcare.[17]

> ***"Reproductive oppression is the result of the intersection of multiple oppressions and is inherently connected to the struggle for social justice and human rights."***
>
> (Ross & Solinger, 2017, p.69)

EVIDENCE-INFORMED ADVOCACY

Six sources of evidence were used to inform the National Strategy for Midwife-led Abortion Care in Canada.



1 LEARNING FROM MIDWIVES' EXPERIENCES

We received ethics approval from the Community Research Ethics Board to interview midwives and collect their stories. The Community Research Ethics Board is a community-based organization that supports community researchers in accessing an ethical support and review process. Between September and November 2023, we gathered stories from 25 midwives working in communities across Canada. We interviewed midwives who were either directly involved in the provision of abortion care or were in the process of incorporating this care.

We captured insights from midwives representing ten of the 13 provinces and territories. These midwives worked in many communities, including urban, rural and remote, and Indigenous communities. The midwives supported underserved clients with diverse needs (e.g., new immigrants, uninsured people, people who are using drugs, people who are homeless or under-housed, people with low income, queer and trans people, and young people). The midwives who participated in the interviews included racialized midwives, 2SLGBTQI+ midwives, midwives with disabilities, midwives who are immigrants to Canada, and internationally educated midwives.

We asked each midwife to share their thoughts on midwife-led abortion care and to share stories on why they provide abortion care (or stories related to why they are working to provide this type of care). We also asked midwives to share how they have integrated abortion care into their practice, as well as what facilitators and barriers they encountered.

Outside of the research interviews, we engaged with health systems' stakeholders that could offer additional insight into the topic of midwife-led abortion care in Canada. These stakeholders included midwifery association staff, regulators, and educators.

2 FOCUS GROUPS WITH MIDWIVES

In September and October of 2023, we held three online focus groups with midwives who were not currently providing abortion care but were interested. We recruited participants through the CAM Member weekly newsletter. We asked participants to share with us stories about the abortion care needs of the communities in which they work. We also asked them to share why they were interested in abortion care and their vision for midwives' role in abortion care in Canada.

3 LITERATURE REVIEWS

We undertook a review of the relevant peer-reviewed and grey literature. We searched MEDLINE, Cochrane Library, Health Systems Evidence, and Embase to identify relevant research evidence (systematic reviews and primary studies) related to midwives providing abortion care in health systems in Canada or comparator health systems where healthcare is financed and organized similarly, and midwifery is regulated and delivered (e.g., U.K., Australia, New Zealand).[35] We also searched the grey literature for relevant reports, global guidance documents, and publications by Canadian sexual and reproductive health and rights organizations. These sources included the World Health Organization (WHO), International Confederation of Midwives (ICM), United Nations Population Fund, White Ribbon Alliance, SisterSong, National Abortion Federation (Canada), Women's Legal Education and Action Fund (LEAF), and Action Canada for Sexual Health and Rights.

4 JURISDICTIONAL SCAN

We reviewed publicly available resources across health systems in Canada to better understand the policy context of midwifery as it relates to abortion care. The search included national-level organizational websites (e.g., Health Canada, National Council of Indigenous Midwives [NCIM], CAM, Canadian Midwifery Regulators Council [CMRC], etc.), webpages of provincial and territorial ministries of health and Indigenous health boards, and a review of provincial and territorial midwifery regulations.

5 STEERING COMMITTEE

A steering committee for the project was created to advise and provide guidance to the project team. The steering committee met regularly and provided critical feedback on drafts of the national strategy. The committee included representation from various stakeholders and midwifery associations, including NCIM, the Canadian Alliance of Racialized Midwives (CARM), the Canadian Caucus of Queer and Trans Midwives (QTM), CMRC, Action Canada for Sexual Health and Rights, and the National Abortion Federation (Canada).

