HANSARD

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STANDING COMMITTEE

ON

COMMUNITY SERVICES

Tuesday, May 23, 2023

Committee Room

Access to Midwifery and Efforts Towards Reconciliation

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In Attendance:

Gordon Hebb
Chief Legislative Counsel

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Legislative Committee Clerk

WITNESSES

Department of Health and Wellness
Tanya Penney
Senior Executive Director

Nancy Cashen
Interim Director of Nursing and Professional Practice, IWK Health Centre

Nova Scotia Native Women's Association
Karen Pictou
Executive Director

Tajikeimɨk
Lindsay Peach
Executive Director

Association of Nova Scotia Midwives
Jessica MacDonald
President

House of Assembly
Nova Scotia

HALIFAX, TUESDAY, MAY 23, 2023

STANDING COMMITTEE ON COMMUNITY SERVICES

10:00 A.M.

CHAIR
Melissa Sheehy-Richard

VICE-CHAIR
John White

THE CHAIR: Order. I call the Standing Committee on Community Services to Order. This is the Standing Committee on Community Services. Before we begin, I would like to acknowledge that we are in Mi'kma'ki, the ancestral land of the Mi'kmaw people.

I'm Melissa Sheehy-Richard. I'm the MLA for Hants West, and also the Chair of this committee.

Today we will hear from presenters regarding access to midwifery and efforts toward reconciliation.

I'll just remind you to make sure your phones are on silent at this time. In case of emergency, we'll use the Granville Street exit and walk up to Grand Parade.

I would now like to ask the committee members to introduce themselves. We will begin with MLA White.

[The committee members introduced themselves.]

THE CHAIR: Welcome. I just want to let you know that there is construction, so hopefully we'll be able to hear through the committee. There are earpieces beside your microphones if you do require them.

I'd like to also welcome the witnesses here today. I would ask if they can introduce themselves first. We'll do our opening remarks after everyone has introduced themselves. We'll begin with Ms. Pictou.

[The witnesses introduced themselves.]

THE CHAIR: I would now like to begin with opening remarks. Ms. Pictou, did you want to begin?

KAREN PICTOU: To begin, I want to acknowledge that Mi'kmaw babies have been born in Mi'kmaw communities since time immemorial until 1970. At that time, it also correlates with the time of the closing of the Shubenacadie Indian Residential School. Mi'kmaw traditional practices, ways, and knowledge were replaced with patriarchy and colonialism.

All of this change has impacted Mi'kmaw communities in a variety of ways, but it continues to keep Mi'kmaw families unsafe, and in situations that can lead to forced and coerced sterilization, and other impacts like children being taken away.

Since a number of years ago, the Province and the Mi'kmaq have been working toward how to end the birth-alert system.

Sorry, I'm terrible if I'm not looking at my notes. (Laughs)

In that work, Minister Regan was very adamant that she wanted to end the birth-alert system. But how could she, and what would it be replaced with?

During that time, the Mi'kmaq came together. We discussed that with our provincial partners and everyone else who had some sort of stake in decolonizing birthing and Indigenizing the ways that Mi'kmaw people can give birth in Nova Scotia. During that time, it was discussed, and midwifery was the answer of what birth alerts would be replaced with. It provides a continuum of care during the whole pregnancy and postnatal, and it supports families so that we can put wraparound services in place right at the very beginning and continue those services. After that postnatal care, it will also be important.

I'm glad that our MLA for Truro-Bible Hill-Millbrook-Salmon River is here, because he really supported the construction of a Resilience Centre in Millbrook First Nation. Having those types of wraparound services is critical in order to build upon what we're creating here in Mi'kma'ki.

Anyway, I won't get too far in, because then I'll lose time.

Of this work, we did engagement throughout all of our communities, on and off reserve throughout the whole province, and that was in partnership with Tajikeimɨk. Tajikeimɨk got some amazing funding that Lindsay will talk a little bit more about that supported this work, and we learned a number of things - that families want choice. They want to have babies in community; they also want to have babies in hospital. They want to have choice in the matter. They want to be able to have their ceremonies back and not gatekeep the ceremonies, but to have them readily available and accessible - knowledge within all of our hospitals across the province. They want to be able to have access to midwifery, no matter what community they live in. Right now, that's not possible for all Nova Scotians, let alone Mi'kmaw Nova Scotians. That needs to be addressed and changed. Being able to teach the hospitals what our ceremonies are like, how to offer them, be able to provide that knowledge and space for families to be able to do that.

What else am I forgetting? A number of things need to be trained on. That would be bringing a midwifery training program to Nova Scotia. Currently, the closest English program would be in Ontario, and we are starting that work, but certainly will need Nova Scotia to step up and help to bring that here for all of us. Also, lactation consultants, doula training - and we also heard that fathers want father doulas. That was the first time I've ever heard that one, but they want supports on how to be a better dad.

One of the things that we know about missing and murdered Indigenous women and girls here in Nova Scotia, is unfortunately the vast majority of our murders have been a result of family violence. That's not just for women and girls and two-spirit people, it's also for our men and boys. That needs to be addressed, and that is a direct impact of all of the negative effects of colonization.

What else am I forgetting? I think I got it. Anyway, it'll come back in the questions, I'm sure, if I forgot something.

THE CHAIR: Ms. Peach.

LINDSAY PEACH: Thank you for the invitation to join you today for this important conversation, and also thank you for the land acknowledgement. It's particularly important, I think, for our discussion today. We need to acknowledge that the relationship between the Province and the Mi'kmaq is nation to nation. We also need to acknowledge the legacy of intergenerational trauma, poverty, and racism.

Colonization and laws created by the government of Canada have had deliberate and multi-generational impact on Mi'kmaw parenting, laws which forced Indigenous peoples onto reserve lands denying them access to food and medicines, and which intentionally separated children from their families and placed them in the residential school system or into child welfare in a deliberate attempt to eliminate the passing of

language and culture to future generations. This has resulted in poverty and children removed from community through residential schools and the child welfare system. It has also led to inadequate access to health care and racism, but this is not just historical; it continues today. The Mi'kmaq continue to face inadequate access to health care, inadequate resources for community health programs, and racism within the provincial health system.

There are efforts under way to change that. Tajikeimɨk is the new and developing health and wellness organization being created to lead health transformation for the Mi'kmaq of Nova Scotia. Health transformation is the process of the Mi'kmaq taking control of the design and delivery of their health and wellness services. The goal is to improve overall health for individuals, for communities, and for the nation. Tajikeimɨk is accountable to communities. Our work is guided by the thirteen health directors, chiefs, and the Mi'kmaq Grand Council. We advance health and wellness together as a nation.

We appreciate the opportunity to be here today for a focused conversation on Indigenous midwifery and reconciliation. The Mi'kmaq have one of the fastest growing birth rates in Nova Scotia, but access to midwifery services in Mi'kmaw communities is extremely limited. There is not always pre- or post-natal care available. This situation is the result of structural racism. When midwifery legislation was developed in Nova Scotia, it did not include Indigenous midwifery practices, and there was no engagement with the Mi'kmaq about where services would be offered or the particular needs of Indigenous families.

Indigenous people living in Halifax have access to the IWK Health Centre Midwifery Service. However, only one of the 13 Mi'kmaw communities in the province falls within the service catchment area of the current provincial midwifery program.

Further compounding this situation is the lack of midwifery training available in Nova Scotia, as Karen said. Anyone who wants to become a midwife must leave the province and their support systems to train. As a result, there are only two Mi'kmaw midwives, neither of whom is currently practicing midwifery in Nova Scotia. Providing women and babies with Indigenous midwives is an act of reconciliation. We need to revive Mi'kmaw birth practices now or they could be lost by future generations.

Informed by the engagement completed by the Nova Scotia Native Women's Association, the vision for Indigenous midwifery is clear: Nova Scotia Mi'kmaq want access to safe birthing spaces for Indigenous women in communities, reflecting traditional Mi'kmaw ceremonies, teaching, and traditions.

Developing a sustainable Indigenous midwifery program in Nova Scotia cannot be accomplished by the Mi'kmaq alone. It requires collaboration with federal and provincial health system partners and taking action together to improve health outcomes for Mi'kmaw women, children, and families. Wela'lioq.

THE CHAIR: Ms. MacDonald.

JESSICA MACDONALD: Good morning, everyone, and thank you for the invitation to speak to you today. My name is Jessica MacDonald, and I am a registered midwife, the President of the Association of Nova Scotia Midwives, and the Nova Scotia representative on the board of directors for the Canadian Association of Midwives.

The Association of Nova Scotia Midwives is the provincial organization representing registered midwives and the profession of midwifery in Nova Scotia. Our purpose and our mission is to provide leadership, support, and advocacy for midwifery as a vital part of the primary health care system. Midwifery is fundamental to primary health and provides high-quality maternity and newborn services. Midwifery care should be accessible to all Nova Scotian families, especially those who are most vulnerable.

The vast majority of Nova Scotians do not have access to midwifery care, which means they do not have access to the provider of their choice. There are currently 16 midwifery positions in the province across three sites: the Highland Community Midwives in Antigonish, the South Shore Community Midwives in Lunenburg, and the IWK Community Midwives in HRM.

Midwives provide primary care to families throughout pregnancy, labour, birth, and the postpartum and newborn period. In 2021, only five per cent of births in Nova Scotia were midwifery led, which is significantly lower than other jurisdictions across Canada. Despite the overwhelming demand for care, approximately 50 per cent of individuals requesting midwifery care do not have access due to the lack of government investment in the profession, and this does not accurately account for the regions within our province that do not have access to midwives, such as Cape Breton and the Annapolis Valley.

