



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Special Board Meeting

September 23, 2025



NOTICE OF MEETING OF THE BOARD

AVIS DE RÉUNION DU CONSEIL

A meeting of the College of Midwives of Ontario will take place on Tuesday, September 23, 2025, from 12:00 PM to 1:00 PM by videoconference.

This meeting is open to the public. Any individuals wanting to observe the meeting should contact the College at cmo@cmo.on.ca or 416-640-2252.

L'Ordre des sages-femmes de l'Ontario tiendra une réunion par vidéoconférence, de 12 h 00 à 13 h 00, le 23 septembre 2025.

Cette réunion est ouverte au public. Toute personne intéressée peut obtenir les détails pour accéder à la réunion en écrivant à l'Ordre, à cmo@cmo.on.ca, ou en composant le 416-640-2252.

Kelly Dobbin,
Registrar & CEO/ Registratrice et PDG



Board Meetings – Guidelines for Observers

- Board meetings held by videoconference may be observed by the public, please contact the college for information on how to attend.
- Those attending the Board meetings as observers do not participate in the meeting.
- Observers are required to mute their microphone during the videoconference.
- If a portion of the meeting is closed to the public, an announcement will be made to move in-camera. Observers do not participate. If known in advance, in-camera items are noted on the agenda. The agenda is posted to the College's website two weeks prior to the scheduled Board meeting.
- Observers can access the Board package materials from the College website approximately two weeks prior to the scheduled Council Meeting.

If you have any questions regarding the Board meeting or would like to register as an observer, please contact the College at cmo@cmo.on.ca or by phone at 416-640-2252.

Strategic Framework

2021–2026



College of
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The 2021–2026 Strategic Framework is a high-level statement of the College's vision, mission, outcomes and key priorities over the next five years. It paves the way forward for the organization, builds a stronger sense of common purpose and direction and a shared understanding of why we exist, what guides our work, and what we want to achieve as an organization.

Our Strategic Priorities

1. Regulation that enables the midwifery profession to evolve.
2. Effective use of data to identify and act on existing and emerging risks.
3. Building engagement and fostering trust with the public and the profession.

Key Outcomes We Are Expected to Achieve

1. Clients and the public can be confident that midwives possess and maintain knowledge, skills and behaviours relevant to their professional practice and exercise clinical and professional judgment to provide safe and effective care.
2. Clients and the public can be confident that midwives practise the profession with honesty and integrity and regard their responsibility to the client as paramount.
3. Clients and the public can be confident that midwives demonstrate accountability by complying with legislative and regulatory requirements.
4. Clients and the public trust that the College of Midwives of Ontario regulates in the public interest.

Our Vision

A leader in regulatory excellence, inspiring trust and confidence

Our Mission

Regulating midwifery in the public interest

Our Guiding Principles

These interrelated principles define how we strive to work as an organization, shape our culture and our relationships with the public, midwives, and partner organizations.



Accountability

We make fair, consistent and defensible decisions, incorporating diverse and inclusive views.



Equity

We identify, remove and prevent systemic inequities.



Transparency

We act openly and honestly to enhance accountability.



Integrity

We act with humility and respect and apply a lens of social justice to our work.



Proportionality

We allocate resources proportionate to the risk posed to our regulatory outcomes.



Innovation

We translate opportunity into tangible benefits for the organization.

BOARD AGENDA (SPECIAL MEETING)

Tuesday, September 23, 2025 | 12:00pm to 1:00pm
Zoom Videoconference

Item	Discussion Topic	Presenter	Time	Action	Materials	Pg
1.	Call to Order: Welcome and Land Acknowledgement	C. Ramlogan-Salanga	12:00	INFORMATION	-	-
2.	Conflict of Interest	C. Ramlogan-Salanga	12:05	DISCUSSION	-	-
3.	Review and Approval of Proposed Agenda	C. Ramlogan-Salanga	12:10	APPROVAL	3.0 Agenda	5
4.	Designated Drugs and Substances Regulation	M. McCarrell	12:15	APPROVAL	4.0 Briefing Note 4.1 DDS Regulation with Proposed Changes 4.2 Letter from AOM	6
5.	Housekeeping	E. Hosein	12:55	INFORMATION	-	-
6.	Adjournment	C. Ramlogan-Salanga	1:00	MOTION	-	-
	Next Meetings: November 4-5, 2025 February 24-25, 2025			INFORMATION		

BRIEFING NOTE TO THE BOARD

Subject: Proposed addition of “RSV monoclonal antibody” to Schedules 1 and 3 of Vaccines and Immune Globulins in Designated Drugs and Substances Regulation O. Reg. 188/24.

