



November 12, 2023

Hon. Sylvia Jones  
Minister of Health

ATTN: Health Workforce Regulatory Oversight Branch  
Office of the Chief of Nursing and Professional Practice  
Ministry of Health  
438 University Avenue, 10<sup>th</sup> Floor  
Toronto, ON. M5G 2K8

Dear Minister Jones,

**Re: Proposed Regulatory Amendments to O. Reg. 884/93 (Designated Drugs) made under the Midwifery Act, 1991**

I am Erin Ariss, President of the Ontario Nurses' Association (ONA). ONA is the union representing 68,000 registered nurses (RNs) and health-care professionals, and more than 18,000 nursing student affiliates who provide care in hospitals, long-term care facilities, public health units, community, industry, and clinics. Our ONA members are proud care coordinators, nurse practitioners, clinical care specialists, receptionists, mental health and addictions nurses, palliative nurses, and so much more. We thank the Ministry of Health for an opportunity to provide our feedback on the proposed regulatory amendments to O. Reg. 884/93 (designated drugs) made under the Midwifery Act of 1991.

Within the proposed amendments to Regulation 884/93, there are medications listed that are not recommended for pregnant women to take without physician consultation and not appropriate for administration to newborn infants in immediate extrauterine life. Drugs such as Prochlorperazine are not recommended during pregnancy due to their limited research on the safety of unborn or newborn infants. Additionally, Cabergoline is a fertility treatment prescribed to women experiencing fertility issues. Its prescription requires thorough medical assessment, diagnosis, and intervention. It is highly recommended for Ontarians to seek the care of a fertility specialist rather than a midwife as this area of health-care is best suited to an expert with knowledge and expertise within this specialized field of medicine. The proposed regulations include medications that are also inappropriate for infants in the immediate extrauterine life. Administration of Naloxone hydrochloride to

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newborns with cardiorespiratory or neurological depression due to opioid exposure during pregnancy and labour, in their immediate post-delivery period is not recommended.

Additionally, Proposed Regulation 4, paragraph 5 of Section 4 of the Act states that a member may, in a public hospital, on the member's responsibility, administer by injection a substance set out in Schedule 4 to this Regulation if the member complies with the standards of practice set out in section. Medications listed in Schedule 4 are unsuitable for independent administration without a physician's order by a midwife. Fentanyl citrate is a high-risk medication which is up to one hundred times stronger than Morphine and, as such, should require a physician consultation and order to be prescribed to a labouring woman. Secondly, Meperidine (Demerol) is no longer recommended for use during labour and should not be independently prescribed or administered by a midwife without a physician's consultation.

It is unclear why the proposed draft regulation provides no guidelines or criteria for when these high-risk medications may be appropriate or suitable for a midwife to prescribe and or administer independently. There is a need for parameters to be identified in the proposed amendments to address these gaps. The proposal to increase prescribing power for midwives leaves many unanswered questions and concerns related to the safety of Ontarians. The current government is moving one health-care professional's existing roles and responsibilities to other health-care providers. ONA believes that the proposed regulations will not reduce the overall burden on our health-care and health-care professionals; instead, they will compromise the safety of patients and, as such, should not come into effect.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin Ariss', with a stylized flourish at the end.

Erin Ariss, RN  
President, Ontario Nurses' Association