The number one reason for admission to hospital in Canada and in Nova Scotia is birth. We have ample evidence to support midwifery as a cost-effective option that provides excellent clinical outcomes, including decreased rates of interventions in labour, less need for anaesthesia, fewer neonatal intensive care unit admissions, lower Caesarean section rates, increased rates of breastfeeding, increased satisfaction with birth experience, and shorter hospital stays.

An economic evaluation of the midwifery program in Nova Scotia conducted in 2018 concluded that the midwifery program is cost-effective and represents value for money when compared to maternity-related services provided by family physicians.

In 2011, the Department of Health and Wellness commissioned an external assessment of midwifery in the province, which provided clear recommendations to the government to increase midwifery care access. Twelve years later, many of these steps have not been implemented. We have heard time and time again that the current midwifery

program requires strengthening and stabilization, but the key to stabilization is investment and growth.

The Association of Nova Scotia Midwives is eager to work in partnership with the witnesses called here today to increase access to midwifery care and to support the work to restore Indigenous midwifery. I'd like to acknowledge that while I speak on regulated midwifery in Nova Scotia that has been regulated since 2009, the history of midwifery in Mi'kma'ki goes back to as long as there have been Indigenous people on this land. I look forward to this morning's discussion.

THE CHAIR: Ms. Penney.

[10:15 a.m.]

TANYA PENNEY: Good morning. I'd like to thank the Chair and the committee for allowing me the opportunity to join today. My name is Tanya Penney. I'm the Senior Executive Director within the Department of Health and Wellness. I'm pleased to be joined by the many witnesses here today to speak about access to midwifery and the efforts towards reconciliation. Midwifery services are an important part of primary health care, and since 2019, the Department of Health and Wellness has been focused on stabilizing midwifery services within existing teams and locations as we work with the Nova Scotia Health Authority and the IWK Health Centre to explore further expansion.

Our goal is to ensure that child-bearing people and their families have reasonable access to evidence-informed, culturally safe, reliable pregnancy, birthing, postpartum, and newborn care. There is no one-size-fits-all solution for people accessing this type of care as everyone has different birthing needs and preferences. While there are no immediate plans to expand midwifery services, we continue to work with the Nova Scotia Health Authority and the IWK Health Centre to see how we can increase access to the services, as well as work with Tajikeimɨk to better understand the needs of the Mi'kmaw communities in Nova Scotia.

We are committed to eliminating anti-Indigenous racism and discrimination within the health care system, and we aim to create a safer and more accessible health care system for all Indigenous people living in the province. Government has a role to play, but equally important is the involvement of community who know their members best. Often, it is the initiatives that are grown out of community that best serve the needs of those in that community.

In closing, there are challenges with the current health care system. We are working hard to address those issues in a way that provides equitable access to care no matter where in the province people live. But before we expand services, we need to stabilize our existing midwifery services.

THE CHAIR: Thank you. Ms. Cashen.

NANCY CASHEN: Good morning, everybody. Thank you for the invitation to meet with the committee today. As mentioned, my name is Nancy Cashen, and I'm the Director of Interprofessional Practice and Learning at the IWK Health Centre.

As the health care system in Nova Scotia continues its evolution, IWK Health leads the provision of health care for women, children, youth, and families across the Maritimes. With partnership throughout the health care system, including patients and families, the IWK strives to create and support diverse communities, respond to health inequities, and advocate for women, children, and youth.

The IWK is committed to a relentless focus on the patient and family experience, partnered with an environment that supports and celebrates equity, diversity, and inclusion with our people. IWK Health is home to the IWK Community Midwives team, and is one of three sites in the province where midwifery services are offered. Registered midwives in Nova Scotia are integrated into the provincial health care system and work collaboratively with physicians, nurses, and other health care professionals to provide the best possible obstetrical and newborn care for birthing individuals.

Midwives have been a valuable addition to IWK care teams since first being introduced in 2009. The IWK Community Midwives team is the largest in the province and has 9.0 FTE positions. However, currently we only have six FTEs that are filled, as three team members are on leave of absence. Over the past year, we have been unsuccessful in hiring temporary positions to cover the current leaves, as the attempt has resulted in zero candidates to interview.

There are simply not enough registered midwives practising across the country. We need to gain more practising midwives in the province. The current shortage in Canada is resulting in a significant human health resource challenge that, combined with a lack of formal midwifery education locally, has placed the Maritimes in a vulnerable position when attempting to fill both temporary and permanent midwifery positions.

With that said, I am pleased to report that the IWK Community Midwives led or assisted with over 170 births in the last year, with an additional 38 home births. I thank you for inviting me to participate in this session today, and I'm more than happy to answer any questions from the committee.

THE CHAIR: Thank you. I also want to note the presence beside me of Chief Legislative Counsel Gordon Hebb, and Legislative Committee Clerk Tamer Nusseibeh.

We're going to move on to the question period. I remind everyone to wait just until I acknowledge your name and your light turns red before speaking so that Legislative TV

can pick up your remarks. I'm going to start the first round of questioning. It's a 20-minute round for each caucus, and we will begin with MLA Maguire.

HON. BRENDAN MAGUIRE: Thank you for being here today. I have a few questions. My question is to Ms. Penney and Ms. MacDonald. Sorry, it's actually just a quick question for anyone, to be frank with you. Is midwifery health care?

TANYA PENNEY: Would you like a description of midwifery health care?

BRENDAN MAGUIRE: Yes or no. Is midwifery health care?

TANYA PENNEY: Yes. Midwifery is health care and part of the primary health care system.

BRENDAN MAGUIRE: Midwifery is health care, yet we don't have access to midwifery from one corner of this province to the other. There are places in this province that have zero access to midwifery. There are now 16 positions. Six are filled. Is that what we just heard - full-time positions that are working now? There are two or three, I think I heard, that are out.

So right now, if we wanted access to midwifery, there are only six individuals right now that we have access to? Is that what I just heard?

NANCY CASHEN: Just to clarify, that's for the IWK Health Centre FTE. There are six out of the nine. That's not provincial. That's just for the IWK Community Midwives team.

BRENDAN MAGUIRE: If I'm in Cape Breton, do I have access to midwifery, Ms. MacDonald?

JESSICA MACDONALD: There are 14 of the 16 positions filled right now. Seven out of the nine at the IWK. There are two full-time positions that are open at the IWK right now, which are posted as temporary positions for maternity leave. One of the positions in that 9.0 is actually a casual position, as that midwife is off on an educational leave.

There are four midwives at the Antigonish site out of St. Martha's Regional Hospital and four midwives in the South Shore. So if you're in Cape Breton, the Highland Community Midwives' catchment expands a little bit into Cape Breton, but not very far. If you're in northern Cape Breton, you do not have access to midwifery care.

BRENDAN MAGUIRE: What's the pay for a full-time midwife?

JESSICA MACDONALD: It's an hourly wage that ranges from - I believe, with the recent increase, it's between $40 to $55 an hour.

BRENDAN MAGUIRE: We just heard that there were zero applications. As the Association of Nova Scotia Midwives and for the Nova Scotia Native Women's Association, what is the issue? Why are we having such a hard time attracting people to the profession, and what can be done from the government side?

This is a government that was elected on health care. They're very narrow-focused on what health care is. This is a government that said they will spend anything. We've heard it from the Premier - they will spend any amount of money necessary to fix health care. Yet time and time again, whether it's Public Accounts, whether it's Community Services, whatever committee I'm on, we hear different - we'll call them branches of health care - coming in and saying, we're getting nothing. We don't have the resources we need. We don't have the funding we need.

What is it that we need to say to this government? What do we need to attract individuals to this profession? If you had a magic wand.

JESSICA MACDONALD: The biggest issue for recruitment and retention of midwives is midwifery education. As has been mentioned, there are no options or opportunities for midwifery education in the Atlantic region. As I mentioned, 5 per cent of births right now in Nova Scotia are being attended by midwives.

When we look at provinces like Ontario or British Columbia, those provinces have about 20 per cent or 25 per cent of their births being led by midwives. Those are the provinces, as Karen mentioned, that have access to midwifery education opportunities. So really the first step would be investing in a midwifery education program in Atlantic Canada, whether it's in Nova Scotia or the other Atlantic provinces, to really recruit midwives here. The reality is, we just don't have midwives who are sitting at home in the province who are unemployed. They'd be taking those positions.

There are around 2,000 midwives working across Canada, so there's not necessarily a lack of midwives in the country. Obviously we'd love to see that number grow, but really it's the Atlantic region that's suffering because we don't have education opportunities here.

BRENDAN MAGUIRE: I want to pose this question to Ms. Penney. One of the things you said is that you're not looking to expand the program, that you're looking to stabilize the program. It's clear that the program does need to be expanded. What do you mean by stabilizing the program?

TANYA PENNEY: Part of what you've already heard is that full-time positions are not being filled and they're going vacant despite the fact that they're being posted. That's what I mean by stabilize: make sure that the current three sites that we have delivering midwifery services have actually got their positions filled and are able to deliver services in those three areas. Nova Scotia, just in October of 2022, did sign on with the other Atlantic

provinces to conduct a feasibility study for a midwifery educational institution in the Maritimes. We're hoping that work will be done relatively soon. Newfoundland and Labrador is leading the work, and Nova Scotia, P.E.I., and New Brunswick are supporting it. We're hoping then to have a conversation about what expansion of services looks like.

BRENDAN MAGUIRE: When are you expecting that feasibility study? I'm sure this isn't the first feasibility study on midwifery. When do you expect that study to be done?

TANYA PENNEY: I don't have a time frame for that. I can certainly look for the timelines from the consultant who was hired by Newfoundland and Labrador and get back to the committee with that. It is, to my understanding, the first feasibility study of an Atlantic educational institution for midwifery, to my understanding and the understanding of my colleagues in a committee called AACHHR, the Atlantic Advisory Committee on Health Human Resources.

