CART-GRAC and Chief Nursing Officer Meeting

Planning to Advance Nursing Policy, Systems and Practice in Contraception and Abortion Care

2023 September 25 | Women's College Hospital (WCH), Pink Cube, Toronto

THE UNIVERSITY OF BRITISH COLUMBIA

CART-GRAC
Contraception Access Research Team
Groupe de recherche sur l'accessibilité à la contraception

WOMEN'S HEALTH RESEARCH INSTITUTE AT BC WOMEN'S

GOAL:

To identify and prioritize population health gaps and opportunities for advancing nursing policy, systems and practice to improve equitable access for people to contraception and abortion knowledge, methods and services supporting their goals to time and space their children.

In Attendance

Leigh Chapman, RN, PhD, Chief Nursing Officer, Canada

Cynthia Baker, RN, PhD, Executive Director,
Canadian Association of Schools of Nursing, Prof Emerita, Queens University

Cheryl Davies, RN, MEd, Chief Operating Officer,
BC Women's Hospital and Health Centre

Ruth Martin-Misener, NP, PhD, Co-Director, Canadian Centre for Advanced Practice Nursing Research; Professor and Director, School of Nursing, Dalhousie University

Martha Paynter, RN, PhD, CART Director, Nursing Research;
Assistant Professor, University of New Brunswick

Elizabeth Darling, RM, PhD, CART Director, Midwifery Research,
Associate Professor, McMaster University

Stephanie Begun, MSW, PhD, CART Director, Social Work Research,
Associate Professor, University of Toronto

Fatawu Abdulai, RN, PhD, CART Director, Digital Health Research,
Assistant Professor, University of British Columbia

Sheila Dunn, MD, MSc, Founder and Emeritus Director, CART,
Associate Professor, University of Toronto

Wendy V. Norman, MD, MH Sc, Founder and Co-Director, CART,
Professor and PHAC Chair, Family Planning Public Health Research (2014-2024),
University of British Columbia

Preetika Sharma, PhD, Research Associate, University of Toronto.
(Notetaking and Session Summary)

Land Acknowledgement

We are coming from across Canada today to do important work. We wish to acknowledge that today we are meeting on the traditional lands of the Mississaugas of the Anishnaabe, the Haudenosaunee Confederacy and the Huron-Wendat. We are grateful for their stewardship of this land. Today, this place remains the home to many Indigenous people from across Turtle Island and we recognize the enduring presence of Indigenous peoples connected to and on this land. We are grateful to have the opportunity to gather and work on this land and seek to live respectfully with each other and with the earth.

Planning to Advance Nursing Policy, Systems and Practice in Contraception and Abortion Care

Agenda

1. Land Acknowledgement, Welcome (WCH leadership, CART leadership)
2. Introductions – Position, role in nursing advances to improve equitable access to contraception and abortion
3. CART – brief overview on progress to improve equitable access to contraception and abortion
4. CART – Nursing policy, systems and services advances to date to improve equitable access to contraception and abortion, provincial and national achievements, international exemplars
5. Round-table discussion – Potential gaps and opportunities to leverage Nursing skills to advance policy, systems and services to improve equitable access to contraception and abortion
6. General discussion
7. Next steps

Welcome and Introductions

Participants were asked to join this strategic CART-GRAC and Chief Nursing Officer (CNO) meeting due to their dedicated commitment to these significant research and policy endeavours. As CNO, Dr Leigh Chapman and CART members aim to identify and prioritize population health gaps and opportunities for advancing nursing policy, systems, and practice. This initiative aims to enhance access to family planning services, empowering individuals to make informed choices about when and how to expand their families, while ensuring equity. CART and the CNO will leverage collective resources to mutually support each office for their work for the betterment of Canada.

Round-Table Introductions

Participants introduced their role within CART and how their work relates to advancing nursing practices for the improvement of equitable access to contraception and abortion.

Leigh Chapman, RN, PhD, Chief Nursing Officer, Canada

Dr Chapman is currently serving her second year of a two-year term as Chief Nursing Officer, with the option for renewal. She recognizes nurses play a significant role in matters related to access to contraception, abortion, and preconception health. The federal government has demonstrated its support and dedication to reproductive justice.