Background

At its most recent meeting on June 25, 2025, the College’s Board approved the addition of RSV monoclonal antibody to Schedules 1 and 3 of the Designated Drugs and Substances Regulation O. Reg. 188/24. Due to the seasonal nature of RSV, the Board also directed the College to seek approval of the Minister to exempt the Regulation from the requirement that the Regulation be circulated for 60 days or provide an abridgement to the circulation period so that a change could be implemented as soon as possible.

Key Considerations & Public Interest Rationale

On June 26, 2025, the College launched and carried out a 60-day public consultation. The College did not receive a response from the Minister to exempt or abridge the consultation period.

The results of the consultation feedback were entirely supportive of this amendment and are summarized below:

Respondents total: 81
Responses from Registered Midwives: 49
Responses from other Regulatory Colleges: 1
Responses from Associations (AOM, OMA, etc.): 2
Responses from pediatric specialists, physicians, respirologists, and neonatologists: 26
Responses from the public: 2
Responses unidentified: 1

The Board is expected to consider all feedback from the public consultation to inform its final decision. The feedback clearly supports the College’s position that the addition of the RSV monoclonal antibody is in the public interest.

The Board is reminded that the College continues to work with the Ministry of Health toward meaningful and sustainable changes to the drug regulation (i.e. to regulate the controlled acts of prescribing and administering within the midwifery scope of practice as physicians, dentists, and nurse-practitioners are currently regulated) to avoid similar challenges when the best available medication is not captured by a finite list.

Recommendations

The following motion is submitted for approval:

Approve the addition of “RSV monoclonal antibody” to Schedules 1 and 3 of Vaccines and Immune Globulins in the Designated Drugs and Substances Regulation O. Reg. 188/24 for final submission to the Ministry of Health.

Implementation Date

As soon as the regulation is filed.

Legislative and Other References

Designated Drugs and Substances Regulation O. Reg. 188/24

Attachments

1. Proposed changes to the Designated Drugs and Substances Regulation O. Reg. 188/24
2. [Public Consultation Feedback](#)
3. Letter of support, Association of Ontario Midwives 2025

Submitted by:

Megan McCarrell, RM
Director of Professional Practice

Midwifery Act, 1991

ONTARIO REGULATION 188/24 DESIGNATED DRUGS AND SUBSTANCES

Consolidation Period: From May 3, 2024 to the [e-Laws currency date](#).

No amendments.

This is the English version of a bilingual regulation.

CONTENTS

1.	Prescribing drugs
2.	Administration by inhalation
3.	Administration by injection, general
4.	Administration by injection, controlled substances
5.	Use, etc. on order
6.	Non-prescription drugs and substances
Schedule 1	Drugs that may be prescribed
Schedule 2	Substances that may be administered by inhalation
Schedule 3	Substances that may be administered by injection
Schedule 4	Controlled drugs and substances

Prescribing drugs

1. (1) For the purposes of paragraph 6 of section 4 of the Act, a member may, on the member's own responsibility, prescribe a drug set out in Schedule 1 to this Regulation, subject to any conditions noted in that Schedule.

(2) For the purposes of paragraph 6 of section 4 of the Act, a member may prescribe a drug set out in Schedule 4 to this Regulation for the purpose of being administered in a public hospital, if the member complies with the standards of practice set out in subsection (3) of this section.

(3) It is a standard of practice of the profession that a member who prescribes a drug set out in Schedule 4 shall first have either,

- (a) satisfied the Registrar or the Registration Committee that the member has sufficient knowledge, skill and judgment, based on the member's formal education and training, to safely and competently prescribe drugs set out in Schedule 4; or
- (b) successfully completed a course approved by the Council on prescribing drugs set out in Schedule 4.