BRENDAN MAGUIRE: In the interim, while this feasibility study is being done, we do have a desperate need for midwives. Part of stabilizing this program is looking to the future, but also looking to the now. What is being done in the now to attract more midwives to Nova Scotia and to get access to every community and have Indigenous communities, African Nova Scotian communities represented in midwifery programs? What is being done now? Not the consulting, but now.

TANYA PENNEY: We think the educational feasibility study is exceptionally important. Two out of the three of my colleagues to my right have made that point. Getting education closer to home will actually ensure that people in Nova Scotia who want to take midwifery don't have to go to Ontario. There are five educational institutions that the Midwifery Regulatory Council of Nova Scotia accepts in this province. One of them is francophone and the other four, two in Ontario and the other two Manitoba and Alberta-ish - Alberta and B.C.

Part of the longer-range plan is making sure that we can educate people closer to home. The other pieces around primary health care and midwifery and people's choice is really around the bolstering and stabilization of primary health care as a whole. When you specifically talk about midwifery, the Nova Scotia Health Authority and the IWK Health Centre are really working hard to recruit in all of their vacant positions. I'm sure you've heard that in other committees in the past, some of the things that they're doing around recruitment incentives and retention incentives. I think that work is well known.

BRENDAN MAGUIRE: What has been done in the short term to recruit? What incentives are there? What financial incentives have been put in place over the last two years to recruit midwives, and how many new midwives have been recruited to this province over the last two years? You said there are financial incentives and there are incentives in place in the short term. What are those incentives specifically?

TANYA PENNEY: The recruitment incentives and the coming back into the public space in a recent announcement would be the two that I would think of immediately. That being said, I would have to talk to my Nova Scotia Health Authority and IWK HR colleagues about the number of people who have been hired over the last two, three years, I think - what I heard from your question - and what recruitment incentives are specific for midwives. That being said, there are a lot of general recruitment and retention initiatives through both the Nova Scotia Health Authority and the IWK.

BRENDAN MAGUIRE: I'm asking that you have it tabled to the committee - what incentives were in place over the last couple of years for Indigenous, African Nova Scotian, and midwives for all the communities? How many were attracted and retained? What specific programs were in place to attract new midwives to this province? It doesn't seem like it's working when you have zero applicants.

[10:30 a.m.]

Realistically, it doesn't seem like there is an option. What is the wait-list right now? How long is the wait-list for individuals looking for midwives?

NANCY CASHEN: I don't have a ton, because as you can appreciate, pregnancy is time bound. But the total number of people for the IWK Health Centre - again, I'm just speaking for the IWK site - who wanted midwifery care in the past year and who remained on a wait-list was 173.

BRENDAN MAGUIRE: One hundred and seventy-three. How many individuals had access at the IWK to the midwifery program?

NANCY CASHEN: In total, the people who wanted midwifery care was 485 families. Included in that would be our numbers of individuals who had pregnancy loss, so I caveat that.

BRENDAN MAGUIRE: What happens to those 173 individuals waiting for midwifery?

NANCY CASHEN: They are then rerouted to primary health. Their first choice would not be met - asking or seeking midwifery care.

BRENDAN MAGUIRE: How many new midwives would have to be hired to accommodate? In the last - we'll just say the last budget, what was the increase to the midwifery program, and what was the request? Or was there a request from the Department of Health and Wellness and/or the IWK for funding for programs, or obviously for a school? It's great to have reports, feasibility studies and stuff like that, but we know it works. We've heard from the Association of Nova Scotia Midwives that it has had an impact in other jurisdictions. I don't know what else we need to do.

So a two-part question: Was there a request for funding to increase, and how much was it? When can we expect education here in Nova Scotia?

TANYA PENNEY: I'll answer your second question first in that I don't know. I will connect with my Newfoundland and Labrador, New Brunswick, and P.E.I. colleagues, and find out where the study is and what the anticipated timelines for that are.

The first question is that there was no new money for midwifery in the last budget. We were really focused on stabilizing the current 16 FTEs that were not filled.

BRENDAN MAGUIRE: No offence, but I don't understand "stabilizing." I don't understand that. The program, to me, doesn't seem stable. A stable program would have equal access no matter where you're at, where you live. That, to me, would be an equitable and stable program. Yet we just heard today that there are certain parts of this province that have zero access to the program.

Part of stability would be increasing access, right? My partner and I have three children. I know that at one point she looked at midwifery and didn't do it because of what she felt was lack of access. I know that my colleague, MLA Iain Rankin - who's a big supporter and actually had a large plank in our platform for midwifery, and called me for about a half hour before I got here - did, and so part of the stability is that access. Will this be changing over the next 12 months? Okay, so the last budget, it's about stability. The next budget will be hopefully about having things in place, and a school, and education, things like that. Can we say, within the next 12 months, access to - no matter who you are, where you live, or what your economic situation is - that you will have access to a midwifery program if you want?

TANYA PENNEY: Midwifery is an absolute important health service and part of primary health care. That being said, with an inability to fill FTEs that are currently funded, it is very difficult, over the next 12 months, to talk about expansion. We are working with our colleagues across the health care system. I think Lindsay was the one who mentioned there are two Indigenous midwifery candidates who aren't even working right now, so we absolutely need to work with communities to sort out how it is that we increase access to midwifery services in the province. There are not enough right now to fill current positions.

KAREN PICTOU: I hear talk about stabilization. However, the current system and how it's set up has blocked us out of utilization of that system. The current system says that people should have access to have home births, but in our catchment of the IWK. However, Sipekne'katik First Nation continues to be blocked out of receiving access, so when we talk about stability, we have to acknowledge that Mi'kmaw people aren't part of that stability system that you talk about. Even if we were, it's not enough.

We need this within community. We need to be able to have control of this, our own selves. It needs to be created through a lens designed by the Mi'kmaq, for the

Mi'kmaq, and for two-spirit and gender-diverse people. This has to happen within community. We are doing a pilot project, and we will have four midwives hired ourselves by the end of this fiscal year. We already started working on the designs for a birthing unit for Paqtnkek Mi'kmaw Nation because they have a well-established midwifery system already within their catchment area. We will be looking to the province to make investments within that so at we can start that and then build on that.

We've also been having conversations about how to get midwifery training here in the province. We've talked to McMaster University. We've talked to our own knowledge experts who have already conducted a feasibility study on bringing back midwifery in Unama'ki. This work has begun; we just need an investment, and we need government to give women back control over our own health care. You say why is it lacking? Because it's a gendered health care issue. That's the real issue here.

THE CHAIR: MLA Maguire with one minute.

BRENDAN MAGUIRE: I don't even know how to follow up on that. When you said blocking out, can you explain that?

THE CHAIR: Ms. Pictou with 50 seconds.

KAREN PICTOU: I'm not sure that I'm the one to ask that question to because I'm not sure why individuals in Sipekne'katik aren't able to give birth within community. That would be, I think, a question to the Association of Nova Scotia Midwives.

JESSICA MACDONALD: Because of our regulatory guidelines with our regulatory council, we have catchment areas assigned to each group. The IWK Community Midwives, the Highland Community Midwives, and the South Shore Community Midwives all have a catchment in which they're supposed to take clients in from those areas, and because of the logistics around being associated with a hospital to provide hospital birth, it really limits us in how far we can expand that. We'll have intakes that come in out of catchment, and for some people, we'll try to accommodate out-of-catchment applications because we know that our services are valuable, and it is so important to be able to offer that service. Because of the hospital legalities around being associated with a specific geographical area, it really limits us in the services that we can provide. It also means that because of the limited number of midwives, we don't have enough midwives to have midwives out of catchment, because then there's not . . .

THE CHAIR: Order. Sorry to cut you off there. The time for Liberal questioning has ended. We'll move on to the NDP, with MLA Leblanc.

SUSAN LEBLANC: I just want to start by acknowledging that the very structure of this committee meeting is colonial. This government system that we all work as part of is a colonial structure, and I deeply appreciate your presence here to be a part of it. I don't

know what it's like to be in your head, but I would imagine it's deeply frustrating at this moment because of what you've just said, Ms. Pictou, which is that the structures that we're even talking about right now, the Health Authority, blah blah, it doesn't take into account the true nature of what health care is for everyone in the province.

Here's the thing about the stabilization, in my view. This question of stabilization. First of all, yes, I think absolutely I agree with you. The reason we're even having this discussion right now is because this is a gendered health care topic, and if men or people with penises - excuse me - if people with penises were giving birth, and midwives were proven to be helpful, there would be midwives everywhere in this province. Everywhere in the world. That is basic. We cannot stabilize a workforce with temporary jobs.

I have friends who are midwives who have contacted me about this and said, I hear that you're talking about midwifery, thank you so much. I would love to move to Nova Scotia and start a family here. I would love to uproot my family and bring them to Nova Scotia, but I'm not going to do it for a 12-month job. This idea of stabilization is something we're hearing a lot from this government, and I just want to call it out. I think it is smoke and mirrors. We cannot stabilize a workforce if we're not actually going to invest in it.

I wish people would just stop saying it. The minister says it; Ms. Penney, with respect, you were saying it; everyone is saying it in the health care system. It's like, this is a good way to explain it, but it's not. It's not true. It doesn't make sense. The way to stabilize a workforce is to invest money, add new full-time positions, make midwifery a career that people can see themselves doing in this place. That is just the colonial part of it. I just need to say, I'm sorry, but I didn't even realize that this was how racist this issue is. I've always looked at this issue of the lack of midwives and the lack of support as a health care situation, and as a white person, I've just thought it's bad, everyone needs a midwife. Didn't even consider how racist it is and how colonial it is.