The essential components of the CNO include:

1. **Policy:** Participation in the strategic policy branch of Health Canada primarily in a convening capacity. In response to the multifaceted challenges posed by COVID, the federal government has made historic investments in healthcare.
2. **Representing Canada:** The CNO serves as the representative of the Government of Canada for nursing-related matters, both domestically and on the international stage. Over the past year, most of the work was focused on domestic

affairs. However, in March, the CNO represented Canada in Brazil at an invitational forum addressing the regulation of nursing practice.

The CNO agenda for action includes:

1. **Accelerating and Advancing the Integration of Internationally Educated Nurses (IEN):** This concerns nurses who have chosen Canada and are currently residing in the country, rather than targeted recruitment efforts. Over the past year, there have been substantial developments in the integration of internationally educated nurses. Concerns remain regarding the variation in rules across different provinces, and competition for talent among jurisdictions. The integration of internationally educated nurses is but one way to address workforce challenges, and is lengthy, complex, and costly.
2. **Multi-jurisdiction Registration:** Nurses in Canada need increased labour mobility. Regulatory models are lagging. This is an essential area for CNO efforts, especially regarding virtual care.
3. **Improving Workforce Planning Data:** The federal government has funded a project to create a unique identifier for nurses to facilitate workforce tracking. This initiative remedies double-counting that results when nurses are registered in two or more provinces. Additionally, it more accurately links nurses working in the territories while registered with the southern provinces.

Dr Chapman's agenda includes:

1. Understand the most pressing issues more deeply in nursing coast to coast to coast through consultation.
2. Improving workforce retention. A CNO advisory group is working to develop a toolkit for employers and health authorities to implement strategies to support nurse retention.
3. Addressing regulatory issues: The CNO is working to optimize work among the 25 nurse regulatory bodies through coordinated communication and efficient processes.
4. To contribute to the planning efforts for Centre for Excellence for Workforce.
5. The federal dental care roll-out, in which nurses will play large role across Canada.
6. Harm reduction.

Cheryl Davies, RN, MEd, Chief Operating Officer, BC Women's Hospital and Health Centre

BC Women's Hospital (BCW) is a founding partner in CART. Both in her BCW role and through other roles in her career, Cheryl Davies has supported many research and policy efforts. Over the years, CART and BCW have worked together to cultivate extensive networks across British Columbia (and Canada), contributing significantly to the team's proudest achievements, such as making contraception accessible to all in BC, as one key example.

Cheryl Davies' primary mission at BCW revolves around the pursuit of uncovering disparities in women's healthcare, particularly in the realm of contraceptive care. She spoke of CART's numerous accomplishments and its remarkable growth. She noted that CART is a collaborative force that plays a pivotal role in uniting stakeholders, from researchers to policymakers, government representatives, health care professionals, their

organizations and regulators, and student-trainees, thereby influencing policy and care transformation. She mentioned how the CART team is focused on identifying barriers in reproductive health, working towards a future where equitable contraceptive and abortion care is a reality for all.

Stephanie Begun, MSW, PhD, CART Director, Social Work Research, Associate Professor, University of Toronto

Dr Begun shared that her research primarily focuses on youth and young adults across many intersections, including lived experiences, identities and marginalization, and their reproductive and sexual health. Stephanie founded the Youth Wellness Lab at the Uof T, which serves as a platform for young people to meaningfully engage in research. In this lab, questions are formulated by youth themselves, and they actively participate in finding answers to those questions through research.

She mentioned that her lab team is quite diverse, and includes youth with racialized identities, 2SLGBTQ+ youth, and those who have experienced homelessness and child welfare system involvement. Stephanie relocated from the United States to Toronto and joined CART as a social work researcher. She expressed her happiness regarding Canada's investment in abortion care, which contrasts with the situation in the U.S. She emphasized the importance of this work for social workers because they frequently engage in interdisciplinary work alongside nursing professionals and interact with individuals regarding reproductive and sexual health in various settings such as shelters, hospitals, and schools, despite often lacking specific training in this area.

