



November 13, 2023

Health Workforce Regulatory Oversight Branch  
Office of the Chief of Nursing and Professional Practice  
Ministry of Health  
438 University Avenue, 10th Floor  
Toronto ON M5G 2K8

Re: Expansion of Scope for Midwifery (Proposal Number: 23-HLTC057)

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On behalf of the Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP-OB), we appreciate the opportunity to provide feedback on the draft amendments to Ontario Regulation 884/93 (Designated Drugs) under the Midwifery Act, 1991, as part of the consultation process. The proposed regulatory amendments would enable midwives to practice a scope that better reflects their current practice and best practices.

The CSHP-OB represents pharmacy professionals practicing in collaborative healthcare settings, such as hospitals and primary care teams, in Ontario. Hospital pharmacists play a key role in the assessment, selection, and monitoring of medication therapies and are an integral part of safe, effective medication management system in hospitals as detailed in Accreditation Canada Medication Management standards. We are in support of this expansion of scope of practice to broaden medications that can be prescribed and administered by midwives, while offering some considerations for review by the Ministry of Health and the College of Midwives of Ontario. Outlined in [Appendix 1](#), our recommendations are rooted in patient safety, medication safety, product availability both on hospital formularies and the Canadian market, while recognizing guidelines from national organizations, such as Choosing Wisely Canada, and the National Association of Pharmacy Regulatory Authorities.

Robust regulations related to prescribing and administration of medications are paramount to ensure high quality and seamless patient care. It is important to better understand the duration of any course of therapy for which midwives can prescribe in relation to their scope of practice and their involvement along a patient's care continuum. Clear documentation and communication with other healthcare providers are also key elements to ensure continuity of care.

Moreover, with this expansion of scope to administer controlled substances, we welcome a strong partnership with midwives on opioid stewardship given the ongoing opioid crisis. Collaborative efforts to establish guidelines for judicious use and proper disposal of opioids, coupled with effective documentation and monitoring practices can positively contribute to minimizing the risks associated with these medications.

In conclusion, CSHP-OB supports the expansion of scope of practice to reflect current and best practices of midwives. At the same time, it is critical to also recognize the legislative barriers created by the *Public Hospitals Act, 1990*, that prevent healthcare professionals, including hospital pharmacists, from practicing to full scope. Amendments to the *Public Hospitals Act*,



1990, represent another major opportunity for change that can positively impact the healthcare of Ontarians.

We thank the Health Workforce Regulatory Oversight Branch for your continuous efforts in improving the healthcare landscape in Ontario and for considering our perspective on this crucial matter. For any further questions or clarifications, please feel free to contact me directly at [obpresident@cshp.ca](mailto:obpresident@cshp.ca).

Sincerely,

David Liu

President, CSHP-OB



Appendix 1

| Regulation Section  | Recommendations and Comments   |
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| <p>Section 6. (1) In the course of engaging in the practice of midwifery, a member may use any drug on the order of a member of the College of Physicians and Surgeons of Ontario or on the order of a member of the College of Nurses of Ontario holding a certificate of registration in the extended class as defined in the regulations under the <i>Nursing Act</i> (Ontario).</p> | <p>Clarification of the term 'use' is needed.</p> <p>There are other prescribers in hospitals other than physicians and nurse practitioners. Some health professions may prescribe via medical directives or hospital policies. The term 'on the order a prescriber' should be used in this section.</p> <p>Inclusion of conditions that must be met, similar to subsections (a) and (b) under Section 5 of this regulation, is suggested to ensure safe medication practices that also include monitoring of treatment outcomes.</p>  |
| <p>Section 7. A member may administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.</p>  | <p>Clarification of the term 'order' is needed, especially how it differs from 'prescribe', if any.</p> <p>Further delineation of what can be prescribed is likely needed, especially for recreational cannabis as well as over-the-counter medications that may not be directly related to typical treatments used in pregnancy, labour and delivery, and pre- and post-natal care.</p> <p>Inclusions of conditions that must be met, similar to subsections (a) and (b) under Section 5 of this regulation, is suggested to ensure safe medication practices that also include monitoring of treatment outcomes.</p> |
| <p>Schedule 1: Drugs that may be prescribed<br/>Vaccines</p>  | <p>The addition of straight tetanus (Td) is suggested.</p>   |
| <p>Schedule 1: Drugs that may be prescribed<br/>Anti-infectives</p>   | <p>Consultations with practitioners in Infectious Diseases, Antimicrobial Stewardship, Obstetrics and Gynaecology, and others, as applicable, are recommended to better understand and potentially delineate the specific indications for which the listed antimicrobials can be prescribed. The dosage form and route of administration that can be prescribed of these anti-infectives may also need to be clarified.</p> <p>The mixture of mupirocin-betamethasone valerate-miconazole with or without ibuprofen</p>  |



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|   | <p>should be reviewed by those providing specialty compounding services to ensure a master formula is available to support the compounding of this mixture.<br/>Floxacillin should be removed as it is not available in Canada.</p> <p>Metronidazole should be moved from 'antifungals' to 'antibacterials' as it is not an antifungal agent.</p> |
| <p>Schedule 1: Drugs that may be prescribed</p> <p>Hormonal Contraceptives</p>                    | <p>Clarification is needed when it comes to intra-uterine devices (IUD) as not all IUDs are hormonal IUDs.</p>  |
| <p>Schedule 1: Drugs that may be prescribed</p> <p>Analgesics and Antipyretics</p>                | <p>Correction of spelling of analgesics.</p> <p>Broadening what can be prescribed, such as the inclusion of acetaminophen and ibuprofen as not all dosages are over-the-counter, may be considered. A review of dosage forms and route of administration may be required.</p>   |
| <p>Schedule 1: Drugs that may be prescribed</p> <p>Anti-emetics</p>                               | <p>Broadening what can be prescribed may be considered, factoring into hospital formulary. A review of dosage forms and route of administration may be required.</p>  |
| <p>Schedule 1: Drugs that may be prescribed</p> <p>Vitamins, Minerals, and Fluid Replacements</p> | <p>Delineation of specific agents that can be prescribed should be considered.</p>  |
| <p>Schedule 1: Drugs that may be prescribed</p> <p>Proton Pump Inhibitors</p>                     | <p>Broadening what can be prescribed may be considered, factoring into hospital formulary. A review of dosage forms and route of administration may be required.</p> <p>A review of indications and duration of therapy may be needed, in conjunction with a review of <u>Choosing Wisely Canada</u> recommendations.</p>                         |
| <p>Schedule 1: Drugs that may be prescribed</p> <p>Histamine Blockers</p>                         | <p>Broadening what can be prescribed may be considered, factoring into hospital formulary and availability on Canadian market. A review of dosage forms and route of administration may be required.</p>  |
| <p>Schedule 3: Drugs that may be administered by injection</p> <p>Vaccines</p>                    | <p>If adjusting vaccine list in Schedule 1 as above, this list should be adjusted for alignment.</p>  |



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| Schedule 3: Drugs that may be administered by injection<br><br>Antibacterials  | A review of antibacterials that can be prescribed, including dosage forms and route of administration, is suggested to build this list. For example, azithromycin and metronidazole are available in both oral and parenteral formats.<br><br>Correction of spelling of cefazolin |
| Schedule 3: Drugs that may be administered by injection<br><br>Opioid Agonists | The title should be changed to Opioid Antagonists (not agonist).  |
| Schedule 4: Controlled substances that may be administered by injection        | A further review of commonly used controlled substances during labour and delivery may be needed to assess whether this list should be broadened to include hydromorphone.  |