As we were talking, I looked up the calls to justice from the Missing and Murdered Indigenous Women and Girls final report, and on Page 9 of the recommendations of the calls to justice, there are many calls to justice for health care. I'll read one where this applies:

> "We call upon all governments to provide adequate, stable, equitable, and ongoing funding for Indigenous-centred and community-based health and wellness services that are accessible and culturally appropriate, and meet the health and wellness needs of Indigenous women, girls, and 2SLGBTQQIA people. The lack of health and wellness services within Indigenous communities continues to force Indigenous women, girls, and 2SLGBTQQIA people to relocate in order to access care. Governments must ensure that health and wellness services are available and

> accessible within Indigenous communities and wherever Indigenous women, girls, and 2SLGBTQQIA people reside."

It's right there, and if that is not happening, then what we are doing in this province is fundamentally racist and colonial, and we have to change it. If that is not the reason, or if all the other things that we've talked about today are not the reasons, then that has to be the reason. I'm floored.

[10:45 a.m.]

I have a question for you, Ms. Pictou, which is: Can you clarify the two Indigenous or Mi'kmaw people who are midwives? Are they living in Mi'kma'ki? Are they practising out of the system, or are they just waiting to be able to practise? What is the situation there?

I'm also wondering if you could talk about models elsewhere on Turtle Island where this might be working that we could model - that we could just say, look, they're doing it there, so why can't we do it here?

KAREN PICTOU: One of our Mi'kmaw midwives is currently hired under our pilot project as the project lead. She's doing a lot of research and looking at those models, looking at how we can implement - and also looking at our Indigenous birthing rights and this type of work here. It is our hope that she will be hired on as a practising midwife when we have birthing units in community.

Our other Mi'kmaw midwife is currently employed in Ontario. That's where she had done training and is married and currently resides. She has been doing some work with us as far as being engaged within the development of decolonizing birthing here in Nova Scotia.

What was the other part of your question? Models elsewhere. There are a variety of models to look at. Currently we're looking at doing - we can't say for sure yet, because ultimately it will be up to the health directors and the chiefs to decide how we end up designing our midwifery model within Nova Scotia, but certainly there needs to be front-end training, whether it's purchasing the curriculum from McMaster University and housing it at one of our universities. Also, there's dialogue around whether it should be housed within the medical school or within a nursing school. Unama'ki College, for example, may be a good option, because then we can do training within community as well as on campus, but also looking at how we can build an apprenticeship type of model so that we can be training more midwives and having that built into our training system here.

In my former career, I worked in employment and I was on the board of directors for the Nova Scotia Apprentice Agency. I know that's not the same type of apprenticeship training that we're talking about, but certainly I think looking at models like that, we may be able to look at prior learning and take individuals who have other medical training and

be able to fast-track them through to becoming a midwife. I think that should be looked at sooner than later to be able to fill more positions within the province.

SUSAN LEBLANC: I believe you said you were from Millbrook. When people are having babies in Millbrook, where do they go to birth their babies? Do they go to Truro? Do they go to Halifax? Where do they go?

KAREN PICTOU: Thank you for asking that question, actually. Millbrook is one of the communities that do not provide prenatal care within community. Despite Millbrook's financial position and close location to other services, we still don't have prenatal care within community, so we go to the Truro Women's Clinic, which I think almost every woman in Truro goes to. You share, I think, four doctors amongst everyone, so oftentimes you don't know who's going to be there when you give birth.

The system is very dependent on the effective communication between those doctors to inform of any risks in a pregnancy. I've personally seen birthers in Millbrook fall through the cracks because of a lack of communication between the health care providers. Certainly, Millbrook needs to be able to have more access to all aspects of prenatal and postnatal care.

SUSAN LEBLANC: I just want to ask Ms. MacDonald a couple of questions about midwifery right now. Do you have any statistics? You mentioned that we know that midwifery is - there's less chance of complication, surgeries, C-sections, that kind of thing - with midwifery care. Do you have any numbers in terms of how many primary care physicians are delivering babies? If we took that load off primary care physicians and offered it to midwifery care, how many doctor hours would that free up - that kind of thing - in Nova Scotia?

JESSICA MACDONALD: I do have statistics from the births at the IWK Health Centre from 2012-2021. Over a 10-year period, there were 2.9 per cent of births led by midwives, 47.9 led by family physicians, and 49.2 led by obstetricians. Now we can theorize that some of the births that were led by obstetricians were not high-risk pregnancies, which is what obstetricians are specialized to provide care for. Some of that number could be actually decreased if we had midwives providing care to more low-risk pregnancies, and then, certainly, our family physicians as well.

SUSAN LEBLANC: I missed the percentage of midwife births.

JESSICA MACDONALD: It was 3 per cent. It has since increased provincially to 5 per cent, but at the IWK over 10 years, which did see a lot of changes in numbers of midwives working in that 10-year period, it was 3 per cent over 10 years.

SUSAN LEBLANC: I've said this before and I'm sure everyone has heard it, but I will say it again. When I got pregnant, my family doctor, who used to deliver babies, just

stopped delivering because she was older and didn't really want to get up in the middle of the night anymore - fair enough. I was then referred to the IWK Perinatal Centre, which was great, but also, probably wholly unnecessary for both of my births. I can't even imagine how much it cost the system and how much savings could have been had I - because I did, on my first pregnancy, I picked up the phone and did that same thing that MLA Maguire's partner did, which was to try to find a midwife, and then was told: There's no way, you're just not going to get one. You're not going to make the list.

It shocks me to think about if this government has been elected to fix health care, that these very sensible savings, financial savings, and also savings in surgery, booking ORs, that kind of thing. It only makes sense to actually take some of the money that we're spending and put it into not only stabilizing but actually building and making healthy a midwife program here.

If my colleague is ready to take over, I would happily cede my time.

THE CHAIR: MLA Coombes.

KENDRA COOMBES: The one thing that caught my attention - it's funny enough because I was speaking with a social worker last night, and we were having this deep conversation about the Department of Community Services. We were talking about how we talk a lot about moms and the mother in DCS, especially within child welfare. We talked about the fact that we don't ask about the father in DCS. We don't talk about the supports for the father.

I found it, Ms. Pictou, when you brought up the concept of fathers wanting doulas, I think that expands into this question of: Where do you see midwifery - not in just the grand scheme, not just in health care, not just about looking at the efficiencies within health care, but actually within the Department of Community Services - specifically around child apprehension? Where do you see midwifery in that aspect?

KAREN PICTOU: I think they're separate, first of all. (Interruption) Yes, sure.

KENDRA COOMBES: I'll just explain what I mean. We talk about preventive and early years, whereas midwives and doulas often - it's the post-natal, after birth, families settling in. Those first several months are very important to families and stabilizing - the family dynamic has changed, right? That's kind of where I'm coming from. That is the time where the issues, such as after the child's born, we had the birth alerts, but we also have the concept of moms and dads often needing help after babies are born. You're not given a guide of how to raise a child, so I'm just wondering, do you see that as a preventive measure, one of those things of check-ins and being a part of community, and helping with those wraparound supports and resources?

KAREN PICTOU: I think that midwifery provides a continuum of care that gives us better insight about the needs of the family. I think that we'll be able to detect early if additional supports need to be provided to either the birther or other members of the family, and also identifying who their supports are and in bringing back Mi'kmaw protocols and traditions around having babies, because it's a community collective responsibility to take care of one another. Part of that is providing meals, helping with other kids, cleaning the house, making sure that Mom's being able to rest, and, you know, taking off all of these pressures. Not every birth is a happy outcome, so also supporting families during those times as well.

I forgot the rest of the question. There was something else I wanted to say. Remind me what your - oh, about DCS. It can inform us when wraparound supports are needed, but preventive care or preventive practices around what we would consider to be primary health care within our Mi'kmaw ways of understanding health and wellness - those things don't belong with the Department of Community Services, even if it's only funding, because it's a lack of acknowledgement, one, that it's health funding, that Mi'kmaw communities deserve health funding from the Province as well if that is a provincial investment. Mi'kmaw communities deserve the same investment, and it's not okay to say that we can share what's provided for everybody else. Those types of things need to be separate from the Department of Community Services.

KENDRA COOMBES: You actually answered my question of the concept of the - seeing that the wraparound supports need to be seen earlier and have that. That is kind of where I was going with the question, so you kind of nailed it.

Can you talk about how a strong provincial midwifery program can contribute to reconciliation and Indigenous health?

KAREN PICTOU: The word "health" in Mi'kmaq is "taji," and Taji was a midwife. She was from Eskasoni, and she was one of the last practising Mi'kmaw midwives, actually. Probably, I think she was also the last one to catch a baby in community prior to 1970. We just recently had two births - our first two births since 1970, one within our Mi'kmaw community of Paqtnkek and the other at the Mi'kmaq Child Development Centre in Halifax. To us - sorry, I lost my train of thought. The construction is killing me. Oh my goodness. Remind me again?

KENDRA COOMBES: What is the connection within reconciliation?

KAREN PICTOU: It's absolutely fundamentally important because Mi'kmaw people have not had adequate access to health care. We still don't have adequate access to health care. There are still women in their twenties who are going and having emergency C-sections and coming out finding that they've been sterilized. That's still happening. We have just finished doing engagement on that. That still happens. These are the types of

things that need to end in order for it to be safe for Mi'kmaw people to access health care in Nova Scotia.

[11:00 a.m.]

THE CHAIR: Order. Sorry to cut you off, but the time for NDP questioning has elapsed. We will now move on to the PC caucus. MLA Barkhouse.

