



ANNUAL REPORT

2015
2016

CANADIAN
ASSOCIATION
OF MIDWIVES

PRESIDENT'S MESSAGE



Emmanuelle Hébert
CAM President

Greetings to the midwives of Canada,

2015/2016 has been an extremely productive year for the Canadian Association of Midwives (CAM).

This was a year of growth and reorganization for CAM. A year of very concrete change, including a move to new offices. As of July 2016, CAM shares offices with OXFAM Québec and Canada World Youth in a space that is much more accessible to our members. The opportunities for sharing and networking have been multiplied.

CAM's move was a direct result of the evolution and implementation of our Global Program and of the growth of our team. These changes are positive and stimulating, and also bring adjustments and operational challenges. Growth is exciting, but it takes lots of work and energy! The CAM team must find a new balance as we expand.

CAM's growth parallels the growth of the profession of midwifery in Canada. CAM is leveraging its successes in the international arena to increase the voice of midwifery at the national level. It is unacceptable that in 2016 our profession is still not regulated, implemented and publicly funded in all provinces and territories; that all communities who want midwifery care still do not have access; and that services are particularly deficient in remote regions and indigenous communities. CAM, hand in hand with NACM, continues to support its members and citizen groups as we work towards making access to midwifery services a reality everywhere in Canada.

As our profession grows, the priority issues evolve as well. Midwives must continue to be leaders in the struggle for social justice. Our work towards making sure that midwifery care is accessible to everyone, and to ensure inclusion and acceptance of the diversity of our clients and members are a few examples. Members must continue to bring to the forefront the critical social issues we face in our practice to ensure that CAM continues to be a voice of social justice for its members and beyond.

In June 2017, we will host the International Confederation of Midwives (ICM) Triennial Congress in Toronto. I remember clearly our enthusiasm when we won the bid back in 2011. The excitement was accompanied by a certain vertigo as we looked at everything to be accomplished in the coming years. Now, almost six years later, the Congress is fast approaching and preparations are well on track. We know this Congress will be a success. We can almost say 'Mission accomplished', and CAM will have grown because of the visibility of this Congress. We encourage all our members to attend and meet their colleagues from around the world. Bring your energy to enrich this amazing and unique experience.

What we have accomplished in 2015/16 would not have been possible without our incredible team of employees. Our staff accomplish a mountain of tasks, day after day, with passion and commitment and it is an honour to work so closely with such dedicated people. I would also like to thank the members of the Board of Directors who contribute greatly to monitoring the overall objectives of our work, both domestically and globally.

Lastly, I want to thank you, members, for trusting me to represent you as President for the past two years. It has been an honour and a privilege to be the spokesperson for the midwives of Canada.

Thank you

A handwritten signature in black ink that reads "E. Hébert". The signature is fluid and cursive, with a large loop at the end.



BOARD OF DIRECTORS

The CAM Board of Directors is made up of four or five Executive Officers (President, President-Elect every second year, Vice President, Treasurer & Secretary), a student representative and 14 Directors appointed by each provincial and territorial association and the National Aboriginal Council of Midwives (NACM).

BOARD OF DIRECTORS NOVEMBER 2015

Top row left to right: Heather Heinrichs NT, Danielle Laxdal MB, Alix Bacon BC, Tracy Hydeman SK, Kate Leblanc NB, Nicole Matheson AB, Jacquelyn Norris Student Representative & Elizabeth Brandeis ON..

Bottom row left to right: Claudia Faille QC & Secretary, Emmanuelle Hébert President, Katrina Kilroy President Elect, Jane Erdman Treasurer.

Missing from photo: NACM Co-chair Ellen Blais, Kathleen Cranfield YT, Ann Noseworthy NFL & Nathalie Pambrun Vice President. There was no representation for NU or PEI in 2015-2016.

2015-2016 STAFF

Left to right:

Tonia Occhionero, Executive Director
 Juniper Glass, National Aboriginal Council of Midwives Coordinator
 Pauline Bondy, Head of Programs & Partnerships
 Cindy Hénault Robert, Project Officer, Global Program
 Miriam Castaneda, Director, Global Operations
 Eby Heller, Director of Policy & Communications
 Sylvia Essiembre, Events Coordinator
 Stella Zoccali, Administrative Assistant
 Annie Hibbert, Executive Assistant & Office Manager
 Michel Marchildon, Communications Coordinator



ABOUT CAM

MISSION

The Canadian Association of Midwives (CAM) is the national organization representing midwives and the profession of midwifery in Canada. CAM supports the National Aboriginal Council of Midwives (NACM) as the voice of Aboriginal midwifery. The mission of CAM is to provide leadership and advocacy for midwifery throughout Canada as an autonomous, self-regulated, publicly funded and vital part of primary maternal and newborn care. CAM promotes the development of the profession in the public interest and contributes the midwifery perspective to the national health policy agenda.

VISION

The vision of the Canadian Association of Midwives (CAM) is that midwifery is fundamental to maternal and newborn health services, and that everyone in Canada will have access to a midwife's care for themselves and their baby.

VALUES

The Canadian Association of Midwives believes that:

- 1 Midwifery care promotes and facilitates the normal, healthy process of pregnancy, childbirth and breast-feeding, and supports the client's confidence in their own abilities.
- 2 Midwives are experts in low-risk pregnancy and birth, and can improve the childbirth experience and health outcomes for individuals at all risk levels.
- 3 Partnership with clients, continuity of care, informed choice, evidence-based care, choice of birthplace and community-based services are fundamental to midwifery care in Canada.
- 4 Midwifery care should be universally accessible in Canada, regardless of socioeconomic circumstances.
- 5 All maternity care providers must respect and embrace human dignity, diversity and equity in every facet of their work with clients and colleagues.
- 6 Effective sustainable maternity care must centre on the self-determined needs of individuals, families and communities and support birth close to home.
- 7 Midwives must be full partners in developing and implementing the public policy agenda on maternity and newborn care and health human resource planning.
- 8 Research, especially midwife-led research, is an important component of ensuring best practice and evidence-based care.
- 9 Midwives globally play an essential role in promoting health and reducing maternal and infant morbidity and mortality.
- 10 The potential of midwifery to enhance the wellbeing of individuals, families and society should be valued and promoted.

STRATEGIC OBJECTIVES

Provide advocacy for midwifery as an autonomous, regulated, publicly funded profession in Canada.

1. Advocate for the inclusion of midwifery in federal health policy and planning initiatives.
2. Advocate for midwifery regulation, public funding and growth of the profession in all provinces and territories (unregulated, newly regulated and others).
3. Strengthen alliances and advocacy strategies among midwifery associations, regulators, educators, students and consumer groups.
4. Strengthen strategic partnerships with national health organizations.

Support the growth and development of the midwifery profession.

1. Promote and support the development of midwifery policy and position statements at a national level.
2. Develop and support strategies to address midwifery human resource and development issues in all jurisdictions.
3. Facilitate communication within the Canadian midwifery community.
4. Promote and provide opportunities for professional development and continuing midwifery education.

Support Aboriginal midwifery and the return of birth to Aboriginal communities.

1. Promote the National Aboriginal Council of Midwives (NACM) as the national voice for Aboriginal midwifery.
2. Share appropriate administrative and organizational support for the autonomous development of NACM.
3. With the support and direction of NACM, advocate for the necessary educational, policy, research and regulatory structures to support the growth of Aboriginal midwifery and the return and reclamation of birth to Aboriginal communities.

Advocate for normal childbirth, the Canadian midwifery model and primary maternity care close to home.