6 MEMBER ENGAGEMENT

Engaging CAM members to identify their needs, values and preferences related to abortion care was an essential component of the national strategy. We held a one-hour guided discussion session for midwives during the CAM annual conference on October 5, 2023. We presented initial concepts of the national strategy. We broke into small groups for a guided discussion on midwives' vision for midwife-led abortion care in their community, identifying facilitators and barriers to care, as well as sharing the unique factors that midwives bring to abortion care. The online focus group discussions were built as a companion to this in-person session to offer midwives who could not attend the conference an opportunity to participate.

BUILDING AN ENABLING ENVIRONMENT FOR MIDWIFE-LED ABORTION CARE

Midwives are experts in the provision of sexual and reproductive healthcare and, if given the appropriate support, can play a vital role in furthering reproductive justice in communities in Canada. We present a model for building an enabling environment for midwife-led abortion care, which underpins our national strategy. This approach aligns with global guidance documents, specifically the WHO's conceptual framework of the abortion care guideline.[36, 37] We used the same conceptual categories to organize our approach and tailored the content to the Canadian context. The model outlines 1) components of an enabling environment for midwife-led abortion care; 2) by whom abortion care is delivered; 3) what type of abortion care is delivered; 4) where abortion care is delivered; and 5) how abortion care is delivered.

At the centre is a **holistic lifespan approach to midwife-led abortion care**. A lifespan approach recognizes that sexual and reproductive health needs span the life course and are not limited to pregnancy, birth, and the postnatal period of six weeks after birth. Midwives share knowledge in ways that support bodily autonomy. By conceptualizing midwife-led care to include a holistic and life course approach, we recognize that clients may seek midwifery care at different points in their lives, which is inclusive of abortion care.

COMPONENTS OF AN ENABLING ENVIRONMENT

The enabling environment forms the basis for the integration of quality abortion care by midwives. The enabling environment consists of ten necessary components that, when combined, create an enabling environment for midwives to provide abortion care in health systems across Canada and within First Nations, Inuit, and Métis communities. The components of an enabling environment require engagement and action from a range of health systems' stakeholders, including policymakers, midwifery associations, regulators, midwifery education programs, and midwives. However, we note that each component does not have to be met at the outset for midwives to be able to provide abortion care in their communities.

1. Recognizing the leadership of IBPOC and 2SLGBTQI+ midwives in reproductive justice movements and midwife-led abortion care and centring the needs and perspectives of these midwives and the communities they represent in policy and funding decisions.
2. Honouring and centring multiple ways of knowing, including learnings within reproductive justice that are experiential, culturally relevant, and/or evidence-informed.[38]
3. Proactive midwifery associations that have strong technical and organizational capacity to advocate for the implementation of midwife-led abortion care.
4. Strong midwifery leaders through investments in midwifery leadership and governance, such as creating senior midwife positions and strengthening the capacity for midwives to drive relevant policies.[39]
5. Integrating midwives across all levels of health systems in Canada and within First Nations, Inuit, and Métis communities. This includes regulation, midwifery leaders participating in health policy decisions, payment mechanisms, and service delivery arrangements that integrate how and where midwives practice. This also includes respecting and recognizing Indigenous midwives working within and outside of exemption clauses.
6. Supportive regulatory structures that enhance midwife-prescribing authority and optimize scope of practice.
7. Pay equity for midwives with appropriate compensation and flexible funding models that allow midwives to respond to changing community needs.
8. Aligned governmental agendas to improve access to sexual and reproductive health and political will to implement health policies that include midwives as abortion care providers.
9. Accessible learning and education pathways for abortion care across a midwife's career.
10. Continuing public engagement and national campaigns to address stigma by normalizing abortion as basic healthcare.

MIDWIFERY MODEL OF ABORTION CARE

WHY

- Abortion is an integral part of healthcare and includes planned and unplanned pregnancies.
- Health systems in Canada are not meeting abortion care needs.
- Midwives are ideal abortion care providers and have the expertise to address current barriers.

WHO

Midwives provide abortion care in ways that respond to community needs and priorities while enhancing continuity of care and maintaining an informed choice and client-centred model of care. Midwives provide abortion care-related intra-professional peer support, mentorship, and communities of practice. Midwives maintain strong inter-professional collaborations, consulting physicians and allied health professionals as needed.