DANIELLE BARKHOUSE: The Nova Scotia Native Women's Association did some community engagements. I'm just wondering what was learned from that.

KAREN PICTOU: We learned that Mi'kmaw families want to be able to have choice. They want to be able to have babies in community. They want to be able to have access to midwives. They want to be able to have access to doulas and lactation consultants. They want to be able to have our ceremonies within the hospitals, including smudging. They want to be able to access all of these services within community. We have a huge amount of interest in the community members wanting to become midwives. They also want to be able to have family resource centres within each of the communities.

What else am I forgetting? That was most of it.

DANIELLE BARKHOUSE: A Resilience Centre dedicated to providing health and - healing and wellness, excuse me; tongue-tied - programs to Millbrook First Nation - the centre is to be run by your association. Can you speak to how this centre will have an impact on the women in your community, and maybe even the men as well?

KAREN PICTOU: It will have an impact on all Mi'kmaw communities across Nova Scotia, but especially Millbrook and Sipekne'katik and Pictou Landing First Nations, because they're closest in proximity. It provides complete wraparound supports for the entire family. That's our hope. It'll provide cultural supports and teaching and space inside and outside. There will be lots of types of mental health supports, including traditional mental health supports and clinical for all ages. There will be access to navigational services, emergency services, assistance with housing support, exiting human trafficking, exiting domestic violence, food security - you name it.

We've basically gone to all of our Mi'kmaw communities. We've talked about what are the gaps, what are the challenges, what do we need in order to be able to be healthy in all ways? We've developed this Resilience Centre to be reflective of a holistic Mi'kmaw health approach.

I'm the descendent of a residential school survivor. Saying that, my dad could have benefited from the types of supports that we give. It's the whole family. Yes, it's run by the Nova Scotia Native Women's Association, but in order for women to be healthy, we need our whole family to be healthy. Having supports for our men - our fathers, our uncles, our

brothers, our sons - is absolutely critical, and oftentimes they don't ask for help. The way that we're building this, no one has to ask for help. It's just there, all the time. It's built into everything that we will be doing.

We have lots more exciting things that we hope to announce in the near future, but certainly we will be looking for an investment from Nova Scotia to be able to offer the programs and services at the Resilience Centre, and also a future investment in birthing units not just in Paqtnkek but also in Millbrook. We're hoping to put a second birthing unit there after the Paqtnkek one is complete.

DANIELLE BARKHOUSE: That's fantastic. I can feel your excitement and hear it. That's great.

Ms. Penney, could you tell us about how the province is ensuring pregnant women - pregnant people, I guess would be the way to say it - have access to care that they need while giving birth and the role that midwifery has in the suite of services?

TANYA PENNEY: Do you mind if I let the IWK Health Centre clinician speak to that first, and then I can fill in any gaps?

NANCY CASHEN: Ms. Barkhouse, do you want to know through the whole pregnancy, or is there a particular time? I'm sorry, I just didn't hear that.

DANIELLE BARKHOUSE: You'd think after two years I'd have gotten used to the microphone myself. You know what? While giving birth. Let's just stick with that, because I'll eat our whole 20 minutes up.

NANCY CASHEN: As we have discussed earlier, midwives provide safe, holistic care to the family and the birthing individual. They help with the transition of the baby being born from utero into the environment, and I think Jessica MacDonald would be able to speak much more eloquently than what I'm fumbling, as a midwife. I'm not a midwife by background, but they absolutely are essential in that transition period.

Following birth and postpartum, there are many things that they specialize in. We heard around the decreased statistics of infection, also increased rates of breastfeeding, and we have lots of positive feedback from the community that utilizes midwifery services. There is huge satisfaction from individuals who do use this service.

I don't know, Jessica, if you want to add anything that I've left out. I'm sure, like I said, you can speak to it much more eloquently than I.

JESSICA MACDONALD: Sure. Midwifery scope of practice is essentially from the beginning of pregnancy right through until six weeks postpartum. We typically meet clients around 10 weeks of pregnancy and see them on a monthly and then bi-weekly and

weekly basis as the pregnancy goes along, to talk about all of the topics that would come up throughout pregnancy, offer some education, offer diagnostic tests and screenings, like any other prenatal care provider would.

As Karen mentioned, we're also able to establish a relationship with our clients in that time so that when things present postpartum, we can identify risk factors that may be present for lack of support or concerns that people are having. Our care extends beyond - we're talking a lot about birth right now, and statistics around birth - but our care does extend to those six weeks of postpartum care. We're offering that care in the home for the first week or two postpartum, so it just means that families don't have to pack up their newborn and go into the hospital, which for some people may be an hour drive in that first week to have care. We're going to them in the first days postpartum to make sure that they're doing well, the baby's doing well, that their whole family is doing well and feels supported. That continues right up until six weeks.

DANIELLE BARKHOUSE: I'm going to share now with MLA Harrison.

THE CHAIR: MLA Harrison.

LARRY HARRISON: One of my questions just got answered. This is an education for me. My goodness. It's a whole new world, I guess, that's opening up for me. Just the benefits and also the need to have this stuff put in place, midwifery put in place.

To the department, could you share an update on the efforts to recruit in the Mi'kmaw communities?

TANYA PENNEY: I can talk to it a little bit from an overarching perspective. I will lean on Lindsay a little bit, because I might get some of the details of this project wrong. We just in the last nine to 12 months, outside of midwifery but inside nursing, spent some time working with L'nu, the one-door admission, and started to strategize and support an investment to help Indigenous nurses support Indigenous students coming into the system. Being able to give them things like - sometimes people don't have access to a credit card, how do we actually get around that admission fee, help them fill out the admission paperwork, and working with Dalhousie University, St. Francis Xavier University, and Cape Breton University on some designated Indigenous and African Nova Scotian seats. We've been really successful in that space.

I don't know, Lindsay, if there's anything you'd like to add. It wasn't again, specific from a midwifery perspective, but really, working differently with Tajikeimik from a recruitment perspective has been part of what we've been focusing on lately.

LINDSAY PEACH: Maybe I can add to that a little bit. From a midwifery perspective, there is only one of the provincial programs currently. That's the one that's based in Antigonish that serves one of the Mi'kmaw communities. Recruitment is not

specific there for Mi'kmaw individuals that I'm aware of. As Karen said, as part of the project that we're undertaking with the Nova Scotia Native Women's Association, it is to establish a site for midwifery in Paqtnkek and that would include recruitment, of course, specific for Mi'kmaw individuals, midwives for those positions.

Broadly on the topic of recruitment, it is a challenge recruiting for health professionals within Mi'kmaw communities and being competitive with the Province. We've had some conversations with colleagues federally and provincially around this. The bursaries and incentives don't always apply to individuals working in the First Nations communities. That creates some added challenges from a recruitment and retention point of view.

I think the other thing that I would mention around recruitment, and it is related to some of the work that we've been doing around L'nu nursing, is that acknowledgement that a lot of the health professional schools designate seats for Indigenous individuals, but those designated seats aren't enough. They need to come with supports for the students who are being recruited into those programs, supports while they're in the programs, and supports when they transition into clinical practice, particularly when those settings also - they encounter racism in the education system and also within the health system when they enter into practice. I wanted to emphasize those points as well. It's part recruitment but also the supports that are provided.

LARRY HARRISON: We're so fortunate in this province to have so many different cultures, and they offer so many unique and beautiful things, really. It really is important to get people in place who understand the culture and so on. I hope we can move ahead on that because it is so necessary.

Having said that, the postpartum was mentioned. Do you want to say a little bit more, Ms. MacDonald, on the benefits of that, of midwifery with postpartum?

JESSICA MACDONALD: As I mentioned, statistically we do have increased rates of breastfeeding, and you could surmise that that's likely because of the six weeks' postpartum care that we provide. I think it's really important for individuals to have that close follow-up postpartum. Oftentimes, you have your baby, you leave the hospital, and maybe you see your family doctor once in the first week and then again at six weeks or two months when that child is due for their first set of vaccinations, but there's not always that close follow-up. I think that's really important to identify any support concerns, and also for postpartum mental health. We know that 10 per cent of people are susceptible to postpartum depression, and offering that kind of midwifery care is a way to offer additional mental health support to people.

I mentioned the piece about not having to bring their baby into the hospital. I think being able to keep people at home, in the comfort of their own home, provides additional support as well. Just having that continuity, it's somebody whom you've already met your

entire pregnancy, so you've already established a trusting relationship. I think that's comforting for folks in the postpartum period, to feel like they have someone who's truly listening to them, validating their concerns, validating their experiences and making sure that even just the birth debrief - as we've talked about, not every outcome is a good and happy outcome. Having that support to talk through difficult or challenging birth experiences is also really beneficial to people.

[11:15 a.m.]

LARRY HARRISON: I don't have any further questions, but I would like to say, continue on with what you're doing because it's the best way to handle this, really - midwifery, I think. So good luck, and we're going to move ahead; we really are.

THE CHAIR: MLA Ritcey.

DAVE RITCEY: Thank you, Madam Chair, and thank you to the panel for being here today. This question could be two-fold: Can you tell us a bit more about the health transformation, the recent MOU, memorandum of understanding, with Nova Scotia Mi'kmaw chiefs? We can start with Ms. Peach, and maybe pass it over to Ms. Pictou.

LINDSAY PEACH: Thanks for that question. Yes, on April 21st, the Mi'kmaw chiefs signed a trilateral MOU with the Government of Canada and the Government of Nova Scotia on health transformation. The Mi'kmaq of Nova Scotia are formally on a pathway for health transformation. The establishment of a Mi'kmaw health and wellness organization - functionally, a health authority - that will better meet the needs of the Mi'kmaw communities in Nova Scotia. That will include the transfer of federal funding and responsibility for federally funded health programs and services, but it also means that we will be working differently with the province in health planning, in decision making, and funding that impacts the Mi'kmaw communities.