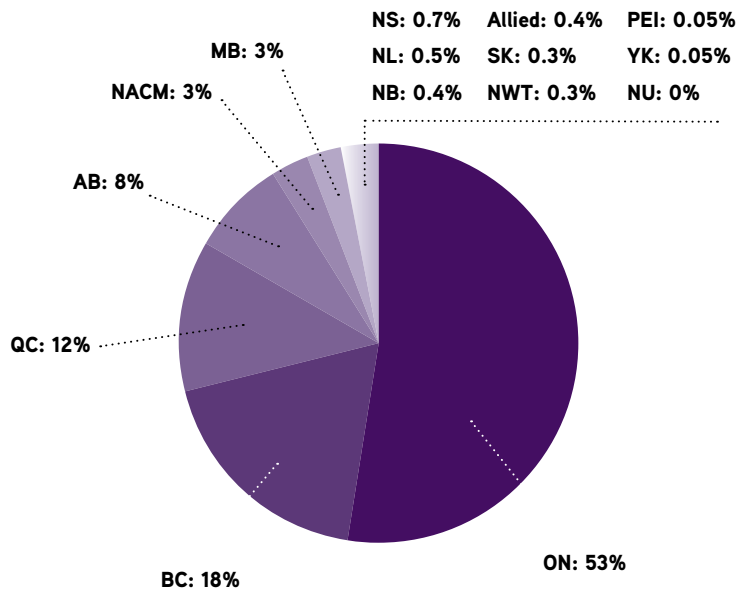
1. Promote public awareness of the role and expertise of midwives in pregnancy and normal childbirth.
2. Promote and uphold essential principles and practices that support normal birth and confidence in the birthing process.
3. Develop and promote resources to support normal birth and the midwifery model of care.

Develop and strengthen partnerships and programs to improve global reproductive, maternal, newborn and child health.

1. Continue to work with, and grow opportunities to collaborate with, other national and international midwifery and related health associations and like-minded NGOs on global maternal and newborn health.
2. Promote fundraising campaigns to support capacity-building projects with Southern partner midwifery associations.
3. Partner with CAN-MNCH to educate and advocate for the recognition of midwifery as a key component of maternal and child health.
4. Collaborate with ICM and other international maternal, newborn and child health (MNCH) stakeholders to guide global program development and to address issues of common concern.
5. Provide a platform for global midwifery dialogue and knowledge exchange through hosting the ICM Triennial Congress in 2017.
6. Leverage the success of CAM's global program and partnerships to advance CAM's domestic advocacy work.

Strengthen the organizational capacity of CAM.

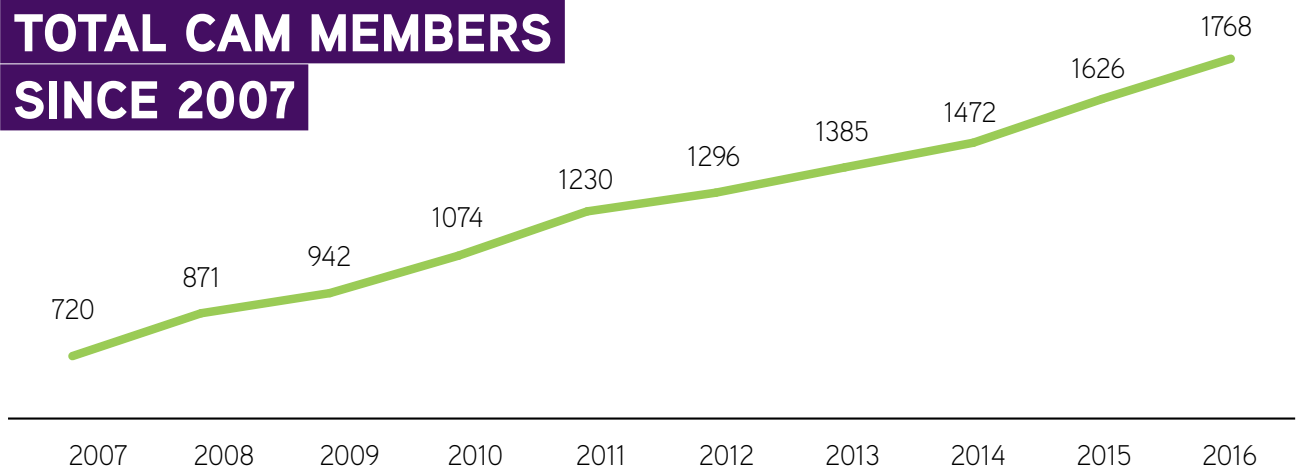
1. Maintain and continue to improve organizational effectiveness.
2. Secure increased and diversified funding to support CAM operations and projects.
3. Increase CAM's capacity for political advocacy, policy development, and media communication on emerging midwifery issues.
4. Increase CAM's visibility through marketing and communications.
5. Facilitate broader involvement of midwife members, students, and supporters in CAM activities and advocacy work.
6. Ensure the CAM Board of Directors is actively engaged in the achievement of the strategic plan.



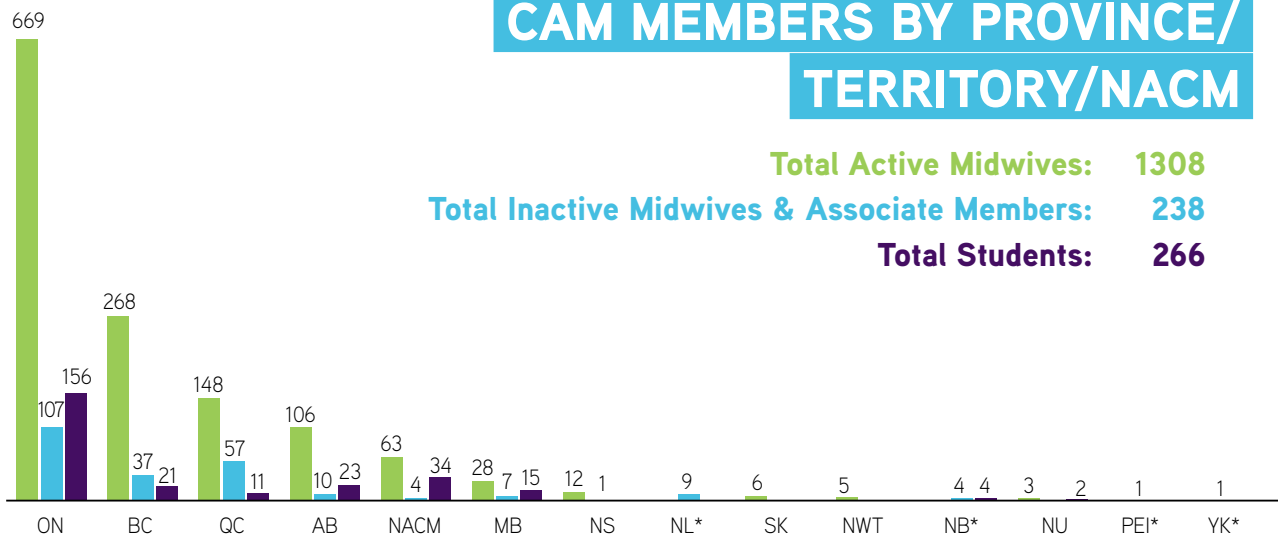
CAM MEMBERSHIP BY PROVINCE/TERRITORY/NACM (TOTAL MEMBERS: 1768)

ON: 932	MB: 50	SK: 6
BC: 326	NS: 13	NWT: 5
QC: 216	NL: 9	PEI: 1
AB: 139	NB: 8	YK: 1
NACM: 55	Allied: 7	NU: 0

TOTAL CAM MEMBERS SINCE 2007



CAM MEMBERS BY PROVINCE/TERRITORY/NACM



* No practicing midwives due to lack of regulation or funding.