WHAT

Midwife-led abortion care is based on the principles of professional autonomy, informed choice, and evidence-based practice. We use the language of abortion care as inclusive of early pregnancy loss (i.e., miscarriage or spontaneous abortion).

- Pre-abortion – information, clinical assessment, options counselling, and shared decision-making
- Abortion – medication, vacuum aspiration, and expectant management
- Post-abortion – follow-up care, assessing and managing complications, and family planning

WHERE

Midwife-led abortion care supports choice in abortion setting when possible. Clients are supported by their midwife to manage their medication abortion at home, through telemedicine and other forms of remote care, or receive abortion care in a midwifery clinic, birth centre, early pregnancy clinic, community outreach facility, primary care clinic, or hospital.

HOW

Midwife-led abortion care enhances equity-driven, culturally safe, and community-based care. Safe abortion environments may include the following components: access to local cultural/traditional practices, medicines, healing, and knowledges.[15] All individuals have the right to universal contraception and abortion coverage. Abortion care training is included in midwifery education pathways, which allows for the time and space to integrate new skills into the curriculum and develop training courses for practicing midwives. Midwifery associations support abortion by providing abortion-related learning. Midwives have access to the necessary diagnostic tools and medications to provide abortion care and have the payment mechanisms for appropriate remuneration. Lastly, midwives act as system navigators and have access to other needed health and social services for their clients.

WHY

- Abortion is an integral part of healthcare and includes planned and unplanned pregnancies
- Health systems in Canada are not meeting abortion care needs
- Midwives are ideal abortion care providers and have the expertise to address current barriers

WHO

- Midwives respond to community needs and priorities in an informed choice and client-centred model of care
- Intra-professional peer support and collaboration among midwives
- Inter-professional collaboration and consultation of midwives with physicians and allied health professionals as needed

WHAT

- Pre-abortion* - information, clinical assessment, options counselling, and shared decision-making
- Abortion* - medication, vacuum aspiration, and expectant management
- Post-abortion* - follow-up care, assessing and managing complications, and family planning

WHERE

- Home, telemedicine and other remote care, midwifery clinics, birth centres, early pregnancy clinics, community outreach facilities, primary care clinics, and hospitals

HOW

- Equity-driven, culturally safe, and community-based abortion environments
- Universal contraception and abortion coverage
- Inclusion of abortion care training across midwifery education pathways
- Midwifery associations provide abortion-related learning
- Midwives have access to the necessary diagnostic tools and medications
- Payment mechanisms for appropriate remuneration of midwives
- Midwives are well integrated into health and social service systems

ENABLING ENVIRONMENT

- Recognizes the leadership of IBPOC and 2SLGBTQI+ midwives in reproductive justice movements and abortion care
- Honours and centres multiple ways of knowing
- Proactive midwifery associations
- Strong midwifery leaders
- Integration of midwives across all levels of health systems
- Supportive regulatory structures and midwife-prescribing legislative authority
- Pay equity for midwives and flexible funding models
- Aligned governmental agendas and political will
- Accessible learning and education pathways for abortion care
- Continued public engagement to normalize abortion as part of healthcare

*Abortion care includes planned and unplanned pregnancies (i.e., early pregnancy loss, miscarriage, or spontaneous abortion)

COLLECTIVE ACTION: INVEST IN MIDWIVES

This section is intended to provide action-oriented next steps for the integration of midwives as abortion care providers across health systems in Canada and within First Nations, Inuit, and Métis communities. We note that the main limitation of this national-level work is that healthcare in Canada is primarily organized and delivered at the provincial/territorial level. It also includes federally organized healthcare and combinations of federal and provincial/territorial healthcare as set out by historical and modern agreements. As such, the implementation of midwifery varies by province, territory, and sometimes by region, and action needs to be tailored to each context, including community engagement, to ensure positive impacts on federal healthcare delivery. We call on policymakers, midwifery associations, regulators, midwifery education programs, midwives, and collaborating health professionals to advocate for change in the following five priority areas:

1 PROVIDE COMPREHENSIVE CARE

As part of our commitment to advancing midwife-led abortion care, we urge policymakers to prioritize and invest in comprehensive sexual and reproductive care. This involves integrating midwives into health systems that support the profession to deliver holistic client-centred sexual and reproductive services beyond abortion, including family planning, contraception counselling, and post-abortion care. By providing the necessary resources and support, we can enhance the capacity of midwives to offer inclusive and client-centred reproductive care, contributing to the overall well-being of individuals and communities across Canada.