There's been work that's been done, I think, collaboratively with the 13 communities in the past, but having the establishment of an organization to really take a lead in some of that work is helpful. We've already seen the benefits of that. We are on a multi-year journey, so this won't happen overnight. There's a lot of work to head, but that trilateral MOU really identifies that shared commitment to work together and to do that differently.

THE CHAIR: Ms. Penney, did you have anything to add? Back to MLA Ritcey - oh, sorry.

KAREN PICTOU: Nova Scotia Native Women's Association is absolutely thrilled of Tajikeimik's creation and of the Mi'kmaq taking back our sovereignty over health care. Nova Scotia Native Women's Association is recognized as a health service provider under

that MOU, which is a huge historical significance to a grassroots Indigenous women's organization. We probably are the only one across Canada recognized in such a way.

Our organization just celebrated our 50th anniversary, and we have been a very important part of the Mi'kmaw governance structure throughout that time. That recognition of our role within community is absolutely beautiful and gives us the ability to really work together to be able to provide services that people feel safe going to, whether it's band-run, or run by us as an arm's-length organization.

THE CHAIR: With two minutes, MLA Ritcey.

DAVE RITCEY: Thank you, Ms. Peach and Ms. Pictou, for those answers. I happened to be at the announcement that day. It was a pretty special announcement, and so happy to be there.

That will lead me into my second question. This would be to Ms. MacDonald. Can you share a bit of the benefits that midwifery presents when it comes to accessing services for those who, when clinically appropriate, want to have home births?

JESSICA MACDONALD: One of the key principles of midwifery care is choice of birthplace. For clients who screen appropriately for being candidates for home birth, that is something that we're offering at all three sites within that geographical catchment for clients who are low risk. I don't know if you want me to talk about the specifics clinically of what home birth looks like, but essentially, we're bringing everything that you would find at a Level 1 hospital. We're bringing medical equipment with us to be able to offer that birth in-home. It's a really special thing to be able to offer to people, to have that choice over where they want to give birth, whether that's because they have roots to their community, and they want to be in their community and birth a baby in their own community, but also there's a lot of fear for people to be in hospitals, so sometimes that's the root of why they've made that decision.

Regardless of what led them to that decision, it should be an informed decision that can be made and should be a choice that people have regardless of where they live in the province, to be able to have a home birth if that's something that they choose. Our home birth rate in the province ranges between 15 per cent to 20 per cent at this time.

THE CHAIR: MLA Ritcey, you have 24 seconds.

DAVE RITCEY: I'm good. Thank you, Madam Chair.

THE CHAIR: We will do the second round of questioning. We will allow 10 minutes per caucus. Again, I'll interrupt this round and try to keep better track of the time for you. We'll start with MLA Clark.

BRAEDON CLARK: Thank you, everybody, for being here and answering all of our questions so far. It's been really helpful.

I just wanted to ask a bit about the education program or potential education program. In a past life, I did some work with the association here in Nova Scotia, and the national association as well, so I got to learn about the great work that's being done across the country. Over and over again, I heard that the number one thing we need - this is probably three-plus years ago now - is an educational institution where people can go. Obviously it becomes much easier to recruit and retain as a result.

I'm not sure who would be best-equipped to answer this, but maybe I'll just pose it to Ms. MacDonald to start. In other provinces, what does the educational program look like? Is it within a university? Would it be an NSCC equivalent? How would it be structured here? Do we have any sense of that?

JESSICA MACDONALD: In Canada, the university-based program is a four-year baccalaureate degree. Those four years are composed of time on campus in course- and lab-related work and then two and a half years of clinical placement. So usually the first year and a half are on campus and the second two and a half years are clinical placements that are happening with precepting midwives at midwifery clinics located around that university. Midwifery students would travel to those sites.

If we're looking at doing that in Nova Scotia, we'd have to - I mean we would, one, need more midwives to be able to support students for a midwifery program, but we would expect the same thing. It would go through the Canadian Midwifery Regulators Council to have that degree happening at a university here. I would suspect it would be a four-year degree as well that would be a combination of in-class and clinical work with the midwifery sites that we currently have in the province, and hopefully some more sites as well.

BRAEDON CLARK: Ms. Penney, you said earlier that the four Atlantic provinces are kind of working together on this feasibility study. Is it safe to assume that if a program were to be established here, there would just be one for the Atlantic region? Is that the working hypothesis, or we don't know yet?

TANYA PENNEY: I think that would have been my working hypothesis when I first got involved in the feasibility study and the statement of work for that. That being said, after some conversations with Lindsay Peach and the two Indigenous midwives whom they were talking about earlier, I think as we inform that feasibility study, we'll know more and more as it gets written.

BRAEDON CLARK: Earlier, Ms. MacDonald, you talked about scope of practice for midwives. This is something we hear about a lot in the medical field. Whether it's

pharmacists or nurses or whomever, we always hear about the need to expand the scope of practice in many cases.

I'm just wondering: Is there an opportunity to expand scope of practice for midwives currently? Have there been any proposals put forward? What would that look like, in your view? Is there a need for an expansion of that scope, or is it adequate, in your mind, right now?

JESSICA MACDONALD: Right now, midwives are primarily working in a maternity-care model that looks like providing prenatal care, care in labour and birth, and postpartum. But we know that there's a whole suite of reproductive, health, and newborn services that midwives could be optimizing scope by expanding what we're doing to other populations.

Looking at well newborn clinics, there are a lot of people in this province who do not have a family doctor, so even for those where we're not necessarily providing prenatal care - although we'd love to be taking care of those people as well - we could be offering a newborn clinic to support parents in those first few months of life to provide newborn care and well newborn checks and immunizations.

There are also well woman clinics that we could be providing for people who need contraceptive counselling, IUD insertions, and those sorts of things. There are definitely things that we're already doing too for clients - are offering for clients that we have in care, but that could definitely be expanded. It would require some amendments to our regulations because right now, we're only providing care to the people whom we have in care for pregnancy and then their newborns. With a bit of some change there, we could be providing care to more people.

BRAEDON CLARK: Thank you, and that's a really good point. I recall when my son was born - he just turned six on Saturday, so this was about six years ago now. I think we had one visit from a nurse, which was awesome, and we needed that for sure, but we certainly would have taken more if we had been able to. I think that's an interesting angle to pursue, in terms of not being so rigid as to say, well, this person wasn't with us during pregnancy, therefore we can't help them afterward. I think that doesn't necessarily make sense, so I think that's a great point.

Earlier, you also mentioned in Ontario and B.C. - I might have them wrong - but two of the provinces you mentioned, somewhere between 20 and 25 per cent of births are supported by a midwife, and here in Nova Scotia, obviously we are far, far below that. Do you think - and this is a bit of a hypothetical, I know - but do you think, if we were optimizing our system of midwifery in the province, do you think the demand is there in this province to reach that kind of level where maybe one out of every five, or one out of every four births is attended to by a midwife?

JESSICA MACDONALD I certainly think that the demand is there just by the look of the wait-list binders at each midwifery clinic in the province alone. There are stacks of applications who don't get accepted into care because we simply don't have the resources right now to support all of the people who want care. I would love to see us get to the numbers that we see in Ontario and B.C., and you're correct in saying it was 20 and 25 per cent of births.

BRAEDON CLARK: Obviously, the educational piece is a huge one that we've talked about a lot today. Are there other practices that other jurisdictions follow that we can use here in Nova Scotia to help make the midwifery system work better? I think across the board, we all have consensus of where we want to go, which doesn't always happen, but the question is, how? Are there lessons from other provinces in particular that you think we could apply here fairly easily to make the system work better for people in this province?

JESSICA MACDONALD: I definitely think that the feasibility study - I'm happy to see that that's under way right now to look at a midwifery education program, because that is a key piece when we're talking about recruitment and retention of midwives. I think we also need to expand that a little bit. We just saw that Newfoundland and Labrador announced that they're - they have a pretty substantial incentive for midwives to come to Newfoundland and Labrador to work. A lot of the recruitment and retention incentives that we've seen offered in Nova Scotia have been only applied to nurses or family physicians - so seeing that offered to midwives to recruit midwives to those positions that are currently open.

Of the positions that are open, I mentioned that they're maternity leaves. In the last couple of years, the midwives who have been hired were actually two permanent positions and not temporary positions. That's why it's really hard for us to recruit people to the positions that are currently vacant, because midwives who are working right now in another province who qualify for those jobs have a caseload of clients that they're taking care of in those provinces. They have a life, probably - settled down in that area that they need to uproot to move back to Nova Scotia to work in those positions. It's not something that is reasonable to ask someone to come for maybe a nine-month term. If we could promise that those positions would have continued work beyond the temporary positions as they're currently posted, then I really do think that we would have midwives be keener to join us here in Nova Scotia.

THE CHAIR: MLA Clark with a minute-thirty.

BRAEDON CLARK: My question might be unfair to ask in a minute-thirty. Ms. Penney, quickly - this is not the unfair one - I wouldn't say that. What's the overall budget for the midwifery program within the Department of Health and Wellness?

TANYA PENNEY: I'd have to get that for you. I'm sorry, I didn't bring that with me today. It's not going to take me a minute-thirty to answer that.

BRAEDON CLARK: I know you don't have the specific figure handy at the moment, but has it been the same for the last number of years? What's the growth or lack of growth been on that in recent years?

[11:30 a.m.]

TANYA PENNEY: I'm going off the top of my head, but I do know that there was no change from 2021 to 2022. We did add four permanent positions in 2019, so there was a significant increase in the budget in 2019, for sure.