THE CAM OFFICE HAS MOVED!

NEW ADDRESS:

**2330 Notre Dame Ouest, Suite 300
Montreal, QC H3J 1N4**

The CAM office could no longer meet the needs of the organization due to a significant increase in staff. CAM was looking for an office that was reasonably priced, centrally located, accessible by public transportation and had enough space for CAM to continue to grow as well as continue to house the Regroupement des sages-femmes du Québec (RSFQ), who have shared our offices from the beginning.

The ideal space was found on the 3rd floor of a building owned by Oxfam Quebec, located in the district of St-Henri, Montreal. Oxfam Québec's mission is to build lasting solutions to poverty and injustice. The floor is also shared with Canada World Youth.

The CAM office, along with the RSFQ office, officially moved on June 29th, 2016 and the move went smoothly.



GOVERNMENT RELATIONS & ADVOCACY

With the election of a new federal government in October 2015, CAM has focused on developing relationships with new key Liberal Members of Parliament (MPs) as well as maintaining existing relationships with returning MPs. CAM and NACM leadership met with key policy advisors of the Prime Minister's Office, the Ministry of Health and the Ministry of Northern and Indigenous Affairs as well as with MP Don Davies in February 2016. Since the election, CAM has had the opportunity to attend a number of political events where CAM leaders were able to also meet with key decision makers such as Minister Patricia Hajdu (Status of Women), Minister Marie-Claude Bibeau (International Development) and Karina Gould, Liberal MP for Burlington (Parliamentary Secretary to International Development). In addition, CAM has restarted the process of identifying an MP or Senator to re-introduce the Private Members Bill to make May 5th National Day of the Midwife in Canada.

INTERNATIONAL DAY OF THE MIDWIFE: MAY 5TH, 2016

CAM sent a postcard to all Members of Parliament for International Day of the Midwife (May 5th). The goal of the postcard was to start familiarizing MPs with the profession of midwifery and its importance in Canada.



NEW CAM POSITION STATEMENTS

Canadian Midwifery Model of Care

•••

Gender Inclusivity and Human Rights

•••

Reproductive Care



CAM LEADERSHIP WITH MP KARINA GOULD, MINISTER BIBEAU AND MINISTER HAJDU

3 KEY FEDERAL “ASKS”

RECOGNITION

Ensure federal mechanisms are in place to allow communities to hire midwives to deliver maternity and newborn care services in all federal jurisdictions.

SUPPORT

for a Landscape of Midwifery Study to identify barriers to accessing midwifery care in Canada and to ensure recommendations are acted upon by 2017.

INCLUSION

of midwives in Canada’s Student Loan Forgiveness Program for Doctors and Nurses as an incentive for midwives to practice in rural and remote communities where maternity care services are needed.

SUPPORT FOR UNREGULATED PROVINCES AND TERRITORIES

One of the key goals of CAM’s first Strategic Objective is to advocate for midwifery regulation, public funding and growth of the profession in all provinces and territories. CAM places a particular emphasis on supporting unregulated jurisdictions: New Brunswick, Yukon, Prince Edward Island and Newfoundland and Labrador.

Over the past year, CAM has supported Kathleen Cranfield, RM and CAM Board Member representing Yukon Territory, as she has met with Yukon government members and Ministers to lobby for regulation and funding of midwifery care. CAM Past-presidents, Joanna Nemrava and Gisela Becker, presented at a Midwifery Symposium in May 2015 in Whitehorse that was funded by the government. The symposium brought together maternity care stakeholders to learn more about regulated midwifery and how it could be implemented in Yukon.

In February 2016, New Brunswick Minister of Health, Victor Boudreau, announced funding was forthcoming

for an initial practice of four midwives in the province. CAM has supported the Midwives Association of New Brunswick with media assistance and negotiations guidance as they navigate this critical step towards regulated and funded midwifery care in the province.



CAM Past-presidents, Joanna Nemrava and Gisela Becker with CAM Board Member, Kathleen Cranfield.

GLOBAL PARTNERSHIPS & OUTREACH

CAM's Global Program really took off in 2015-2016 with the launch of new programs and the hiring of new staff. CAM launched a new website www.cam-global.org that is entirely devoted to CAM's Global Program. There is a page that lists all opportunities for midwives to get involved with CAM's support of midwifery in Sub-Saharan Africa and elsewhere: www.cam-global.org/opportunities-for-midwives/ Make sure to check it out!



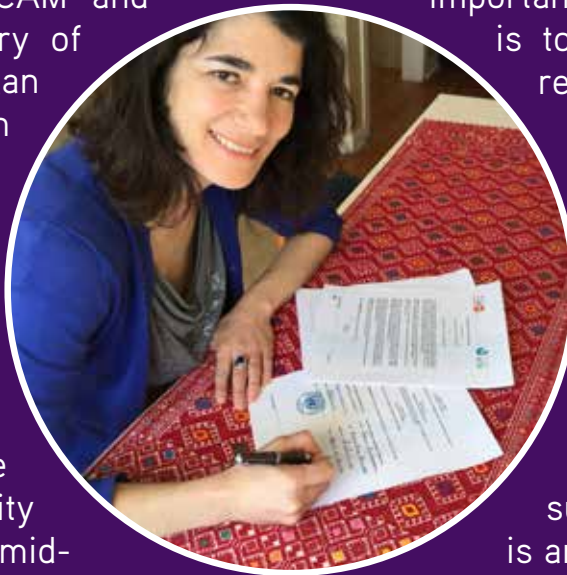
MIDWIVES SAVE LIVES

In July 2016, CAM and Cuso International officially launched the Midwives Save Lives project. This four-year project, funded by Global Affairs Canada, is a partnership between Cuso International, CAM, and the midwifery associations from the four partner countries: Benin, Democratic Republic of Congo, Ethiopia, and Tanzania. The objective of this project is to reduce maternal and newborn mortality in the four partner countries through strengthening of midwifery services. The project will send approximately 50 skilled volunteers on short and long-term placements to help train local midwives and staff in the partner countries. This will include volunteers skilled in areas such as organizational development, monitoring and evaluation, and communications to help empower the midwifery associations and strengthen their place within the health system. Recruitment of midwives for placements will begin in the fall of 2016.



STRENGTHENING MIDWIFERY SERVICES

The 5-year Strengthening Midwifery Services in South Sudan (SMSS) project (phase 2), supported by Global Affairs Canada, and led by the UNFPA in partnership with CAM and South Sudan's Ministry of Health, officially began in spring 2016. South Sudan has among the world's highest maternal, newborn and child mortality rates, due in part to the critical shortage of skilled health care providers. Through the provision of capacity building initiatives for midwives and other health care providers, CAM and its partners hope to reduce the number of mothers and newborns who die in South Sudan. CAM



will provide direct peer-to-peer mentoring support and technical expertise from practicing Canadian midwives, as well as other MNCH professionals. One important goal for the project is to build the capacity of recent midwife graduates practicing throughout South Sudan. CAM will be twinning recent midwifery graduates in South Sudan with recent Canadian midwifery graduates. Through remote peer-to-peer support and mentoring, it is anticipated that the sharing of ideas, skills and learning will be promoted and capacities, both in Canada and in South Sudan, will be strengthened.