Administration by inhalation

2. For the purposes of paragraph 5 of section 4 of the Act, a member may, on the member's own responsibility, administer by inhalation a substance set out in Schedule 2 to this Regulation.

Administration by injection, general

3. For the purposes of paragraph 5 of section 4 of the Act, a member may, on the member's own responsibility, administer by injection a substance set out in Schedule 3 to this Regulation.

Administration by injection, controlled substances

4. (1) For the purposes of paragraph 5 of section 4 of the Act, a member may, in a public hospital, on the member's own responsibility, administer by injection a substance set out in Schedule 4 to this Regulation, if the member complies with the standards of practice set out in subsection (2) of this section.

(2) It is a standard of practice of the profession that a member who administers by injection a substance set out in Schedule 4 shall first have either,

- (a) satisfied the Registrar or the Registration Committee that the member has sufficient knowledge, skill and judgment, based on the member's formal education and training, to safely and competently administer by injection substances set out in Schedule 4; or
- (b) successfully completed a course approved by the Council on administering by injection substances set out in Schedule 4.

Use, etc. on order

5. (1) In the course of engaging in the practice of midwifery, a member may use any drug on the order of a member of the College of Physicians and Surgeons of Ontario or on the order of a member of the College of Nurses of Ontario who holds an extended certificate of registration as a registered nurse.

(2) In the course of engaging in the practice of midwifery, a member may administer any substance by injection or inhalation on the order of a member of the College of Nurses of Ontario who holds an extended certificate of registration as a registered nurse.

Non-prescription drugs and substances

6. A member may administer, prescribe or order any drug or substance that may lawfully be purchased or acquired without a prescription.

7. OMITTED (REVOKES OTHER REGULATIONS).

8. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

**SCHEDULE 1
DRUGS THAT MAY BE PRESCRIBED**

VACCINES AND IMMUNE GLOBULINS

1. Covid-19 vaccine.
2. DTaP-IPV-Hib.
3. Hepatitis B immune globulin.
4. Hepatitis B vaccine.
5. Influenza vaccine.
6. Measles-mumps-rubella virus vaccine.
7. Pneumococcal conjugate.
8. Respiratory syncytial virus (RSV) vaccine.
9. RhD immune globulin.
10. Rotavirus (Rot-1).
11. Tdap vaccine.
12. Varicella vaccine.
13. Varicella Zoster immune globulin.
14. Respiratory syncytial virus (RSV) monoclonal antibody.

ANTI-INFECTIVES

15. Mupirocin-betamethasone valerate-miconazole.

ANTIBACTERIALS

16. Amoxicillin.
17. Amoxicillin-clavulanic acid.
18. Azithromycin.
19. Cefixime.
20. Cephalexin.
21. Ciprofloxacin.
22. Clindamycin.
23. Cloxacillin.
24. Doxycycline.
25. Erythromycin.

26. Metronidazole
27. Nitrofurantoin.
28. Penicillin VK.
29. Sulfamethoxazole-trimethoprim.
30. Trimethoprim.

ANTIFUNGALS

31. Clotrimazole.
32. Fluconazole.
33. Miconazole.
34. Nystatin.

ANTIVIRALS

35. Acyclovir.
36. Famciclovir.
37. Valacyclovir.

HORMONAL CONTRACEPTIVES

38. Hormonal contraceptives, all types.

ANALGESICS AND ANTIPYRETICS

39. Diclofenac.

ANTIEMETICS

40. Doxylamine succinate-pyridoxine hydrochloride.
41. Ondansetron.
42. Prochlorperazine.

DOPAMINE AGONISTS

43. Cabergoline.

VITAMINS, MINERALS AND FLUID REPLACEMENTS

44. Vitamins, minerals and fluid replacements, all types.

OXYTOCICS AND PROSTAGLANDINS

(For the purposes of preventing and treating postpartum haemorrhage, inducing or augmenting labour, cervical ripening and for the management of spontaneous early pregnancy loss or retained placental tissue.)