Elizabeth Darling, RM, PhD, CART Director, Midwifery Research, Associate Professor, McMaster University

Dr Darling became a team member with CART approximately six years ago. She mentioned how CART provides her with an opportunity to make wonderful connections. One of her main areas of research is abortion care and contraception, with the goal of generating knowledge, implementation, and increasing accessibility of care. Her research focus is on how midwifery services can expand sexual health, abortion, and contraceptive healthcare. She contributed to the foundation of the Masters in Midwifery at McMaster to help advance practical skills and leadership abilities.

Sheila Dunn, MD, MSc, Founder and Emeritus Director, CART, Associate Professor, University of Toronto

Dr Dunn is a physician whose primary interest lies in the expansion and dissemination of abortion care and research. She expressed how her involvement with CART has significantly expanded the scope of her research. Dr Dunn noted that she has undertaken substantial work related to developing guidelines, which has played a pivotal role in establishing essential professional connections. Dr Dunn's research is centered on women's reproductive health, with a particular emphasis on emergency contraception, contraception, and medical abortion. Her research also delves into issues related to access to care and the study of innovative care models designed to improve access and enhance care quality in these areas.

Cynthia Baker, RN, PhD, Executive Director, Canadian Association of Schools of Nursing, Prof Emerita, Queens University

Dr Baker highlighted her enduring and deep-rooted connection with the CART network, spanning over an extensive period. Throughout her career, she has dedicated herself to the promotion and advancement of nursing practices in Canada. Dr Baker also pointed out her role in fostering the growth of nursing education, with both bachelor's and master's programs in nursing being offered on her campus. Her primary mission revolves around the dissemination of high-quality education, making it accessible and impactful in the field of nursing.

Preetika Sharma, PhD, Research Associate, University of Toronto (Notetaking and Session Summary)

Dr Sharma discussed her recent integration into the CART team earlier this year through the CART Access Project and her ongoing learning of Canada's abortion landscape. In her current role, she actively participates in developing a scoping review designed to explore the role of social work within the realm of abortion care. Additionally, she mentioned of her involvement in the Youth Wellness Lab data collection process involving healthcare professionals, aimed at gaining insights into the obstacles they encounter while delivering abortion care services, as well as barriers faced by equity-deserving groups as they seek to access abortion care in Canada. During the meeting, Dr Sharma recorded the day's proceedings.

Fatawu Abdulai, RN, PhD, CART Director, Digital Health Research, Assistant Professor, University of British Columbia

Dr Abdulai joined CART in 2021. He mentioned that his research goal is giving a human touch to technology. His research spans the domains of health informatics, human-computer interaction, and health technology design. His research program is focused on investigating how the principles of human-computer interaction, coupled with trauma-informed care approaches, can be harnessed to tackle disparities in sexual and reproductive health access among marginalized communities.

Ruth Martin-Misener, NP, PhD, Co-Director, Canadian Centre for Advanced Practice Nursing Research; Professor and Director, School of Nursing, Dalhousie University

Dr Martin-Misener mentioned that she has been part of CART for many years. Her research evaluates the implementation and outcomes of the nurse practitioner role and innovative team-based care. Through her research, she provides valuable evidence to help organizations and government decision-makers shape policies based on solid evidence. Her work involves evaluations of how nurse practitioners influence patient outcomes, the healthcare system, and the experiences of healthcare providers. The results of her research have been used to inform policies regarding the roles, education, regulation, and deployment of nurse practitioners across various sectors and populations.

Martha Paynter, RN, PhD, CART Director, Nursing Research; Assistant Professor, University of New Brunswick

Dr Paynter is a registered nurse and an assistant professor at the University of New Brunswick, where her clinical teaching and research are centered on the intersection of reproductive health and the criminal justice system. She has a background in community organizing, as the founder and past chair of Wellness Within: An Organization for Health and Justice.

Wendy V. Norman, MD, MH Sc, Founder and Co-Director, CART, Professor and PHAC Chair, Family Planning Public Health Research (2014-2024), University of British Columbia

Dr Norman founded and co-leads the CART network. She is a family physician, and shared her experiences of how she entered the field of abortion responding to a pressing need in her community and with the support of local colleagues. Her firsthand experience as a provider gave her insights into the systemic and historical marginalization that people often encounter to realize their own goals to time and space their children. Listening closely to her patients' stories, she empathized and realized that their experiences could have easily been her own. Understanding the profound impact that a seemingly small procedure can have on an individual's empowerment and future life served as a driving force to deepen her commitment to this field.