I would also say too that we learned from MLA Maguire's question earlier that, to the point of temporary positions, that the IWK Health Centre actually posted their position permanently. They flipped it from temporary to permanent to try to attract somebody. When you talked to me about incentives, that was one of the things that came back.

THE CHAIR: Order. I will now pass it to the NDP caucus. MLA Leblanc.

SUSAN LEBLANC: I just wanted to get some clarification on the feasibility study for the training institute. There is a feasibility study going on right now, but it's being led by Newfoundland and Labrador? Is that correct?

TANYA PENNEY: Yes, there's a feasibility study. It is involving all four Atlantic provinces, but Newfoundland and Labrador is taking the lead, not necessarily on the content, but just on the logistics of it. Does that help?

SUSAN LEBLANC: We had FOIs that showed that we in Nova Scotia were on our way to commissioning the feasibility study, but then at the last minute, the deputy minister cancelled it. I'm just curious to know why we are not taking the lead. Listen, people from Newfoundland and Labrador might debate this, but I would say that HRM is the centre of eastern Canada in terms of colleges and that kind of thing, so why are we not taking the lead in Nova Scotia?

TANYA PENNEY: I'm going to have to take that back and ask that question. I wasn't with the Department of Health and Wellness during that time. I did see the FOIPOP. It was October 2022 that we agreed to it. I'll have to find out what the history behind that was. I don't have the answer.

SUSAN LEBLANC: That would be great to get. If Madam Chair and the clerk could make a note of that, that would be great.

I just wanted to ask, Ms. MacDonald: Could you go into a little bit further - I loved what you were saying about women's health clinics or people with uteruses' health clinics. What would have to change - I think you said regulations, but what would have to change

and how long would it take for midwives in Nova Scotia to be able to take on some of that work?

JESSICA MACDONALD: All of the standards of practice and regulations for midwives are determined by the Midwifery Regulatory Council of Nova Scotia, which is a professional body that's separate from the association. That council would have to meet to review any changes that would have to happen. Right now, our scope is limited to the people whom we already had in care for that course of prenatal care. That would be the biggest amendment. We did discuss with the Council a change to the regulations on providing newborn care for the unattached newborn clinic. That hasn't actually moved forward yet, to provide care for newborns who don't have a family doctor by a month and a half, two months of age, but the Council was very supportive in making those changes. I can't speak for them, but I would suspect that if we brought these concerns to the Council, that they would be willing to hear them and consider changing some of our regulations to support that.

SUSAN LEBLANC: You're saying that the newborn clinic is not up and running yet? I know that during budget Estimates, the minister spoke a lot about this and in the last session. I'm shocked to hear that that's not up and running. What is the delay there?

JESSICA MACDONALD: We haven't heard back to see when that is going to be happening, but it isn't currently happening, the unattached newborn clinic. We have said that we're willing - specifically the IWK Community Midwives are willing to support that unattached newborn clinic, but it hasn't moved forward and happening yet.

SUSAN LEBLANC: Ms. Cashen, is that something that you know about or what the holdup is on that?

NANCY CASHEN: The unattached newborn clinic, as Ms. MacDonald spoke to, is looking at feasibility of who and how we can get personnel to help out with that population. I did not come prepared with that data, but I can definitely get it.

SUSAN LEBLANC: Great, and so just putting it out there, folks: Is it a question of money from the government? Is that what you're waiting on? Is it leadership from the government? What is actually holding it up? I just don't understand. I understand the feasibility and all that stuff, but you're talking about support, who can do the work. Is it literally about - that there's not enough midwives, or is it that - is there something else going on that we just aren't getting?

NANCY CASHEN: We are looking at HR kinds of support of the people to do the work more than anything else. It's not only midwives that we've been looking at. We've been looking at nurse practitioners and nurses as well, so it's not an exclusive thing just for midwives. We're looking at HR resources for all of that for the unattached newborns.

SUSAN LEBLANC: How many minutes?

THE CHAIR: Just under four.

SUSAN LEBLANC: I'll pass on to my colleague.

KENDRA COOMBES: I want to talk a little bit about Unama'ki. In Unama'ki, there are five First Nations communities; quite a few isolated communities. The only one that really has a hub is Membertou. In Unama'ki, we have the highest rates of C-sections in the province, but there are no midwifery services, as we've discussed, on the island. I know this as someone who has had children and would have loved to have gotten - even called up to get myself on a list - I knew that I couldn't even do that.

These services drastically reduce the number of C-sections, and - it's one of the most common surgeries - the health resources that go with them. I know we've discussed over here about stabilizing, but it really comes down to the fact that we need to actually do training, and we need to have that funding in place. Knowing this, why is midwifery not being used as a tool to provide the right care at the right time in Unama'ki and in the Valley, and why was this not properly looked at and funded over the last number of years, specifically since 2011, when there was a study done? If anyone would like to take it - Ms. Pictou?

THE CHAIR: We'll start with Ms. Peach, maybe, or . . .?

LINDSAY PEACH: I'm not sure if I could answer that question. I think that the question around expansion of midwifery for the province as a whole is really a question best directed to government and health authorities.

I think in terms of access to service for the Mi'kmaw communities in Unama'ki, as Karen had shared earlier, the engagement sessions that were done by the Nova Scotia Native Women's Association certainly speak to the desire to see that service being available. Unama'ki is also home to one of the largest Mi'kmaw communities, Eskasoni, which does have a number of health services delivered there in community - midwifery, obviously, not being one of them.

I think from a Mi'kmaw community point of view, there's definitely interest. We've also identified in some of the research work that we've done that there is a key link between having an educational program and expanding and sustaining a service. We also understand that link and want to make sure that whatever education programs are developed are done in a way that includes an Indigenous perspective and world view in that training. In terms of overall general expansion, I don't know that I would be the best one to speak to that.

THE CHAIR: Did anyone have anything they wanted to add? MLA Leblanc with 56 seconds.

SUSAN LEBLANC: Yes. Quickly to Ms. Penney, my understanding is that you weren't part of the decision-making, but you were on those FOIPOP emails, in the emails. Can you clarify what you meant by that? I just want to get the information.

TANYA PENNEY: Yes, and I'll get you the information. I was working in the department but wasn't part of the conversations earlier; it was only a part of the October 2022 approval conversations. It was actually through that FOIPOP that I realized that there was a conversation that had happened where it may not have been approved. I'm just not party - I was party to the emails post-op, but not during. Sorry for the confusion.

SUSAN LEBLANC: Okay, thanks. I'll say I'm disappointed that the government has scheduled a press conference on a very important health issue during this very meeting when we're talking about a very important health issue. It's a shame that we can't . . .

THE CHAIR: Order. I'll now pass it to the Progressive Conservative caucus. MLA White.

JOHN WHITE: My first couple questions are to you, Ms. Peach, to the Tajikeimik. Delivering culturally competent health care is best achieved by representatives from the 13 Mi'kmaw nations. Can you offer some examples of ways in which this is being addressed through your organization, and the positive impact it has on communities?

LINDSAY PEACH: I think to start, we are very much in the early days as an organization getting ourselves established. There are already some early examples of where we've been able to do that a little bit differently. There was some recent funding announced from the federal government focused around mental wellness. We were able to come together with the 13 communities quite differently and with partner organizations, the Nova Scotia Native Women's Association being one of them, to prioritize how those funds would be best spent to meet the needs of communities. With that, we saw an investment and additional positions to support mental wellness and healing in all of the communities and three of our partner organizations as well.

The other thing related to this topic is support for the early years. We have a collaborative project under way with the Martin Family Initiative that is developing and helped us develop a Mi'kmaw-specific Early Years program. We now, with support of some funding from the Province, have been able to do the first phase of implementation in five locations, four communities and the Mi'kmaw Native Friendship Centre. That has really been an opportunity to see that program very specific to the cultural and traditional perspectives of the Mi'kmaq rolled out in communities. Two examples that I'd highlight, one really close to this topic.

JOHN WHITE: Would that be in reference to the announcement of $20,000 that was done in February? Is that what it was for? It was to help recruit Indigenous health care workers. Is that tied into that?

LINDSAY PEACH: No, I can speak to that one as well. There was also an investment through the provincial nursing strategy to support some of our L'nu nursing strategy work. The $20,000 - I think Ms. Penney referred to that a little bit earlier - that's to support some of the urgent needs of nursing students who are in the various nursing programs, Mi'kmaw nursing students in those programs, to support them as they obtain their degree.

JOHN WHITE: Ms. Cashen may want to get in this one a bit. I'm just wondering if you can share a bit about the partnership between Tajikeimiḱ and the IWK Health Centre.

THE CHAIR: Who would like to start? I'll let Ms. Peach go first, and then Ms. Cashen after.

LINDSAY PEACH: We've been, over the last number of years as part of our development work, working very closely with provincial health system partners, all of the relevant government departments connected to health, but also the two other provincial health authorities, both the IWK Health Centre as well as the Nova Scotia Health Authority. We're part of a strategic health partnership committee together including senior representatives of those two health authorities as well as provincial government departments. Over the last year, the focus has been on learning and sharing information about what services look like in communities and identifying areas for work together. We work quite closely with both of those organizations on a number of different initiatives.

NANCY CASHEN: As well, part of our key performance indicators that the IWK produces each year - one of our goals is really strengthening community ties with Tajikeimiḱ and our Indigenous partners. There has been an engagement report that's not finalized yet. It's still going back to the community to be verified, but that too, we did a lot of listening to hear how we have to change things within the IWK Health Centre. After that's verified, then we will also produce some actions to go along with that and what we heard.