45. Dinoprostone.
46. Ergonovine.
47. Misoprostol.
48. Misoprostol-Mifepristone.

GALACTAGOGUES

49. Domperidone.

CORTICOSTEROIDS

50. Hydrocortisone anorectal therapy compound.

PROTON PUMP INHIBITORS

51. Omeprazole.

HISTAMINE BLOCKERS

52. Ranitidine.

SCHEDULE 2
SUBSTANCES THAT MAY BE ADMINISTERED BY INHALATION

1. Oxygen (therapeutic).
2. Nitrous oxide.

SCHEDULE 3
SUBSTANCES THAT MAY BE ADMINISTERED BY INJECTION

VACCINES AND IMMUNE GLOBULINS

1. Covid-19 vaccine.
2. DTaP-IPV-Hib.
3. Hepatitis B immune globulin.
4. Hepatitis B vaccine.
5. Influenza vaccine.
6. Measles-mumps-rubella virus vaccine.
7. Pneumococcal conjugate.
8. Respiratory syncytial virus (RSV) vaccine.
9. RhD immune globulin.
10. Rotavirus (Rot-1).
11. Tdap vaccine.
12. Varicella vaccine.
13. Varicella Zoster immune globulin.
14. Respiratory syncytial virus (RSV) monoclonal antibody.

ANTIBACTERIALS

15. Ampicillin.
16. Benzathine Penicillin G.
17. Ceftriaxone.
18. Cefazolin.
19. Ciprofloxacin.
20. Clindamycin.
21. Cloxacillin.
22. Erythromycin.
23. Gentamicin.
24. Penicillin G.

ADRENERGIC AGENTS

25. Epinephrine hydrochloride.

HORMONAL CONTRACEPTIVES

26. Hormonal contraceptives, all types.

LOCAL ANAESTHETICS

27. Bupivacaine.
28. Lidocaine hydrochloride with or without epinephrine.

ANTIEMETICS

29. Dimenhydrinate.

30. Ondansetron.
31. Prochlorperazine.

OPIATE ANTAGONISTS

32. Naloxone hydrochloride.

VITAMINS, MINERALS AND FLUID REPLACEMENTS

33. Vitamins, minerals and fluid replacements, all types.

OXYTOCICS AND PROSTAGLANDINS

34. Carbetocin.
35. Carboprost tromethamine.
36. Ergonovine.
37. Oxytocin.

HAEMOSTATICS

38. Tranexamic acid.

ANTIHISTAMINES

39. Diphenhydramine hydrochloride.

SCHEDULE 4 CONTROLLED DRUGS AND SUBSTANCES

OPIOID ANALGESICS

1. Fentanyl citrate.
2. Meperidine.
3. Morphine sulfate.
4. Nalbuphine.

Français

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Association of
Ontario **Midwives**
Delivering what matters.

Claire Ramlogan-Salanga, President
College of Midwives of Ontario
21 St. Clair Avenue East, Suite 303
Toronto, ON M4T 1L9

Dear Ms. Ramlogan-Salanga,

Re: CMO public consultation on proposed change to Designated Drugs and Substances Regulation under the Midwifery Act

Thank you for the opportunity to respond to the public consultation on a proposed change to the Designated Drugs and Substances Regulation under the Midwifery Act, 1991, to add the Respiratory Syncytial Virus (RSV) monoclonal antibody to the list of drugs and substances that midwives can prescribe and administer.

Swiftly making this change is necessary to ensure safe and convenient care for newborns during the 2025-26 RSV season. The change will improve access for more than 13,000 newborns (20% of the provincial total) who will be born in the care of midwives this fall and winter.

The AOM supports the CMO's position that public safety is best served by allowing midwives to prescribe and administer drugs and substances necessary for client care within the midwifery scope of practice. Regulation through lists of drugs and substances must end, but the proposed regulation change in the current consultation will address the many challenges our members have faced concerning access to RSV protection for newborns in their care. Midwives are outraged by the unacceptable impact on their clients, the cost to the health care system and the strain on the midwifery workforce created by the regulatory barrier which will be removed by the proposed change.

Impact on Clients

Because midwives cannot provide the RSV monoclonal antibody on their own authority, midwifery clients have experienced:

- delays in being discharged from hospital because they were waiting for physician consultations for their newborn to receive the immunization.
- unnecessary trips to a hospital or clinic in winter weather with their newborn babies who were born at home or in birth centres.
- a disproportionate burden of care delays and extra visits on families who already have access barriers created by geographic location and/or social determinants of health.