2 SUPPORT MIDWIVES' ASSOCIATIONS

Midwives' associations are the professional bodies that represent midwifery and are key change agents. Health professional associations enhance access to healthcare by increasing public awareness, supporting their members, providing quality training, advocating with governments, and coordinating collaborative healthcare initiatives.[40] While midwifery associations are a crucial voice in promoting access to sexual and reproductive health services, they face significant barriers to supporting their viability and participating in policy decisions due to a complex set of gendered factors and histories.[40, 41]

To enhance equitable access to abortion care in Canada through midwives, we need to begin by improving the funding and capacity of midwifery associations. Many midwifery associations in Canada are volunteer-run and lack the necessary investments to support the profession fully. Building strong midwifery associations in Canada is key to ensuring the integration of midwives in health systems, continued abortion care learning, and advocating for sexual and reproductive care that is culturally sensitive, localized, coordinated, responsive, equitable, and sustainable.[40]

3 OPTIMIZE SCOPE OF PRACTICE

To harness the full potential of midwives in abortion care, we call for a strategic optimization of midwives' scope of practice. This involves recognizing and leveraging midwives' unique skill sets and supporting midwives to provide abortion care services independently. Optimizing the scope of practice also requires having midwives' strategic policy input in provincial and territorial primary care health service planning. By removing unnecessary provincial and territorial regulatory restrictions and barriers, midwives can increase their contributions to sexual and reproductive care and further enhance access for all women, trans, and nonbinary people in Canada.

4 STRENGTHEN PRESCRIBING AUTHORITY

To ensure midwives can provide timely and effective abortion care, it is essential to strengthen their prescribing authority. We advocate for the removal of current provincial and territorial restrictions, which do not align with federal messaging in the case of mifegymiso, and often limits midwives' prescribing authority to a list of designated drugs and create gaps in care.[42, 43] Midwives need to be supported to independently prescribe medications necessary for abortion care, including contraceptives, aligning with evidence-based practices and global guidance.[36, 37] Strengthening prescribing authority not only enhances the autonomy of midwives but also streamlines the provision of safe and accessible abortion services, contributing to the overall improvement of sexual and reproductive care in Canada.

5 ESTABLISH PAYMENT MECHANISMS

We call for the establishment of fair and sustainable payment mechanisms for midwives that are inclusive of abortion care services. This includes advocating for equitable reimbursement for midwifery services and ensuring that their contributions to abortion care are adequately recognized and remunerated. Establishing accessible and appropriate payment structures and flexible funding models will allow midwives to respond to changing community needs. These mechanisms are essential to acknowledging midwives' expertise and fostering a sustainable framework that encourages their continued involvement in sexual and reproductive care.

REFERENCES

1. World Health Organization. Abortion. Geneva: WHO; 2021 [cited 2023 November 16]. Available from: https://www.who.int/news-room/fact-sheets/detail/abortion.

2. Canadian Association of Midwives. Position statement: Midwives' provision of abortion. Montreal: CAM; 2022.

3. International Confederation of Midwives. Position statement: Midwives' provision of abortion-related services. The Hague: ICM; 2014 [cited 2023 November 16]. Available from: https://www.internationalmidwives.org/assets/files/statement-files/2018/04/midwives-provision-of-abortion-related-services-eng.pdf.

4. Canadian Midwifery Regulators Council. Canadian competencies for midwives. Toronto: CMRC; 2020.

5. Barrett G, Wellings K. What is a 'planned' pregnancy? Empirical data from a British study. Social Science & Medicine. 2002;55(4):545-57.