Dr Norman acknowledged the support of the wide range of partner organizations that contributed to the establishment of the CART network. This network's primary mission is to convene stakeholders and foster research that can inform health policy, systems and services improving equitable access to contraception and abortion, aiming to bring about positive change in this critical area.

CART – Brief Overview on Progress to Improve Equitable Access to Contraception and Abortion

Dr Wendy V. Norman

- **CART Funding**

  CART is funded by governments, not-for-profit organizations, and grants, and receives no funding and has no financial relationships with commercial or pharmaceutical industry commercial interests.

- **Core CART Team**

  The core CART team includes provincial and territorial public health leaders, clinician scientists and interdisciplinary junior co-investigators, and spans disciplines of sexual and reproductive health education, social science expertise, law, ethics, community-based primary healthcare, clinician researchers, health services provincial and territorial leaders, population health, administrative data expertise, and software design.

CART collaborated with the SOGC and Health Canada to present evidence and tackle implementation challenges. SOGC's support helped establish an online community of practice, improving communication among healthcare providers.

- **Collaborative efforts by CART team**

  CART researchers worked together with policymakers to introduce healthcare-related ideas to government, focusing on research-driven solutions. Key figures, such as the Chief Public Health Officer of British Columbia and BCW/Cheryl Davies have been key supporters from the beginning and over the years for CART research projects, to bridge the gap between healthcare, regulators, and researchers. These efforts have contributed to training the next generation of researchers and practitioners while working with governments, health systems, the public and advocacy groups to improve access to contraception and abortion.

- **Federal positions as a trusted advisor**

  Dr Norman holds the **Public Health Agency of Canada** (PHAC) Chair in Family Planning Applied Public Health Research (2014-2024). The role involves close collaboration with leaders in the PHAC and Health Canada, such as Dr Supriya Sharma, the Chief Medical Adviser at Health Canada. These collaborations have led to a number of federal policy changes improving both contraception and abortion access.

  Canada Research Chair in Family Planning Innovation: The University of British Columbia (UBC) has nominated Dr Norman for a Tier 1 Canada Research Chair in Family Planning

Innovation 2024-2032. This new position will enable continued collaborative work with governments and policymakers. Significant CART achievements include:

– **Canadian Abortion Providers Survey (CAPS) National Survey**

  CART conducted a survey of abortion providers before mifepristone for medication abortion became available. This survey revealed that the majority of abortions in Canada were procedural (formerly known as surgical) abortions, with over 90% concentrated in major metropolitan areas, indicating significant travel barriers for abortion services.

– **Steps taken to deregulate mifepristone (medication abortion)**

  When Health Canada approved mifepristone, it implemented overly restrictive regulations, adapted from Australian standards, limiting its use. These limitations effectively limited mifepristone availability to existing locations for procedural abortion. This maintained urban-rural disparities and access challenges.

  To address this, CART conducted nationwide focus groups with various healthcare providers, revealing that very few healthcare providers would be willing to prescribe medication abortion under these stringent regulations, except for the clinics already offering abortion services. CART collaborated with the SOGC and Health Canada to present evidence and tackle implementation challenges. SOGC's support helped establish an online community of practice, improving communication among healthcare providers.

  One notable achievement was to eliminate the requirement for direct prescriber observation of administration of the mifepristone pill, a change that later proved crucial for virtual abortion care during the pandemic. By November 2017, Health Canada had also removed restrictions on special licensing and training, allowing pharmacists to dispense the medication and nurse practitioners to prescribe.

– **Role of Nurses and Pharmacists**

  Dr Norman emphasized the importance of involving nurses and pharmacists in abortion care. She highlighted how pharmacists play an important role dispensing mifepristone.

  Regulators from various provinces participated in a 2019 nationwide priority-setting meeting involving Nurse Practitioners and Registered Nurses practicing medication abortion in their communities. They discussed nurse practitioners becoming part of the workforce and providing independent medical abortion services. Ontario subsequently announced that nurse practitioners would be authorized to independently provide medication abortion.

