

Montréal, April 10, 2026

The Honorable Lena Metlege Diab
Minister of Immigration, Refugees and Citizenship
House of Commons Ottawa, ON, K1A 0A6

Subject: Open Letter & Recommendations from Canadian Association of Midwives Regarding
Changes to Interim Federal Health Program (IFHP)

Dear Minister Diab,

The Canadian Association of Midwives (CAM) is concerned about recent federal policy changes introducing co-payments for certain health services under the Interim Federal Health Program (IFHP). Beginning May 1, 2026, eligible beneficiaries will be required to pay \$4 per prescription medication and 30% of the cost of certain supplemental health services, while core physician and hospital services remain covered.

Refugees, asylum claimants, and other people eligible for IFHP already face significant barriers when accessing care in Canada. Introducing new financial barriers during pregnancy and the postpartum period risks delaying or preventing access to essential medications, diagnostics, and supports that protect the health of both parents and babies.

CAM believes that equitable access to maternity care is essential to a healthy society. Policies that create barriers to preventative and community-based care are likely to increase downstream health system costs and worsen health outcomes.

Midwives play a critical role in providing accessible care to refugee and newcomer families across Canada.

Midwifery care is primarily community-based and centered on building strong relationships with families; it emphasizes early access to perinatal care and general sexual and reproductive health care. This approach reduces pressures on hospitals which supports timely, preventive, cost-effective care. Midwifery-led models of care are particularly well suited to supporting individuals navigating new health systems, language barriers, and complex social circumstances.

Pregnancy is a time-limited but clinically critical period. Even modest financial barriers can prevent individuals from accessing medications and services that are essential for safe care in pregnancy and postpartum.

The introduction of co-payments may limit access to, among other things:

- medications for nausea and vomiting of pregnancy
- medications for gestational diabetes or hypertension

- contraception and other postpartum medications
- mental health counselling and supports
- diagnostic testing such as laboratory work and ultrasounds

Delays in accessing these services can lead to worsening health conditions that ultimately require more complex and expensive interventions later in pregnancy or after birth. From a health system perspective, policies that discourage preventative care often shift costs to emergency departments, hospital admissions, and neonatal intensive care.

CAM's recommendations for policy improvements:

CAM recognizes the federal government's responsibility to manage the sustainability of public programs. However, policies designed to control costs must also protect access to essential care.

CAM recommends the following policy measures to reduce harm while maintaining the sustainability of IFHP:

1. Create a pregnancy and postpartum exemption

Pregnant individuals and those in the first year postpartum should be exempt from co-payments under IFHP given the time-limited and high-impact nature of maternity care. There should be no co-payments for medications or mental health related services.

2. Introduce hardship exemptions for vulnerable patients

Providers should be able to waive co-payments when financial barriers would prevent access to necessary care.

3. Monitor impacts on maternal and newborn outcomes

Federal policy changes should be evaluated to ensure they do not reduce access to prenatal care or worsen outcomes for pregnant refugees and newcomers.

4. Clarify that midwifery care is an essential health service

Midwifery services should be explicitly recognized within IFHP as essential maternity care, not supplemental care.

5. Recognize midwifery models of care in federal policy

Supporting midwives to provide accessible prenatal care reduces reliance on higher-cost hospital services.

Midwives are proud to care for refugee and newcomer families across Canada.

Policies that support early access to perinatal care help families thrive and strengthen Canada's health system. CAM encourages the federal government to work with midwives and other health



professionals to maximize our capacity to help and ensure changes to the Interim Federal Health Program protect equitable access to pregnancy care while supporting the long-term sustainability of the program.

The Canadian Association of Midwives remains committed to working collaboratively with governments and partners to improve access to safe, respectful, and equitable care for everyone in Canada.

Sincerely,

On behalf of the Canadian Association of Midwives/Association canadienne des sages-femmes

CJ Blennerhassett, RM, MHA
CAM President/Présidente ACSF

CC: The Honorable Marjorie Michel
Minister of Health