6. Public Health Agency of Canada. Chapter 7: Loss and grief in Public Health Agency of Canada. Family-centred maternity and newborn care: National guidelines. Ottawa: Health Canada; 2020 [cited 2024 January 22]. Available from: https://www.canada.ca/en/public-health/services/publications/healthy-living/infographic-perinatal-loss-canada.html.

7. Statistics Canada. Table: 13-10-0428-01: Live births and fetal deaths (stillbirths), by type of birth (single or multiple) Ottawa: Statistics Canada; 2023 [cited 2024 January 22]. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310042801.

8. Women's Legal Education and Action Fund (LEAF). Legal entitlement to abortion in Canada: A timeline. Toronto: LEAF; 2022.

9. Action Canada. Status for all, abortion access for all! Ottawa: Action Canada; 2022 [cited 2024 January 22]. Available from: https://www.actioncanadashr.org/news/2022-07-12-status-all-abortion-access-all.

10. Women's Legal Education and Action Fund (LEAF). Beyond complacency: Challenges (and opportunities) for reproductive justice in Canada. Toronto: LEAF; 2022. Report No.: 9240062408.

11. Guttmacher Institute. Unintended pregnancy and abortion in Northern America. Washington: Guttmacher Institute; 2022 [cited 2023 28 November]. Available from: https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-abortion-northern-america.

12. Canadian Institute for Health Information. Induced abortions reported in Canada in 2021: Update. Ottawa: CIHI; 2023.

13. Renner RM, Ennis M, Contandriopoulos D, Guilbert E, Dunn S, Kaczorowski J, et al. Abortion services and providers in Canada in 2019: results of a national survey. CMAJ Open. 2022;10(3):E856-E64.

14. Abortion Rights Coalition of Canada. Canadian regulation of abortion. Vancouver: Abortion Rights Coalition of Canada; 2023 [cited 2023 December 5]. Available from: https://www.arcc-cdac.ca/media/position-papers/61-Canadian-abortion-regulation.pdf.

15. Monchalin R, Jubinville D, Pérez Piñán AV, Paul W, Wells M, Ross A, et al. "I would love for there not to be so many hoops…": recommendations to improve abortion service access and experiences made by Indigenous women and 2SLGTBQIA+ people in Canada. Sexual and Reproductive Health Matters. 2023;31(1):2247667.

16. Monchalin R, Piñán AVP, Wells M, Paul W, Jubinville D, Law K, et al. A qualitative study exploring access barriers to abortion services among Indigenous Peoples in Canada. Contraception. 2023;124:110056.

17. National Abortion Federation Canada. Trends in barriers to abortion care. Victoria: NAF; 2023 [cited 2023 December 5]. Available from: https://nafcanada.org/trends-in-barriers-to-abortion-care/.

18. National Abortion Federation Canada. Abortion coverage by region. Victoria: NAF; 2023 [cited 2023 December 5]. Available from: https://nafcanada.org/abortion-coverage-region/.

19. Sethna C, Doull M. Spatial disparities and travel to freestanding abortion clinics in Canada. Women's Studies International Forum. 2013;38:52-62.

20. Canadian Association of Midwives. Position statement: The Canadian midwifery model of care. Montreal: CAM; 2015.

21. Action Canada. Increasing abortion access in Canada through midwife-led care. Ottawa: Action Canada; 2023.

22. Association of Ontario Midwives. Midwives and abortion care – Q&A. Toronto: AOM; 2022 [cited 2023 November 28]. Available from: https://www.ontariomidwives.ca/sites/default/files/2019-1/Midwives%20and%20Abortion%20Care%20Q&A%20–%20Feb%202019.pdf.

23. Mosley EA, Ayala S, Jah Z, Hailstorks T, Dixon Diallo D, Hernandez N, et al. Community-led research for reproductive justice: exploring the SisterLove Georgia Medication Abortion project. Frontiers in Global Women's Health. 2022;3:969182.