GLOBAL PARTNERSHIPS & OUTREACH (Continued)

SANOFI & ISDSM (IMPROVED SERVICE DELIVERY FOR SAFE-MOTHERHOOD): 3 YEARS OF SUPPORTING MIDWIFERY IN TANZANIA

301
in-service
rural-based
midwives

received continuing education focused on Emergency Skills. The Midwives Emergency Skills Training (MEST) is an EmONC training co-designed by CAM and our twinning partner TAMA. The training, which highlights the best of Canadian and Tanzanian emergency skills training is designed specifically for midwives in under-resourced settings. This opportunity for continuing education is critical in terms of preparing these dispensary level midwives to provide appropriate care, and to support a reduction in the number of referrals to higher level facilities.

6
rural districts
of Tanzania

have benefited from the enhanced skills of their local midwives, and increased capacity of their primary level health facilities, to deliver quality MNCH care.

10
Retired
Midwives

re-engaged and are working within target communities.

**Maternal
mortality reduced**

We have seen a significant reduction in maternal and infant mortality in each of the target districts since the trainings. For example, in at least one of the districts (Ushetu), the maternal mortality rate has been zero since the training was delivered.

18
Midwives

from target districts trained as emergency skills instructors.



GHISLAINE FRANCOEUR FUND

Funds from CAM's Ghislaine Francoeur Fund, which has raised money since 2008, were used to open up an office space for the Association des Infirmières Sages-Femmes d'Haiti (AISFH). The AISFH has been working for years to promote the profession of midwifery in Haiti, and this office is a big step forward! Congratulations to our colleagues in Haiti!

ANNUAL CONFERENCE AND EXHIBIT IN MONTREAL

Over 370 midwives, exhibitors and other health professionals attended CAM's 15th Annual AGM, Conference and Exhibit in early November in Montreal. The conference theme, **Midwives: Supporting Communities in Canada and Around the World**, was underscored by provocative and engaging panels on the Canadian midwifery model of care and the impact of global partnerships on maternal, newborn and child health.

Midwives dressing up for the Cabaret-themed social event!



The CAM conference is an opportunity to meet exhibitors and sponsors and learn about relevant products and equipment.



CAM members use the conference to network with colleagues.



CAM's statement on Gender Inclusivity and Human Rights was at the forefront of the conference.



Babies always welcome!



Claudia Faille, President of the Regroupement des sages-femmes du Québec, and Emmanuelle Hébert, meet with Marie Montpetit, MLA and Parliamentary Assistant to the Minister of Health.

INTERNATIONAL CONFEDERATION OF MIDWIVES TRIENNIAL CONGRESS, TORONTO, JUNE 2017

FACTS

RECORD BREAKING NUMBER OF ABSTRACT SUBMISSIONS FROM CANADIANS!

ICM
received
1650
abstracts
from
74
countries.

Of these,
155
abstracts
were
submitted by
Canadians.

Recruitment of
Volunteers:
130
Canadian midwives
and students applied
to be Stewards at
the ICM Congress.

For the first
time, ICM
received over
40
abstracts from
South America.

WHAT IS CANADA DOING TO HELP BRING MIDWIVES TO THE ICM CONGRESS IN 2017?

- CAM's long-standing sponsor HIROC (Health Insurance Reciprocal) is contributing \$12,000 to the ICM Deliver Midwives to the ICM 2017 Fund.
- CAM set up a donation page where anyone can donate to the ICM Deliver Midwives to ICM 2017 Fund - <http://cam-global.org/donate/>
- Through CAM's Global Programs, we will fund midwives from South Sudan, Benin, DRC, Ethiopia and Tanzania to attend.
- Midwives from the Association des Infirmières Sages-Femmes d'Haiti will attend thanks to generous donations made by Canadian midwives to the Ghislaine Francoeur Fund.
- With the support of the Association of Ontario Midwives, CAM is reaching out to other organizations and the general public to encourage donations to the Fund.



**31ST ICM Triennial Congress
TORONTO 2017**

Midwives making a difference in the world

midwives2017.org

MEMBERSHIP SERVICES

ACCESS TO EMERGENCY SKILLS WORKSHOP PROGRAM

Emergency Skills Manuals and exams were made even more accessible this year. Manuals and exams can now be purchased online at: www.cam-global.org/shop/



COMMUNICATION PRODUCTS

- The Canadian Journal of Midwifery Research & Practice (CJMRP)

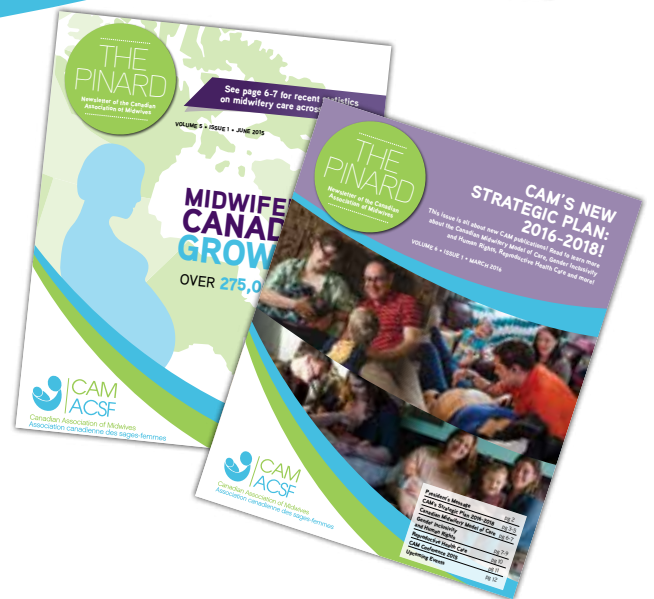
Visit cjmrp.com for up to date information.



- The Pinard, Member Newsletter

Want to find out about CAM's federal advocacy work? Or how to apply for a volunteer placement overseas? The Pinard informs members throughout the year.

- Social Media



NATIONAL ABORIGINAL COUNCIL OF MIDWIVES OVERVIEW

NACM CO-CHAIRS



Ellen Blais
(2013-present)



Evelyn George
(2014-present)

OUR VISION:

**ABORIGINAL
MIDWIVES
WORKING IN
EVERY
ABORIGINAL
COMMUNITY.**

THE CORE LEADERSHIP CIRCLE OF 2015-2016

ALYSSA GAGNON,
TORONTO, ON
(STUDENT REP)

MELISSA BROWN,
WINNIPEG, MB

NATALIE PAMBRUN,
WINNIPEG, MB

SHARON SMOKE,
SIX NATIONS, ON

HEATHER HEINRICHS,
HAY RIVER, NWT

LISA BISHOP,
THUNDER BAY, ON

CLAIRE DION FLETCHER,
TORONTO, ON

KERRY BEBEE,
PETERBOROUGH, ON
(PAST CO-CHAIR)

JULIE WILSON,
SIX NATIONS, ON

CAROL COUCHIE,
NORTH BAY, ON



NACM
NATIONAL ABORIGINAL
COUNCIL OF MIDWIVES

NACM MEMBERSHIP

The National Aboriginal Council of Midwives (NACM) represents the voices of First Nations, Inuit and Métis midwives and midwifery students in Canada.

Currently, there are approximately thirteen midwifery practices across Canada with a specific focus on serving First Nations, Inuit, and/or Métis communities. Details of these practices can be found at www.aboriginalmidwives.ca.

