

## **POSITION STATEMENT**

## **REPRODUCTIVE HEALTH CARE POSITION STATEMENT**

The Canadian Association of Midwives (CAM) recognizes that reproductive health care and timely access to such care is a human right. CAM commits to ensuring universal access to reproductive health care for all people in Canada and around the world. This commitment is grounded in the knowledge that universal access to reproductive health care is essential for achieving gender equity, as well as the realization of many important global development goals.<sup>1</sup>

**Reproductive health care** includes the promotion of healthy sexuality; prevention and treatment of reproductive tract infections including sexually transmitted infections (STIs) and blood borne infections; access to contraception and family planning services; availability of prenatal, intra-partum and postpartum care; and access to legal and safe abortion care.<sup>2</sup>

Access to family planning services and STI screening and treatment helps give women, girls and trans people agency over their lives and health.<sup>3,4</sup> When contraception and reproductive health needs are unmet, those affected are at risk.<sup>1</sup> CAM recognizes that equitable access to quality contraception and STI prevention and treatment services are crucial elements of reproductive health care that promote healthy sexuality, and allow women, girls and trans people, regardless of ethnicity, colour, gender, religion, class to lead productive and fulfilling lives, free from coercion, violence and according to their own choices.

In low-resource countries, many people continue to face pregnancy, birth and the postpartum period without the assistance of skilled health care providers.<sup>1,3</sup> In Canada, First Nations, Inuit and Métis people are more likely to experience high-risk pregnancies, preterm birth and have low birth weight babies compared to the non-Aboriginal population.<sup>5</sup> CAM affirms that all reproductive health care strategies, in Canada and internationally, must include increased access to local and culturally appropriate prenatal, intra-partum and postpartum care.

CAM recognizes the importance of safe abortion care as a crucial element of reproductive health for those who need to access these services. Unsafe abortions contribute to approximately 13% of global maternal mortality and millions more sustain long term health complications, the majority of which are preventable.<sup>2</sup> Evidence shows that restricting access to abortion does not reduce the number of induced abortions but rather contributes to higher rates of unsafe abortion.<sup>6,7</sup> Failure to support safe abortion services compromises the health of populations in low-resource countries, where almost 98% of all unsafe abortions occur.<sup>6</sup> However, even in Canada, many face systemic barriers to accessing safe, local abortion services, despite Health Canada's position that abortion is a necessary medical procedure.<sup>8,9,10</sup>

Family planning includes supporting the need to control fertility as well as the desire for children.<sup>4</sup> CAM supports access to reproductive technologies for infertile people, non-heteronormative couples, transgender individuals or others requiring access to these services. Access to reproductive health care should be free from discrimination, safe and publicly funded.<sup>11</sup>

CAM believes midwives have an essential role to play as advocates for the universal right to reproductive health care services. In this role, CAM supports access to family planning services, information and contraception supplies, STI prevention and treatment, quality maternity care and safe abortion as integral parts of any national and international maternal and newborn health strategy.

## References

- 1. Berenstein S. Public choices, private decisions: sexual and reproductive health and the Millennium Development Goals. United Nations Development Programme; 2006.
- Glasier A, Gülmezoglu AM, Schmid GP, et al. Sexual and reproductive health: a matter of life and death. World Health Organization; 2006. Available at: <u>http://www.who.int/reproductivehealth/publications/general/lancet\_1.pdf. Accessed May 13\_2013</u>.
- 3. Black D, et al. Improving sexual and reproductive health: integrating women's empowerment and reproductive rights, 2nd edition. Society of Obstetricians and Gynecologists of Canada; 2009.
- 4. World Health Organization. Family Planning. Fact Sheet No. 351; 2013. Available at:
- http://www.who.int/topics/family\_planning/en/. Accessed January 9 2014.
- Yee J, Apale AN and Deleary M. Sexual and reproductive health, rights, and realities and access to services for First Nations, Inuit, and Métis in Canada. SOGC Joint Policy Statement. Journal of Obstetrics and Gynaecology of Canada; 2011, 33(6):633-637.
- 6. Guttmacher institute. Facts on induced abortion worldwide. Geneva: World Health Organization; 2012. Available at: http://www.guttmacher.org/pubs/fb\_IAW.pdf. Accessed May 13 2013.
- Centre for Reproductive Rights. Reproductive rights: a tool for monitoring state obligations. UNFPA; 2013. Available at: http://reproductiverights.org/sites/crr.civicactions.net/files/documents/crr\_Monitoring\_To ol\_State\_Obligations.pdf. Accessed May 13 2013.
- 8. University of Ottawa. Legal aspects of abortion in Canada. 2011. Available at: http://www.med.uottawa.ca/sim/data/Abortion\_Law\_e.htm. Accessed May 18 2013.
- Richer K. Abortion in Canada: twenty years after R. Vs Morgentaler (PRB 08-22E). Ottawa: Library of Parliament; 2008. Available at: <u>http://www.parl.gc.ca/content/LOP/ResearchPublications/prb0822-e.htm</u>. Accessed May 20 2013.
- Canadians for Choice. Access at a glance: abortion services in Canada. Available at: <u>http://www.canadiansforchoice.ca/Access%20at%20a%20Glance%20-%20Abortion%20Services%20in%20Canada.pdf</u>. Accessed May 14 2013.
- 11. Johnson D et al. Raising expectations: Recommendations of the expert panel on infertility and adoption; 2009. Available at: <u>http://www.children.gov.on.ca/htdocs/english/documents/infertility/RaisingExpectationsEnglish.pdf</u>. Accessed January 9 2014.