24. Ross L, Solinger R. Reproductive justice: An introduction. Berkeley: University of California Press; 2017.

25. SisterSong Women of Color Reproductive Justice Collective. About. Atlanta: SisterSong 2023 [cited 2023 November 28]. Available from: https://www.sistersong.net/about-x2.

26. SisterSong Women of Color Reproductive Justice Collective. Visioning RJ 2023. Atlanta: SisterSong 2023 [cited 2023 November 28]. Available from: https://www.sistersong.net/visioningnewfuturesforrj.

27. Action Canada. Abortion access and Indigenous peoples in Canada. Ottawa: Action Canada; 2021 [cited 2023 November 28]. Available from: https://www.actioncanadashr.org/resources/factsheets-guidelines/2021-05-21-abortion-access-and-indigenous-peoples-canada.

28. Shaheen-Hussain S, Lombard A, Basile S. Confronting medical colonialism and obstetric violence in Canada. The Lancet. 2023;401(10390):1763-5.

29. The Standing Senate Committee on Human Rights. The Scars that We Carry: Forced and Coerced Sterilization of Persons in Canada. Ottawa: Report of the Standing Senate Committee on Human Rights; 2022.

30. National Council of Indigenous Midwives. Position statement on Indigenous child apprehensions. Montreal: NCIM; 2020 [cited 2023 December 1]. Available from: https://indigenousmidwifery.ca/wp-content/uploads/2019/05/PS-IndChildApp.pdf.

31. Ontario Human Rights Commission. Interrupted childhoods: Over-representation of Indigenous and Black children in Ontario child welfare. Toronto: King's Printer for Ontario; 2018 [cited 2023 December 1]. Available from: https://www.ohrc.on.ca/en/interrupted-childhoods.

32. Rowlands S, Walker S. Reproductive control by others: Means, perpetrators and effects. BMJ Sexual & Reproductive Health. 2019;45(1):61-7.

33. Canadian Civil Liberties Association. Press Release: Police-involved deaths on the rise across Canada. Toronto: CCLA; 2023 [cited 2024 January 22]. Available from: https://ccla.org/press-release/press-release-police-involved-deaths-on-the-rise-across-canada/.

34. Statistics Canada. Food insecurity among Canadian families. Ottawa: Statistics Canada; 2023 [cited 2024 January 22]. Available from: https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00013-eng.htm#.

35. World Health Organization. Health system reviews (HiT series). Geneva: WHO; 2023 [cited 2024 January 23]. Available from: https://eurohealthobservatory.who.int/publications/health-systems-reviews.

36. World Health Organization. Towards a supportive law and policy environment for quality abortion care: evidence brief. Geneva: WHO; 2022. Report No.: 9240062408.

37. World Health Organization. Abortion care guideline. Geneva: WHO; 2022. Report No.: 9240062408.

38. Eaton AA, Stephens DP. Reproductive Justice Special Issue Introduction "Reproductive Justice: Moving the Margins to the Center in Social Issues Research". Journal of Social Issues. 2020;76(2):208-18.

39. United Nations Population Fund. State of the world's midwifery 2021. New York: UNFPA; 2021.

40. Mattison C, Bourret K, Hebert E, Leshabari S, Kabeya A, Achiga P, et al. Health systems factors impacting the integration of midwifery: An evidence-informed framework on strengthening midwifery associations. BMJ Global Health. 2021;6(6):e004850.

41. Renfrew M, Ateva E, Dennis-Antwi JA, Davis D, Dixon L, Johnson P, et al. Midwifery is a vital solution: What is holding back global progress? Birth. 2019;46(3):396-9.

42. Association of Ontario Midwives. Prescribing powers. Toronto: AOM; 2023 [cited 2023 November 28]. Available from: https://www.ontariomidwives.ca/prescribing-powers.

43. Health Canada. Health Canada updates prescribing and dispensing information for Mifegymiso. Ottawa: Government of Canada; 2017 [cited 2024 January 29]. Available from: https://recalls-rappels.canada.ca/en/alert-recall/health-canada-updates-prescribing-and-dispensing-information-mifegymiso.

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