65

MIDWIFE
MEMBERS

31

STUDENT
MEMBERS

Supportive Membership

NACM's Supportive Membership is growing! Supportive Members are individuals who wish to support NACM's work and are part of a network of individuals committed to improving maternal-child health in First Nations, Inuit and Métis communities. They contribute a small annual fee and benefit from receiving NACM's newsletter. To learn more: <http://www.aboriginalmidwives.ca/node/2453>

Governance

As NACM grows, we realize the need for clear governance guidelines that reflect NACM's collaborative way of working with each other, with CAM and with partners. The Core Leadership Circle in consultation with members developed three important governance documents this year: the Core Leadership Circle terms of reference, and role descriptions for Core Leaders and Co-Chairs.

NACM NEWS

NACM has been publishing quarterly e-newsletters, helping members stay connected throughout the year. The newsletters are full of inspiring information about not only NACM's activities but the important activities our members are doing to improve services and supports for Aboriginal families.



NACM
NATIONAL ABORIGINAL
COUNCIL OF MIDWIVES

NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

(Continued)

OVERVIEW

PARTNERSHIP WITH SAVE THE CHILDREN CANADA

Over the previous year, NACM carefully developed a relationship based on mutual values with Save the Children Canada, an organization that prioritizes Indigenous maternal and child health. We signed a partnership agreement in May 2016 that includes funds granted to NACM to undertake some important activities. SCC and their corporate partner, Carters Osh Kosh, have raised funds in Carters stores over the last year, to support Indigenous maternal health.

The partnership has allowed NACM to undertake two exciting initiatives in 2016: 1) a situational analysis to help NACM understand its strengths and how we can best use our resources as we move forward collectively, and 2) publications on cultural knowledge to support Indigenous families looking for cultural knowledge that will help them prepare for giving birth and caring for their babies.

2015 GATHERING HIGHLIGHTS



In November 2015, 44 NACM members came together for the annual Gathering in Montreal and Kahnawake, Mohawk Territory, Quebec. We shared updates on midwifery from each of our communities, identified priorities for the next year, including focusing on the internal governance of NACM and advocacy.

One evening, NACM and Native Youth Sexual Health Network hosted a benefit event at Kahnawake. It was a celebratory evening, with highlights being the Inuit games shared by midwives from Nunavik, a screening of the film *Spirit of Birth* with director Rebecka Tabobondung, and NYSHN's Sexy Health Carnival.



NACM
NATIONAL ABORIGINAL
COUNCIL OF MIDWIVES

POLICY, ADVOCACY & REPRESENTATION

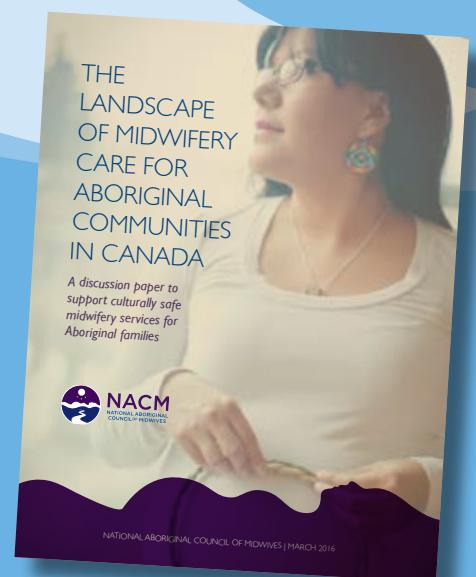
- February 2016: annual meetings with federal ministries in Ottawa. We jointly presented CAM and NACM's key policy priorities and advocated for NACM to be invited to inquiry on #MMIW based on the intersection of midwifery and the prevention of violence against women.
- May 2016: joined Ontario Midwifery Strategy Council and Ontario Midwifery Reference Group.
- Ontario funding: In spring 2016, the Ministry of Health and Long Term Care announced its first call for funding proposals to expand Aboriginal midwifery services. Several NACM members submitted proposals, including midwives working under the Ontario exemption clause who have faced considerable funding challenges restoring midwifery to their communities.
- Member of National Guidance & Implementation Committee, VEGA project. Developing resources to assist health professionals to identify, relate to and support people affected by family violence.
- Member of Cultural Working Group for Cree Board of Health's midwifery initiative. This exciting initiative will create birth centres in three communities, hire midwives, and eventually create midwifery training in Eeyou Istchee.



Guests enjoying the "Sexy Health Carnival" at NACM's Benefit Event, Nov 2015.

LANDSCAPE OF MIDWIFERY PROJECT

In March 2016, NACM published a discussion paper with support from federal First Nations and Inuit Health, which was seeking information to improve Aboriginal families' access to midwifery. The report includes: key issues facing midwifery in Aboriginal and Indigenous communities across Canada; case studies that highlight some of the remarkable midwifery practices serving Aboriginal communities; a map of NACM and CAM members by province and territory; policy recommendations. <http://www.aboriginalmidwives.ca/node/2471>



PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

ALBERTA

111

NUMBER OF MIDWIVES
IN THE PROVINCE

100%

PERCENTAGE OF
MIDWIVES THAT ARE
CAM MEMBERS

5%

OF BIRTHS WITH
MIDWIVES
(from April 1, 2015
to March 31, 2016)

EDUCATION

Mount Royal University has a Bachelor of Midwifery, with 12 students admitted each year

MODEL OF EMPLOYMENT

Course of Care (majority)

There are also three Primary Care Networks which contract the services of midwives.

RECENT ACCOMPLISHMENTS

In the past year, the AAM has worked to increase midwifery funding and strengthen itself organizationally. Since September 2015, the association has seen an additional \$12.8 million in funding commitments over a three year period. This came after considerable engagement with government officials and the active involvement of supportive and vocal consumers. To support this, the association participated in an eight minute video, *What is Midwifery*, which was produced by the Association for Safe Alternatives in Childbirth. The video can be viewed here: <https://www.youtube.com/watch?v=ZHXQFUwRe9g>

In April 2016, a Sustainable Funding Model Summit was held among the AAM, Alberta Health (policy), Alberta Health Services (administrator), the College of Midwives of Alberta, Mount Royal University, and a consumer from an underserved community. Since then, the five organizations have collaborated to develop principles for sustainable funding models. A report will be delivered to the Minister of Health in the fall.

The AAM participated in HIROC's Risk Assessment Checklist program in late 2015 and was the recipient of a value added benefit to better serve its members. In April 2016, the association's first Membership, Insurance & Continuing Education Coordinator was hired. She is designing and building organizational infrastructure including: a revamped member website and database, formalized systems for delivering continuing education, delivery of more workshops, and an Emergency Skills instructor training.

In June, the Board and staff underwent a strategic planning session where mission, vision, values and strategic objectives were revisited. After engaging with membership, this review will be published. A redesigned external website will also be launched.

Although last year saw great accomplishments, there is still work to do to bring all midwives to capacity, support new registrants and bring services to more rural, remote, indigenous and other underserved communities. The Alberta Association of Midwives is excited about the future.

GOVERNMENT RELATIONS

The funding agreement came up for renewal as of April 1, 2016. While an agreement was reached with the funder regarding funding of professional liability insurance and the client management system, agreement was not reached on the number of courses of care. Fortunately, in April, the Minister of Health made a major announcement of an additional \$11 million in funding over a three-year period. This was following an announcement of \$1.8 million in additional funding in September 2015. All of this was during a time of austerity that Alberta had not experienced for decades.

