

Implementation Checklist for Midwife-led Medication Abortion Provision



Midwife-led abortion care: Midwives are ideally placed to offer holistic, client-centred care that is trauma-informed, anti-colonial, culturally safe, gender inclusive, and grounded in informed choice while emphasizing reproductive justice and strong community integration.



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Initial Considerations



Establishing community networks: Relationship building through local and regional networks that take into account the unique needs of communities, especially within rural and remote areas. Strong ties and lines of communication are necessary with collaborating health professionals, community organizations, and advocacy groups to ensure client safety and raise awareness of and support for midwife-led abortion care.

Clinic environment: Design a neutral, gender-inclusive, supportive space free from pregnancy and baby-centric decor.



Dedicated time and support for midwives and administrative staff to reflect on the integration of abortion services within their context. Elements might include reflecting on how to engage with clients openly, without judgment, and without assuming their intentions regarding care pathways.



Client visit timing: Ensure flexible appointment scheduling, offering visits in the first trimester and in-person or virtual visit options.



Community resource mapping: Identify local essential services (e.g., blood work, ultrasound, pharmacies) that support abortion care.

Confirm which pharmacies stock MifeMiso and establish relationships with ultrasound providers to ensure they use a trauma-informed approach.

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Structuring Appointments



Elements of an abortion appointment: Review client history, review blood work and ultrasound results (if indicated), focused physical exam (if indicated), abortion education and counselling, review of abortion options, discussion of contraception options (if interested), and informed consent.



Single-appointment model: Conduct a comprehensive session covering history, counselling, informed consent, and a focused exam, with follow-up calls as needed. This includes offsite blood work, ultrasound (if indicated), phone/fax review of labs, sending Rx to a pharmacy, and follow-up calls as needed.



Double-appointment model: The first appointment covers history, counselling, and a focused exam. Offsite blood work and ultrasound (if indicated). In the second appointment, review labs, obtain informed consent, send Rx to a pharmacy, and make follow-up calls as needed.



Telemedicine options: Offer telemedicine, a similar model as an in-person visit, for increased accessibility. Depending on the client's needs, follow-up may include a call 7-14 days after taking the medication to confirm completion.



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Community and Health System Integration

- ☐ **Referral pathways for further care:** Establish clear referral pathways for cases where procedural abortion is preferred or needed, and when gestational age exceeds medication abortion limits.
- ☐ **Collaboration with local supports:** Connect with psychosocial services, pro-choice access lines, and community organizations to support clients facing social or logistical barriers.
- ☐ **Emergency support networks:** Clearly explain to clients how to access emergency support, including how to contact an on-call midwife. Coordinate with emergency departments or after-hours clinics to ensure emergency care support. Confirm they are aware of and prepared for potential medication abortion needs.

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Clinic Safety and Confidentiality

- ☐ **Physical security:** Ensure secure clinic entrances, with locks and limited access to private areas. Use security cameras in entryways if needed, and be mindful of Canadian privacy regulations.
- ☐ **Culturally safe care:** Strive to offer care that is trauma-informed, anti-colonial and culturally safe, ensuring that care is free from discrimination and addresses power imbalances.
- ☐ **Raising awareness of services:** List your services within trusted networks like Abortion Care Canada or Action Canada for Sexual Health & Rights, which have public and private directories.
- ☐ **Informed consent:** To streamline documentation, use digital tools (e.g., DocuSign) for remote consent or pre-send consent forms.

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Financial Arrangements

- ☐ **Support for clients with system navigation and financial needs:** Explore partnerships with local community organizations, sexual and reproductive health and rights organizations, or provincial/territorial programs that may offer system navigation and financial assistance to clients who need help with accessing medications, transportation, accommodation, childcare, and time off work.
- ☐ **Out-of-province and uninsured clients:** Understand billing policies for out-of-province clients and options to cover the cost of MifeMiso and other medications for uninsured individuals (e.g., international students and migrants). Consider developing resources and culturally safe referral pathways to help financially support clients when needed.
- ☐ **Flexible funding models:** Advocate within your practice setting and health system for flexible funding arrangements to support the time and resources needed to provide abortion care. Midwifery associations can help advocate for sustainable payment structures for abortion services.

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Ongoing Support and Advocacy

- ☐ **List with local and national abortion resources:** Register with organizations such as [Action Canada for Sexual Health & Rights](#) and [Choice Connect](#) to help clients access your services confidentially.
- ☐ **Community of practice participation:** Contact your provincial/territorial association to find out about regional resources, including other practices that could offer mentorship and local support. To stay up-to-date, engage in ongoing learning and support networks like [Canadian Abortion Providers Support \(CAPS\)](#) and [Abortion Care Canada](#) memberships.
- ☐ Midwives in Canada already possess the skills, knowledge, and competencies required to provide abortion care. Examples of available training support to further build confidence and expertise as needed include:
 - [Abortion Care Canada](#) [ENG]
 - [Society of Obstetricians and Gynecologists of Canada \(SOGC\)](#) [ENG, FR]

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