The collaboration aims to bring together diverse healthcare professions to enhance access, especially for underserved populations.

– **CART efforts lead to change**

CART's approach to asking questions and facilitating discussions often leads to shifts in how regulators think about healthcare practices. For example, the CART survey among BC pharmacists in 2012, asked why contraception prescriptions were not more common. That same month, the regulatory body for pharmacists in British Columbia discussed the possibility of allowing pharmacists to prescribe contraception. Now, eight jurisdictions across Canada permit pharmacists to do so.

– **Canadian Abortion Providers Survey (CAPS) 2019**

In 2019, CART conducted a second survey among abortion providers across Canada, finding the significant workforce changes as a result of medication abortion implementation. Provision increased significant in primary care and rural areas.

Nurse practitioners (and in some jurisdictions, midwives) are already prescribing mifepristone.

– **Health Canada Funding**

In Spring 2023, CART received $3.8 million from Health Canada's Sexual and Reproductive Health Unit funding, to collaborate with 15 organizations across the country, involving 56 partners in total. These partners include the Canadian Association of Schools of Nursing, Canadian Pharmacists Association, Midwives College of Physicians, and more. The collaboration aims to bring together diverse healthcare professions to enhance access, especially for underserved populations. The work encompasses new initiatives, such as creating a national doula inventory to provide support for individuals during their abortion journeys.

Advancing the Nurse Role in Family Planning

Dr Martha Paynter

Three recent critical changes have advanced contraception and abortion care in Canada:

- Expansion of pharmacist, NP, and midwifery prescribing.
- Approval, availability, public funding, and wide uptake of Mifepristone for medication abortion.
- Approval of the contraceptive sub-dermal implant for LARC in 2020.

CART research has found these changes have resulted in the following: The medication abortion rate has increased, the overall abortion rate has remained stable, and the second trimester abortion rate has decreased. There has been an increase in low-volume providers of abortion, with a four-fold increase in the number of abortion providers overall. In rural areas, there has been a twenty-fold increase in the number of abortion providers. There have been changes in the dominant discipline among abortion providers. Prior to the implementation of mifepristone, OBGYNs were the dominant professional provider. Now, there is a greater number of general practitioners and nurse practitioners providing abortion services.

Persistent barriers to equal access include:

- Out-of-pocket expenditures for underinsured, noncitizens, and later gestational duration abortion care
- Lack of instruction about family planning in health professional education programs
- Delays in accessing care

These challenges could be addressed by expanding what registered nurses could do:

1) prescribe contraception,
2) insert the contraceptive sub-dermal implant, and
3) prescribe medication abortion.

- **RN prescribing of contraception**

  Pharmacists are already prescribing contraception in eight provinces/territories. RN prescribing is established in some settings for certain medications. Internationally, RNs routinely prescribe contraception (e.g., in Colombia), and contraception is increasingly available over-the-counter (e.g., EC, Opill). Therefore, RNs are well-positioned to prescribe contraception.

  In BC, certified practice registered nurses take courses provided by BCCNM. As RNs, they have sole accountability for diagnosis and making appropriate decisions.

  Quebec implemented RN prescribing in 2016. Hormonal contraception "collective" prescriptions are available for 6 months. RNs evaluate the patient's state of health, provide information about birth control methods, determine whether there are certain hormonal birth control methods that should not be used, help the patient choose the method that best meets their needs, and provide a form to take to the pharmacy of the patient's choice.

- **RN insertion of contraceptive implant**

  NPs routinely insert implants, which is an advanced skill similar to a pap test and requires additional training, albeit minimal, for RNs. RNs are already performing insertions in Europe and Australia; therefore, they are well-positioned to insert the contraceptive sub-dermal implant. Physicians routinely gain this training in mere minutes through kiosks that are displayed at professional conferences. As such, the issue of RNs also being able to provide such care is not a matter of competency, but rather, is purely regulatory.

- **RN prescribing of mifepristone**

  Nurse practitioners (and in some jurisdictions, midwives) are already prescribing mifepristone. NPs quickly adopted mifepristone, recognizing its safety and effectiveness as a medication. RNs are well-positioned to prescribe mifepristone, as this is not an issue of professional competency but rather is a limit imposed through current regulatory measures.