Currently, the profession of midwifery falls under the Health Disciplines Act. The College of Midwives of Alberta is working towards moving under the Health Professions Act in order to become a truly self-governing profession which no longer requires oversight by the Alberta Health Disciplines Board.

Even though funding has been secured for the next two years, there are a number of matters to be negotiated with funders to ensure that midwifery can grow in a sustainable way and that funding can be allocated in a transparent and fair manner.

ASSOCIATION WEBSITE

www.abmidwives.ca

BRITISH COLUMBIA

313

NUMBER OF MIDWIVES
IN THE PROVINCE

100%

PERCENTAGE OF
MIDWIVES THAT ARE
CAM MEMBERS

21%

OF BIRTHS WITH
MIDWIVES
(2015-2016)

EDUCATION

- University of BC Midwifery, 20 undergraduate students admitted each year
- 7 Internationally Educated Midwives in Bridging Program

MODEL OF EMPLOYMENT

Per Course of Care

RECENT ACCOMPLISHMENTS

In June we celebrated the graduation of twelve students from UBC Midwifery. This grew our membership to more than 300. Midwives are now involved in the care of 21% of BC pregnancies (Perinatal Services BC (May 2016). Midwifery Report: Deliveries in BC 2014/15. Vancouver, BC).

The Midwives Association of British Columbia (MABC) is pleased to share that it has contracted Evelyn George (nee Harney), NACM co-chair, to act as its new MABC Indigenous Lead. As a recipient of a First Nations Health Authority grant, she led a series of birth storytelling gatherings. The MABC has created a list of midwives with Medavie Blue Cross billing numbers who are available to serve refugees, and translated their new Midwifery FAQ brochure into 7 languages for International Day of the Midwife.

Members are enjoying some of the benefits of MABC's new contract, including ordering home birth supplies and medications through the newly launched Homebirth Supplies and Medications program. This program means the association no longer struggles to obtain back-ordered medications nor does it have to place large minimum drug orders, most of which expire. It also means new graduates no longer have to stock their home birth bags out of pocket before earning an income. Supplies are delivered to its clinics and billed to their local hospital. They have also launched new fee codes for Supervision of Conditional Registrants and expect fee codes for Surgical First Assist at a Cesarean Section and Most Responsible Provider for Baby at a Cesarean Section by the end of the year.

This fall, the MABC is focusing on connecting with midwives in BC and across Canada, both in person and online. In September MABC President Alix Bacon began the first visits of the MABC Tour to meet members, discuss challenges and successes, and set expectations for the 2017 limited contract re-opener. The MABC is incredibly excited to be hosting the CAM Conference this year in Victoria Oct 26-28/16 at the Empress and hope you will join them. Finally, a new website will be launched on November 1st, 2016.

GOVERNMENT RELATIONS

The MABC is self regulated by the College of Midwives of BC and publicly funded. They have several joint committees with the Ministry of Health including Fee Advisory Committee, Rural Committee, Perinatal Services of BC Steering Committee, and Normalizing Birth Committee.

LINK TO ASSOCIATION WEBSITE

www.bcmidwives.com

MANITOBA

77

NUMBER REGISTERED
OF MIDWIVES
(52 practicing midwives)

52%

PERCENTAGE OF
MIDWIVES THAT ARE
CAM MEMBERS
(27% are MAM members)

6,5%

OF BIRTHS WITH
MIDWIVES
(2014-2015)

EDUCATION

There is one program in Winnipeg, currently offered through McMaster University. There are currently 14 students enrolled who have just started their second year.

MODEL OF EMPLOYMENT

Salaried, employee-model

RECENT ACCOMPLISHMENTS AND GOVERNMENT RELATIONS

Manitoba midwives and Manitoba Association of Midwives (MAM) worked on two major issues in this past year: negotiating fair salaries and fighting for an education program.

This past winter, Winnipeg midwives were getting ready to walk the picket lines. Contract negotiations had been stalled for a long time and midwives had been without a contract for two years. A deal was reached at the last minute, much to the relief of midwives and their clients. Midwifery salaries are now more reflective of midwives' responsibilities and scope of practice.

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

(Continued)

Manitoba has been trying to establish an education program since regulation in 2000. A program was started and funded through University College of the North (UCN) in 2006. The program experienced many problems and setbacks but managed to graduate 10 students. They had recently done a second intake of 14 students, who completed their first year of studies in 2015-2016. Negotiations and plans were ongoing to establish a joint program between UCN and the University of Manitoba (UM). We were hopeful a program situated within UM, which is established and recognized throughout Canada as a leader in inter-professional education and collaboration, would better situate midwifery within the healthcare system.

The education program faced a major setback in June when a newly elected government chose not to fund the joint venture. Manitobans elected a Progressive Conservative government this past spring, after nearly 17 years of NDP government. Despite vocal and vociferous criticism of the NDP's failure to establish a sustainable education program, the PC's first action was to essentially cancel a newly created joint program between UCN and UM. Needless to say, the MAM's relationship with the new government got off to a rocky start.

Midwives and Manitoba families made their voices heard. Letter after letter was sent to voice outrage. The association attended question period at the Legislature and held demonstrations. The government did not fund the joint program, but there is a silver lining. Thanks to the hard work of a few key individuals, the 14 students will be able to graduate with a midwifery degree. They will continue their education in Manitoba, through the McMaster University MEP. Though there is still a lot of work to be done in establishing a sustainable midwifery program in Manitoba, the Manitoba Association of Midwives is looking forward to welcoming these students into their clinics, their practices and their profession.

LINK TO ASSOCIATION WEBSITE:

www.midwivesofmanitoba.ca

NEW-BRUNSWICK

6

NUMBER OF MIDWIVES IN THE PROVINCE

(Midwives Association of New-Brunswick (MANB) has 6 midwives and 4 students, but no midwives are working in New Brunswick)

100%

PERCENTAGE OF MIDWIVES THAT ARE CAM MEMBERS

(100% All MANB members are CAM members)

0%

OF BIRTHS WITH MIDWIVES

MODEL OF EMPLOYMENT

Will likely be employee model.

RECENT ACCOMPLISHMENTS

In the last year, MANB approved its first bylaws and held its first AGM. There is a great and active consumer support group in the province, advocating for midwifery services.

GOVERNMENT RELATIONS

The Midwifery Act was declared in 2010. The Department of Health announced in February 2016 that New Brunswick will soon have its first practice, comprised of four midwives. As of writing this report (early September), no midwifery position has been advertised.

LINK TO ASSOCIATION WEBSITE

MANB Facebook page/ Page Facebook de l'ASFNB: New Brunswick Midwives/ Sages-femmes du Nouveau-Brunswick :

<https://www.facebook.com/NewBrunswickMidwives/?fref=ts>

NEWFOUNDLAND AND LABRADOR

16

ASSOCIATION MEMBERS

81%

PERCENTAGE OF AMNL MEMBERS WHO ARE CAM MEMBERS

0%

OF BIRTHS WITH MIDWIVES

MODEL OF EMPLOYMENT

The proposed model is still in discussion but the committee has not ruled out either a course of care model or a salaried model.

GOVERNMENT RELATIONS

Midwifery regulations in NL were passed in April 2016 and they come into effect on September 30th. The plan is that the first meeting of the "College of Midwives of NL" (CMNL) will take place in early October. A College website will be launched on September 30th. Some members of the Midwifery Implementation Committee have met with two Health Boards; those we have recommended begin the roll out of Midwives. The committee will hear back sometime in October regarding those talks. The Association of Midwives with the assistance of the NL Council of Health Professionals lobbied for some start up funds for the CMNL to cover expenses. The Association received funding for two years and is now waiting to hear back about funding and subsidization of liability insurance.