JOHN WHITE: I believe this question will be to Ms. MacDonald. Can you tell us a bit about priority populations and trends that you've seen for those who have required midwifery services?

JESSICA MACDONALD: There is a mandate from the Province to prioritize specific populations, because we have such a large wait-list, to try to make sure that we're accommodating those populations first before accommodating other candidates for midwifery care. Those populations include Indigenous people, African Nova Scotians, and

people who have a history of mental health concerns, previous traumatic experiences with birth or labour, or any history of domestic or sexual assault.

[11:45 a.m.]

There's a list of about 15 priority populations - I don't have them in front of me - that we try to prioritize when we're accepting clients into care, with the caveat that we do have that geographical limitation of who we can accept into care for each site, based on where they're living and where they're planning to give birth.

JOHN WHITE: What about the follow-up care? Can you give us a little bit more on the follow-up care? I know you mentioned six weeks postpartum, right? Can you give us a little bit more about what that includes? This is kind of new to me. I'm in Glace Bay. We don't have access to it, apparently. (Laughs)

JESSICA MACDONALD: Absolutely. Midwives continue to be the primary care provider for both the parent and the newborn in the first six weeks of the newborn's life and the first six weeks postpartum.

That typically includes visits in the first week at home. That would be every two to three days, ideally - seeing people at discharge from hospital or on the first day after they've had a home birth, seeing people again on day three, day five, and somewhere between day seven to ten postpartum, and then again at two weeks, four weeks, and six weeks - so usually at least six visits in that first six weeks of care.

Those care assessments involve vital assessments for both mother and baby, and also an assessment of how things are healing, how feeding is going, and that baby is gaining weight with whatever feeding plan is under way. We bring a scale with us and weigh the baby, make sure that baby is doing well, and that both the family and the newborn are thriving.

JOHN WHITE: Ms. Penney, I guess, at the Department of Health and Wellness. Government has implemented a couple of different initiatives to protect and revitalize Mi'kmaw languages and culture. Can you tell us a bit about the impacts that these sorts of initiatives have had on efforts toward reconciliation.

THE CHAIR: Ms. Penney, with one forty-six.

TANYA PENNEY: Thank you very much for the question. It's been absolutely crucial to ensuring that the Mi'kmaw people of Nova Scotia experience culturally safe and competent spaces and culturally safe and competent care.

I would say the MOU with Tajikeimiḱ in the last month has been probably the most significant piece of work that my team will be digging into with Lindsay's team from a

clinical health services planning perspective, and making sure that we have the right services in the right areas, particularly in those places that are underserved and underprivileged.

THE CHAIR: MLA White, you have 51 seconds.

JOHN WHITE: Fifty-one seconds. I'll give this to Ms. Peach. Maybe you can share a little bit more about the structure of Tajikeimɨk, since you didn't have much of a chance to say that.

LINDSAY PEACH: In 51 seconds, maybe not. (Laughs) We are still evolving as an organization, so some of the structural questions are work left to do. Our structure - currently we're guided by the 13 Mi'kmaw chiefs, the health directors, and Mi'kmaq Grand Council guiding our work. Part of the work over the next year is to define our governance model and what that will look like as an organization.

Our structure right now as a team - we're quite small but are growing. That will be further defined as we identify over the next year what federal programs and services will transfer to our responsibility. What it looks like now is not what it will look like five years from now.

THE CHAIR: Order. Sorry. The time for questioning has elapsed.

We do have a little bit of committee business, but I would invite brief closing remarks if you have any.

I will begin with Ms. Pictou.

KAREN PICTOU: Thank you for bringing us here to discuss this today. In closing, I think the main thing that I want to say is that although we're talking about increasing access for all Nova Scotians, it's giving us our inherent right to be able to give birth within our communities, in safe spaces that are culturally relevant, and not fear whether or not our children will be apprehended the moment that we give birth. That is a right of every other Nova Scotian here, but bringing midwifery to Mi'kmaw communities is going to be that act of reconciliation that genuinely changes lives and transforms our ability to access a health care system that is designed by us, for us.

LINDSAY PEACH: Thank you again for the invitation today. I think it's important to share - it didn't really come up - the misconception that health services for Indigenous peoples is a federal responsibility. That's not true. It is a shared responsibility. As Karen said, access to culturally safe care, access to midwifery is about more than the midwifery service. It's about restoring tradition and culture. It's an act of reconciliation. I would say that discussion around expansion of midwifery service in Nova Scotia can't be done without including the Mi'kmaw communities in that conversation. They're the fastest

growing population. It's required for cultural safety, and it's an act of reconciliation. So thank you for including us in this conversation.

JESSICA MACDONALD: Thank you, everyone, for having me here today. I really do appreciate the discussion. I think at the end of the day - I hope by everything that's been said that you can all agree that we need more midwives in this province. It's recommended by the World Health Organization that midwives provide a reduction in maternal and neonatal mortality rates. The evidence is there. I just hope that today you all learned something about midwifery, and that we can move forward in finding something that's going to work for Nova Scotian families.

TANYA PENNEY: Like Ms. Peach, there were a couple of things for me that didn't come up today, but I would really like to talk about, just for 10 seconds - the expansion of primary health care services around the province. It includes pregnant and newborn care, and doing some really exciting things with pharmacy walk-ins and mobile pharmacy clinics. It's exceptionally important that we make sure that we actually get our Mi'kmaw population in those pieces of work, and I think that primary health care has done a really good job in that space.

That being said, there's a lot more work to do, and I really look forward to working with Ms. Pictou, Ms. Peach, Ms. MacDonald, and Ms. Cashen moving forward in this maternal newborn space.

NANCY CASHEN: Thank you so much for the invitation today. Hopefully what you heard is a dedication and a willingness to look at supporting midwifery within Mi'kma'ki and making sure that needs are met. We continue to support and are dedicated to patient experience at the IWK Health Centre, and look forward to working together with everybody on this panel to improve things.

THE CHAIR: On behalf of the committee again, thank you all for being here, and for having this important conversation today. We do have some committee business that we're going to jump right into, but you're free to leave.

BRENDAN MAGUIRE: We're getting a bit short on time; we only have five minutes. There's a bunch of issues to deal with. I'm just wondering if we could extend for 10 minutes, with consent? I mean, come on, 10 minutes. If we can extend for 10 minutes and not have everyone run over to Rudy's afterward, but if we could extend for 10 minutes so that we can deal with some very important issues here. I'd like to put a motion on the floor to extend for 10 minutes.

JOHN WHITE: I'm sincerely sorry, but I cannot extend this meeting. I have another one here at 1:00 p.m. with the Department of Natural Resources and Renewables. It is 12:00 noon, and I would like to eat today sometime. I can't - not going to happen.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is defeated.

We will move into the committee business on the agenda. It was correspondence. Ms. Stephanie MacInnis-Langley has retired from the Nova Scotia Advisory Council on the Status of Women. The Department of Community Services informed the clerk that they would bring an appropriate staff member to the meeting. I just want to know if anyone had any questions or discussion on that correspondence that was circulated. Seeing nothing.

BRENDAN MAGUIRE: I have a motion, and I'll read it quickly so everyone can vote. I put a motion forward that we hold an emergency meeting of the Standing Committee on Community Services on the impact the EPA strike is having on the health and welfare of single parents, Community Services clients, and all parents in HRM. This meeting will be held next week with the witnesses being Deputy Minister of Education and Early Childhood Development Elwin LeRoux, Steve Gallagher from HRCE, Inclusion NS, the deputy minister of Community Services, and representatives from the IWK Health Centre. The impact the strike is having on our most vulnerable is potentially life-altering. It's time to work together now to find a fair deal and get those children back in school.

THE CHAIR: Is there any discussion on the motion? We will take a 30-second recess. (Interruption) We're going to take a one-minute recess.

[11:56 a.m. The committee recessed.]

[11:57 a.m. The committee reconvened.]

THE CHAIR: Order. The Standing Committee on Community Services is back in order. MLA White.

JOHN WHITE: Obviously, that motion needs more conversation than 30 seconds. You obviously had that motion planned well before this meeting. (Interruption) You just wrote it? That's a motion that we should have had at least ahead of time. We're not going to support that motion.

THE CHAIR: We will be voting. All those in favour?

BRENDAN MAGUIRE: Recorded vote.

THE CHAIR: We will be doing a recorded vote. I hand it over to the clerk.

[The clerk calls the roll.]

[11:57 a.m.]

YEAS	**NAYS**
Susan Leblanc	John White
Kendra Coombes	Larry Harrison
Braedon Clark	Danielle Barkhouse
Hon. Brendan Maguire	Dave Ritcey
	Melissa Sheehy-Richard

THE CLERK: For, 4. Against, 5.

THE CHAIR: The motion is defeated.

SUSAN LEBLANC: I just wanted to make a quick motion, based on what we heard in today's meeting, to write a letter as the committee to the Department of Health and Wellness to get an update on what's happening with unattached newborn clinics.

THE CHAIR: All those in favour? (Interruption) MLA Leblanc, can you reread the motion?

SUSAN LEBLANC: I think the committee, based on what we heard today, should write a letter to the Department of Health and Wellness asking for an update on the implementation of newborn health clinics.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is carried.

BRENDAN MAGUIRE: I have a motion that we send in a request to the Department of Health and Wellness and the Premier's Office requesting a funding increase in the midwifery program to allow for equal access to midwifery all over the province.

THE CHAIR: All those in favour? Contrary minded? Thank you.

The motion is defeated.

The next meeting will be on June 6, 2023: Update on Standing Together to Prevent Domestic Violence. The witnesses would be the Department of Community Services and the Nova Scotia Advisory Council on the Status of Women.

The meeting is adjourned.

[The committee adjourned at 12:00 p.m.]