In summary, in Canada, the approval of mifepristone and its implementation across primary care shifted the family planning landscape. Additional barriers to access could be improved by enhancing nurse roles in: 1) RN prescribing of contraception; 2) RN insertion of contraception implants; and 3) RN prescribing of medication abortion. CART has the approach, experience and expertise to generate evidence to propel these developments in RN scope.

Round-table discussion: Potential Gaps and Opportunities to Leverage Nursing Skills to Advance PHACPH Policy, Systems and Services

Participants reflected on the topics that had been previously addressed, while suggesting future steps and priorities that might be pursued.

Connections moving forward

Dr Chapman opened the discussion with a host of suggestions for convening and connecting CART to nursing leadership and strategy tables across Canada. As a start she will connect Dr Paynter with the Chief Nurse of Correctional Services Canada to help them understand Dr Paynter's work in the prison system.

Dr Chapman stated she will facilitate a connection between Dr Fatawu and Health Canada's digital team leading the virtual strategy. Dr Fatawu's insights on trauma-informed approaches and work mimicking face-to-face interactions, along with his focus on access and equity, could greatly benefit the work involving the Center of Excellence on Workforce Planning.

Dr Norman agreed and emphasized the importance of engaging with a Center of Excellence on workforce matters to track the sexual and reproductive health workforce, to understand workforce distribution. CART's research findings indicate the main bottleneck in achieving equitable access to healthcare lies with healthcare providers and the scope of healthcare practice. There are challenges in identifying the sexual and reproductive healthcare workforce, particularly regarding abortion access. To address this, CART is collaborating with CIHI on a project aimed at improving the tracking of abortion locations, which have shifted into primary care settings.

Access to abortion in Northern regions

Dr Chapman expressed concern regarding access to healthcare in Canada's northern regions. Pharmacists do not have approval to prescribe medications in these remote areas.

Pregnant people may have no option but to continue their pregnancies because of the travel required to seek abortion care. Nunavut faces a unique set of challenges, characterized by a high birth rate, a low high school graduation rate, and alarming health outcome inequalities. The combination of these factors makes it clear that significant efforts are needed to make healthcare fair and accessible for everyone. Instead of forcing people to leave their homes and go to cities and/or southern provinces for medical care, we should work on improving healthcare services in these remote areas.

Dr Chapman is encouraged by certain developments on the horizon, including regulatory reforms in British Columbia, the merger of the regulatory colleges of nursing and midwifery in Prince Edward Island, and the recent appointment of a chief nursing and midwifery officer in Nunavut. In her capacity as the convener of nursing officers from across the country, she remains dedicated

to addressing healthcare disparities, both at the provincial and federal levels, while recognizing and respecting the unique challenges encountered within the federal family.

Free contraceptives in BC – Making the case through research for further expansion

Dr Norman discussed British Columbia's progress in providing free contraceptives. CART, in partnership with SOGC and others, presented a compelling case to the BC government regarding the economic, equity and health advantages of providing free contraception, projecting a substantial increase in the use of effective methods. For governments and health systems it always costs more to manage unintended pregnancies, than it does to provide free access to the most effective contraceptives. The Native Women's Association of Canada have highlighted the importance of free contraceptive in reference to historical issues like forced sterilization and the empowerment of Indigenous peoples.

Next Steps for our CART-CNO collaboration

The CNO holds monthly meetings involving various federal structures. These structures include health ministers' meetings, deputy ministers' conferences (CDM), the Committee on Health Workforce (CHW), and the Provincial and Territorial Chief Nursing Officers Task Force (PNATF). The PNATF comprises government Chief Nursing Officers or equivalent officials, as not all jurisdictions have one. Additionally, the federal family, including Indigenous Services Canada, Correctional Services Canada, Canadian Armed Forces (CAF), Veterans Affairs, and others are involved in these discussions.

Dr Chapman also conducts separate meetings with the federal nurse executives, which include agencies like the Public Health Agency of Canada and ESDC (Employment and Social Development Canada), as their nursing workforce differs significantly from the others. She believes that discussing these matters with the Principal Nursing Advisors Task Force would be informative and beneficial.