LINK TO ASSOCIATION WEBSITE

www.amnl.ca

NORTHWEST TERRITORIES

4

NUMBER OF MIDWIVES IN THE PROVINCE
(4 full time midwives and 3 locums)

100%

PERCENTAGE OF MIDWIVES THAT ARE CAM MEMBERS

12,5%

OF BIRTHS WITH MIDWIVES

Midwives also see people for preconception counselling, unplanned pregnancy counselling and abortion referrals and follow-up, as well as Well Woman Care for up to one year postpartum – these are not well reflected in these numbers and make up a fairly significant amount of the work that midwives do in the NWT.

EDUCATION

No education programs in the NWT, but there have been approximately 3 to 4 midwifery students doing elective placements in the NWT each year.

MODEL OF EMPLOYMENT

Salaried, employed by the Territorial Health Authority or other Regional Health Authorities.

RECENT ACCOMPLISHMENTS

In 2015/2016 there was a significant increase in active members of the Midwives Association of the NWT (MANWT) which meant that the association had its first AGM in several years and established a board of directors.

GOVERNMENT RELATIONS

The Department of Health is currently reviewing and revising the midwifery regulatory framework which was established in 2005. This includes our Practice Framework, pharmacy list, standards of practice, and continuing competency program. This review will lead to an increase in the number of drugs available to midwives and to changes to the midwifery scope of practice in the NWT. Members of the Association are actively participating in the review committee.

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

(Continued)

ONTARIO

817

NUMBER OF MIDWIVES
IN THE PROVINCE

100%

PERCENTAGE OF
MIDWIVES THAT
ARE CAM MEMBERS

15%

OF BIRTHS WITH
MIDWIVES
(2014-2015)

EDUCATION

The Midwifery Education Program (MEP), a Bachelor of Health Sciences degree in Midwifery, is offered at three universities in Ontario: Laurentian, McMaster and Ryerson. In June 2016, 72 new midwives graduated from the MEP. Each university currently has approximately 120 students enrolled in the program. The International Midwifery Pre-registration Program (IMPP), a bridging program for internationally educated midwives, is offered at Ryerson. Fourteen midwives are currently enrolled in the IMPP.

MODEL OF EMPLOYMENT:

Ontario midwives are paid per course of care.

RECENT ACCOMPLISHMENTS:

In May, the Ontario Ministry of Health and Long-Term Care (MOHLTC) announced that it will provide funding to support Indigenous communities in establishing and maintaining Aboriginal midwifery services and would be accepting applications for community midwifery programs. The MOHLTC will also be making additional development grants available to communities that wish to explore the possibility of submitting an application in the future. The AOM has been advocating for funding to expand Aboriginal midwifery since 2011 and was delighted to celebrate this announcement along with the Aboriginal midwives, Indigenous communities and stakeholders it consulted and collaborated with to bring about this funding.

At its 32nd Annual General Meeting and Conference in May, the AOM presented awards in three categories: Lifetime Achievement, Hospital Integration and Media. Christine Sternberg won the Lifetime Achievement Award for being an early innovator of evidence-medicine and client-centre care. In particular, she pushed forward the evidence on the safety of vaginal birth after caesarean section (VBAC), leading the way in VBAC practice in Ontario. Michael Garron Hospital (formerly Toronto East General Hospital) was selected for the Hospital Integration Award for demonstrating excellence in successfully integrating midwives into its organization. The hospital has a Department of Midwifery (which includes a voting seat on the Medical Advisory Committee) and midwives who have privileges at the hospital are actively involved in decision-making and policy development and work to their full scope of practice. An Aboriginal Peoples Television Network (APTN) *Chaos and Courage* episode about the resurgence of Aboriginal midwifery and the importance of bringing birth back to Indigenous communities won the Media Award. The episode was directed by Ava Karvonen and written by Tihemme Gagnon.

GOVERNMENT RELATIONS:

In 2013, Ontario midwives brought an application to the Human Rights Tribunal of Ontario (HRTTO) that alleges that midwives have experienced a gender-penalty in their pay set by the government for almost two decades. More than 800 present and former midwives are applicants in this precedent-setting case that will review more than 20 years of evidence. Hearings began in June 2016. In the fall of 2016, 11 midwife witnesses, including AOM President Elizabeth Brandeis and seven past-presidents, will take the stand to describe the history of discrimination and their efforts over the years to address the wage gap with the government and advocate for compensation that accurately reflects midwives' skills, effort, responsibilities and working conditions. As Ontario midwives present their case at the Tribunal, they will continue to provide Ontario families with excellent midwifery care.

PROFESSIONAL DEVELOPMENT

The AOM's annual conference, live events and webinars are well attended by members. Professional development topics in 2015 included: Introduction to Trans Cultural Humility (which focused on core competencies for working with trans clients in midwifery care); uninsured funding for clients in midwifery care, prenatal diagnosis and medical genetics and working with paramedics. *Get Floored! Current Evidence and Practice for Supporting the Pelvic Floor* continues to be one of the AOM's most popular live events. Those attending the day-long workshop have the opportunity to hone their suturing skills by practicing on cow tongues.

The AOM also promoted quality improvements to infection prevention practices in midwifery that reflect the unique aspects of midwifery care. A work group of midwives and stakeholders developed educational resources and tools on topics such as the chain of transmission; hand hygiene; and proper instrument cleaning, sterilizing, storage and handling techniques.

CLINICAL PRACTICE GUIDELINES

In 2015, the AOM produced several evidence-based clinical resources: an app that highlights key recommendations from the AOM's clinical practice guideline (CPG) *Group B Streptococcus: Postpartum Management of the Neonate*; a clinical backgrounder for midwives and an accompanying client resource summarizing research on pregnancy after 40; and print and video resources for clients and midwives on postpartum hemorrhage.

CURRENT CHALLENGES

Hospital integration issues like caps on the number of midwives and midwife-attended births, and restrictions on scope of practice continue to be issues for many midwifery practice groups.

LINK TO ASSOCIATION WEBSITE

Member site - <http://www.aom.on.ca/Home/Default0.aspx>
Public site - <http://www.ontariomidwives.ca/>

QUÉBEC

198

NUMBER OF MIDWIVES
IN THE PROVINCE

100%

PERCENTAGE OF
MIDWIVES THAT
ARE CAM MEMBERS

3.5%

OF BIRTHS WITH
MIDWIVES (2014-2015)

EDUCATION

Bachelor's degree in midwifery, 24 admissions annually.

Bridging program (30 credit certification for midwives trained abroad, including the Mutual Recognition Arrangement with France): possibility of creating a cohort every second year, depending on demand.

MODEL OF EMPLOYMENT

Quebec midwives signed a contract, as autonomous professionals, with the Centre intégré de santé et services sociaux (CIUSSS-CISS), the province's new health network since April 2015. Midwives are salaried and have benefits (vacation, sick leave, statutory holidays, maternity leave), as well as a pension plan. This model also compensates for on-call time.

The last contract was signed on April 1st, 2014 and the RSFQ is currently in negotiations with the Ministère de la santé et des services sociaux (MSSS) since July 2015.

RECENT ACCOMPLISHMENTS

After 7 years as the president of the RSFQ, Claudia Faille has passed the torch to Mounia Amine, the new president. The RSFQ thanks Claudia for her passion, dedication and generosity.