- increased risk of exposure to contagions. The regulation forces clients to take their newborns to hospitals or clinics when, for some clients, an important reason to choose an out of hospital birth is to protect themselves, their families and their newborns by avoiding places where sick people are gathered.

Health Care System Costs

The omission of the RSV monoclonal antibody from the regulation creates costs beyond the negative experiences of midwifery clients, including:

- unnecessary physician visits and OHIP billings as, prior to the Public Health recommendation for newborns to receive this immunization as soon as possible after birth, most newborns in midwifery care could receive all the care they needed in the first two months of life from their midwives, who do not bill fee for service.
- added workload for hospital staff and community clinics to care for newborns in midwifery care.

Impact on the midwifery workforce:

Like many health professions in Ontario, midwifery is experiencing provider shortages and burnout. Not allowing midwives to provide the RSV monoclonal antibody on their own authority has not relieved them of the responsibility of ensuring the best standard of care for 20% of the province's newborns. It has only made it more difficult because:

- the burden of finding solutions to the access problem has fallen on individual midwives.
- creating piece-meal approaches and work arounds, different in each of the 250 communities they serve, to get access to the RSV monoclonal antibody for every newborn in their care, has been exhausting and frustrating for midwives.
- midwifery clients deserve and expect to receive the right care, in the right place, from the right provider, and they are unhappy that regulation prevents them from accessing critical RSV protection for their newborns from their midwives.
- in requiring list-based regulations, and a poorly planned roll-out of a public health program, the needs of newborns in midwifery care have been disregarded. Midwives want the problem fixed by those who caused it.

BORN data on midwives' perceptions of the 2024-25 RSV season

Midwife responses to a survey conducted by BORN on experiences with the 2024-2025 Ontario Infant RSV Prevention Program confirm the feedback that the AOM received from members:

- A majority of respondents reported challenges with nirsevimab (RSV monoclonal antibody), with 1 in 3 reporting significant challenges, including difficulties actioning medical directives, exclusion of out-of-hospital births and delays in protection.
- Only 50 percent responded that midwifery clients had equitable access to RSV protection.

Respondents commented that not having the RSV monoclonal antibody included in the regulation:

- *“has a significant impact on midwifery families”*
- *(led to) “some clients electing to forego it altogether”*
- *“was a big oversight that led to much work”*
- *“impacted the trust and professional respect towards midwives”*

Can midwives safely prescribe and administer RSV Monoclonal Antibody?

Prescribing, administering, and maintaining the cold chain during storage and transportation for the RSV monoclonal antibody is very similar to care midwives have safely provided for decades. Midwives have training and experience prescribing and administering Hepatitis B vaccines and Hepatitis B immune globulins to newborns and RhD immune globulins to clients in all settings where they work, including clients’ homes, because these immunizing agents have been authorized to midwives in regulation since 1994.

In 2024, many other immunizing agents were added to the Designated Drugs and Substances Regulation, including the RSV vaccine. Because they can prescribe and administer the RSV vaccine under their own authority and must provide informed choice discussions about both the vaccine and the monoclonal antibody, midwives have a firm foundation of knowledge about RSV prevention. Most midwives have already administered the RSV monoclonal antibody to newborns during the 2024-25 RSV season.

The AOM supports midwives whenever [their pharmacopeia](#) is expanded, including RSV prevention measures, with [website resources](#), [webinars](#), a [mobile app](#) and weekly updates on programs and best practices. There should be no doubt that midwives will be ready to safely provide this care.

Thank you for considering the AOM’s input in the consultation and for the actions that the CMO is taking to allow midwives to provide care to their full and appropriate scope of practice. Midwives across the province are hoping that the regulation change can be made in time to make the upcoming RSV season easier and safer for their clients and newborns.

Best regards,

Althea Jones

Althea Jones, President – Association of Ontario Midwives

c.c. Kelly Dobbin, Registrar and CEO – College of Midwives of Ontario
Allyson Booth, Director, Quality, and Risk Management– AOM
Elizabeth Brandeis, Government, Labour and Public Relations - AOM
Chris Harold, Director, Primary Health Care Branch
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Dr. Karima Velji, Assistant Deputy Minister and Chief of Nursing and Professional Practice