Drs Norman and Paynter will be available to make presentations about the benefits of universal free contraception in Canada and nurse prescribing of contraception and abortion, for example to the PNATF. The current situation results in a significant disparity in access to contraception across the country: having a postal code in British Columbia affords better access, reducing unintended pregnancies and related socioeconomic disadvantages. There is a need to break the link between these disadvantages and one's postal code.

It is important to bring this issue to various federal-provincial-territorial (FTP) tables and stress the impact on affordability for Canadians and positive impact on health and health equity, aligning with the goal of expanding nurse prescribing. The federal government has sought provincial cooperation and urged stakeholders to actively engage in FTP discussions to ensure provincial health ministries' support for potential changes proposed by the federal government. The goal is to enhance support from provincial authorities to advance this important policy change.

Midwifery

CART leaders Dr Darling and Dr Norman co-chaired a midwifery planning meeting in 2018 with key midwifery stakeholders from across Canada. While the action items that emerged from the meeting have not yet all been achieved, the meeting inspired action. The Canadian Association of Midwives issued a Position Statement supporting the role of midwives as abortion providers. A planning grant for further work in this area may be an option.

Deliberative dialogues have formed a part of research efforts to expand the role of midwifery in primary reproductive care in Canada. Deliberative dialogues involve bringing together key policymakers and decision-makers for a one-day process. During these sessions, policy options are presented, evidence is laid out, and facilitated discussions take place. The goal of deliberative dialogues is not necessarily to reach a consensus on immediate actions but to stimulate ideas and share possibilities. The hope is that some individuals at the table will collaborate and act based on the discussions. The primary aim is to inspire action and initiate positive changes in the field of midwifery. Deliberative dialogue approaches may be useful to convening groups that perhaps are not yet collaborating on important issues, also serving as a way to bring new people to such tables.

When midwifery was introduced in Canada just over 20 years ago, doctors lobbied to limit midwives' scope of practice significantly. Midwives were restricted to managing births, had to meet specific annual birth quotas, faced challenged to transition to office practice while raising small children, and the untenable toll of being on call every night. Restrictive legislation did not align with the international standards for midwifery, which encompasses comprehensive sexual and reproductive health care throughout a person's life. Unlike other professions, where regulators set the boundaries, midwifery was tightly legislated in its early adoption, even specifying which medicines midwives could prescribe and under what circumstances. In British Columbia, for instance, midwives are only permitted to offer midwifery services to individuals who are currently pregnant or have given birth within the past six weeks. They are restricted from providing care to individuals outside of this specific category, which differs from the practice of nursing where such limitations do not exist.

Unlike other professions, where regulators set the boundaries, midwifery was tightly legislated in its early adoption, even specifying which medicines midwives could prescribe and under what circumstances.

Current concerns in Canada with respect to midwifery include maternity care provider shortages, burnout within the profession, challenges in rural areas, and appropriate compensation frameworks for supporting interdisciplinary care and expanding the scope of midwifery services beyond maternity care.

Solutions to retaining Nursing workforce

Increasing nurse autonomy and expanding scope of practice can have positive impacts on nursing workforce recruitment and retention. Nurses at Options for Sexual Health, a non-unionized organization in BC, choose to work there despite lower compensation compared to their public health counterparts, because they have more

autonomy and wider scope of practice especially during the pandemic. Options for Sexual Health played a significant role in advancing registered nurses' roles in contraceptive prescribing, reducing reliance on physicians and ultimately saving healthcare costs. Such examples should be considered in retention discussions for nurses, highlighting the need for fulfilling career paths, particularly in primary care, a high-priority area across provinces for affordability and family healthcare choices.

Use of Media platforms

Media may be leveraged to address the nursing workforce crisis, as public support for nurses can be a powerful narrative. This might include op-eds and other useful approaches.

While CART has used the media to influence government actions in the past, CART also has a key role as trusted evidence advisors to government agencies. One strategy is to share op-eds with government agencies before publication to maintain a cooperative relationship. It is important to find the right balance when using the media and respect the government's commitment to addressing access issues in reproductive justice.

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