As the profession of midwifery is still new in Quebec (legalized since 1999), and is set to grow leaps and bounds in the coming years, a number of issues have come to the fore. To take the pulse of its membership, the RSGF organized two days of events on the following themes:

- Day of consultation and reflection on the practice of midwifery in Quebec (October 14 2015)
- Day of training and reflection on disciplinary processes (June 2nd 2016).

In May of 2016, a cost analysis was published by the firm MCE Conseils—commissioned by the union supporting the RSFQ—comparing the costs of births with midwives versus births with doctors. This report has shown that, in addition to lowering the number of interventions and providing health promotion benefits, midwifery also provides important cost savings for the health care system. MCE Conseil states that if midwives were responsible for 10% of births in Quebec, the province would save \$2.9M a year in salaries only. This study is therefore a useful tool for development of the profession.

https://www.csn.qc.ca/wp-content/uploads/2016/05/2016-05-04_sagefemmes_CSN.pdf

DEVELOPMENT:

The RSFQ is working on developing services in the province and in supporting groups of citizens who want midwifery services. Demand is high and many parent-supported projects are gaining traction in different regions of Quebec.

- Six birth centres (maisons de naissances) are planned for Montreal before 2019. Three birth centres are already open, one centre is in the start-up phase with the recent hiring of a midwife director, and two feasibility studies have been done for two other centres.
- The Outaouais birth centre moved to its new location.
- Multiple 'points of service' have been developed in conjunction with existing birth centres.
- Work is being done to make midwifery services available in Cree territory in Northern Quebec.

GOVERNMENT RELATIONS

Working Conditions :

The second Agreement between the Ministère de la santé et des services sociaux (MSSS) and the RSFQ was signed in April 2014 and concluded in March 2015. The RSFQ has therefore been in negotiations for a third Agreement since July 2015. After two interruptions, discussions are resuming in the fall of 2016. Currently the MSSS has positioned itself in favor of the development of midwifery, and the RSFQ hopes that negotiations will reflect this so that we are able to reach agreements regarding working conditions for midwives that fully recognize the value of the profession.

LINK TO ASSOCIATION WEBSITE

www.rsfq.qc.ca

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

(Continued)

SASKATCHEWAN

14

NUMBER OF MIDWIVES IN THE PROVINCE

~85%

PERCENTAGE OF MIDWIVES THAT ARE CAM MEMBERS

3%

OF BIRTHS WITH MIDWIVES (from April 2014 to March 2015)

EDUCATION

No educational program available in the province, but the number of student placements is increasing every year.

MODEL OF EMPLOYMENT

Salaried

RECENT ACCOMPLISHMENTS

The Midwives Association of Saskatchewan is continuing to grow and transition as it has said goodbye and welcomed new midwives over the last year. The association has held a strong presence in union negotiations and it has agreed upon a new wage scale for new employees. It continues to negotiate regarding elements of the collective agreement. Water birth is being offered in all facilities where midwifery is available. Saskatoon is thriving with a high home birth rate and Regina is beginning to diversify the care they offer by expanding to provide primary health services to priority populations.

GOVERNMENT RELATIONS

The midwives continue to work with the transitional council and the government to expand midwifery and advocate for the need of an in province educational program.

LINK TO ASSOCIATION WEBSITE

<http://www.saskatchewanmidwives.com/>

YUKON

2

NUMBER OF MIDWIVES IN THE PROVINCE

50%

PERCENTAGE OF MIDWIVES THAT ARE CAM MEMBERS

0%

OF BIRTHS WITH MIDWIVES

NUMBER OF MIDWIVES IN THE PROVINCE

1 Registered Midwife CMBC , 1 midwife (not registered)

PERCENTAGE OF MIDWIVES THAT ARE CAM MEMBERS

50%

GOVERNMENT RELATIONS

Midwifery remains an unrecognized profession in the Yukon Territory. The Community Midwifery Association of Yukon (CMAY) was founded in January, 2015. Since that time the membership has grown to 130 members and a Board of Directors comprised of 14 dedicated members. A Midwifery Stakeholder Working Group was formed by Yukon Health and Social Services on May 5th, 2015. The current government funded CMAY and the Midwifery Working Group to host a Midwifery Symposium in May, 2016. Experts on midwifery were invited to speak with local stakeholders on the success of regulated and funded midwifery across Canada. The symposium was very successful. At this time, the territorial election is around the corner and CMAY and the public are working hard to ensure that all territorial parties will commit to immediate regulations and funding of midwifery services in the Yukon with the new government. CMAY is very hopeful at this time.

LINK TO ASSOCIATION WEBSITE

www.cmayukon.ca

THE STUDENT MIDWIVES ASSOCIATION OF CANADA

The Student Midwives Association of Canada (SMAC) is a group of midwifery students from across the country, working to represent student interests and build a community of support. SMAC now represents over 300 active members from all midwifery programs in Canada. The work of the association this year has included many firsts: the first SMAC AGM at last year's CAM Conference in Montreal, where student attendees ratified the first set of bylaws and published SMAC's very first electronic 'Zine. Our next 'Zine and new podcasts are forthcoming this fall, with articles, art, and input from midwifery students across the country. SMAC will also be hosting several student-only events at the upcoming CAM conference in October. Membership in SMAC is free and open to all midwifery students and new registrants nationally. All students interested in joining the weekly-monthly meetings are welcome to attend. Website: <http://www.smaceps.com/>

YOUR MEMBERSHIP IS IMPORTANT

Your membership is important! It allows CAM to be a strong voice for the profession of midwifery at the national and international levels. CAM makes every effort to ensure that midwives are represented on maternal, newborn, child health initiatives and that all relevant federal ministry branches and agencies are aware of the contribution that midwives make in improving maternal and newborn care in Canada and around the world.

BENEFITS OF MEMBERSHIP

- Members receive the *Canadian Journal of Midwifery Research and Practice (CJMRP)*, Canada's only peer-reviewed midwifery Journal (3 times a year).
- Members receive *The Pinard*, CAM's E-newsletter published in both English and French (2 times a year). Members also receive important email updates and announcements such as midwifery job postings, relevant national and international conferences, and invitations to sit on important national committees related to maternity and newborn care.
- CAM members benefit from a reduced member rate for the annual Conference & Exhibit.
- CAM members automatically become members of the International Confederation of Midwives (ICM).
- Members are invited to attend each Annual General Meeting and are represented on the CAM Board of Directors by a selected member of their provincial or territorial professional association or of the National Aboriginal Council of Midwives.



MEMBERSHIP ELIGIBILITY

There are five classes of membership in CAM:

1. **Full membership:** you are automatically a member of CAM if you are a registered midwife and a member of your provincial or territorial midwifery association or of the National Aboriginal Council of Midwives.
2. **Student membership:** you are automatically a member of CAM if you are enrolled in a recognized midwifery education program and are a student member of a provincial or territorial midwifery association or of the National Aboriginal Council of Midwives. Student memberships are non-voting memberships.
3. **Allied membership:** you are not a midwife but wish to support the vision of CAM. Allied memberships are non-voting memberships.
4. **Honorary membership:** individuals may be granted an honorary membership at the discretion of the CAM Board of Directors.

HOW TO BECOME A CAM MEMBER

Not certain if you are a CAM member? Visit www.canadianmidwives.org or contact the CAM office at admin@canadianmidwives.org.

CONTACT:

CANADIAN ASSOCIATION OF MIDWIVES

2330 rue Notre-Dame Ouest, Suite 300

Montreal, QC H3J 1N4

Tel: 514-807-3668

admin@canadianmidwives.org

canadianmidwives.org

