Association of Ontario Midwives
Delivering what matters.

September 12, 2017

Ministry of Health and Long-Term Care
1075 Bay Street, 9th floor
Toronto, ON M7A 0A5

Dear Madam or Sir:

Re: Proposed Amendments to Regulation 552 of the Health Insurance Act

Thank you for taking the time to review this submission from the Association of Ontario Midwives (AOM) to the proposed amendments to Regulation 552 under the Health Insurance Act. We are specifically commenting on the implementation of section 22 of the Public Hospitals Act to ensure that it adequately addresses the needs of midwifery clients.

Registered Midwives in Ontario have been funded by the Ministry of Health and Longterm Care to provide personalized, excellent care for more than 180,000 pregnant clients and their newborns since 1994. Midwives attend births in home, hospital and birth centres; and provide care in a client's home for the first week after birth, keeping healthy clients out of the hospital. Clients who have given birth in hospital and who meet discharge criteria are able to go home from hospital as early as a few hours following birth, with their midwives providing postpartum follow-up in the community and 24 hour access for time sensitive issues that arise.

Our care perfectly aligns with the Ministry's objectives of providing the right care, at the right time, in the right place.

Like other newborn care providers, midwives provide newborn testing for hyperbilirubinemia between 24 and 72 hours after birth according to Health Quality Ontario's Quality-Based Procedures for Hyperbilirubinemia in Term and Late Pre-Term Infants (≥35 weeks). This test requires rapid laboratory processing and results, **which can only be achieved in hospital laboratories**.

Fewer than 50% of midwifery clients and newborns are in hospital when this test is indicated – the others having never gone to hospital or having been discharged early from hospital. In some communities, hospital laboratories are unwilling to accept specimens drawn for hyperbilirubinemia screening without the healthy infant being first admitted or re-admitted to

hospital for the purpose of the screening. In these communities, this can result in clients declining the testing to avoid an unnecessary hospital admission; or healthy infants being admitted or re-admitted to hospital (or extending their length of stay after birth) simply to access this testing. This results in an unnecessary increase in admissions, re-admissions and length of stay with their associated health care costs, as well as a compromise of the patient experience.

We recommend that the proposed implementation of section 22 of the Public Hospitals Act address this issue by providing a mechanism for all hospital laboratories to be funded for the analysis of these specimens collected in the community, but which can only be analyzed in hospital. Additionally, we would recommend that the approach be adequately flexible to also address any other tests on specimen collected in the community by midwives. Access to this needed laboratory test should be determined by what is the right care in the right place, not by funding barriers.

Thank you very much for considering this submission. We look forward to working with regulated diagnostic medical sonographers in the future.

Sincerely,

Allyson Booth, RM
Director, Quality and Risk Management
Association of Ontario Midwives