

# 2013-2014

## ANNUAL REPORT

CANADIAN  
ASSOCIATION  
OF MIDWIVES



CAM  
ACSF

Canadian Association of Midwives  
Association canadienne des sages-femmes

# PRESIDENT'S MESSAGE



Joanna Nemrava, RM  
CAM President 2013-2014

On behalf of the CAM Board of Directors, I am pleased to provide this report on the activities and achievements of CAM over the past year.

This year, CAM together with NACM, advocated more specifically for a federal occupational classification for midwives and for the inclusion of midwives in the Canada Student Loan Forgiveness Program intended for doctors and nurses. Achieving these goals will increase access to midwifery services, particularly in rural, remote and Aboriginal communities. CAM also invested both human and financial resources to support the Atlantic Provinces, where midwifery is still not an option in three out of four provinces.

CAM continues to work closely with National Public Relations to help identify political opportunities, respond to media events, and reach key political figures among Canada's leadership. Thanks to this support, CAM hosted a well-attended event for Members of Parliament and supporters

during the CAM Conference in Ottawa in the fall of 2013. In early 2014, together with the NACM Co-chairs Kerry Bebee and Ellen Blais, I had the opportunity to travel to Ottawa for a series of meetings with key Members of Parliament and senior policy advisors. These events and meetings aim to educate and engage MPs and key decision makers on the benefits of midwifery to the Canadian health care system.

CAM successfully completed the first year of our international project, *Improved Service Delivery for Safe Motherhood: Strengthening & Supporting Midwifery in Tanzania* and we continue our twinning work with the Tanzania Registered Midwives Association (TAMA). In year two of our project, CAM and TAMA expect to train an additional 200 midwives in a number of rural districts in Tanzania. This is an enormous achievement for CAM! The successes of our global partnerships and projects give CAM new visibility and capacity at both the national and global level in maternal and newborn health.

As a result of our advocacy efforts, CAM was invited by the Office of the Prime Minister to attend the UN General Assembly in New York in September, 2014. This was an unprecedented opportunity for CAM and a clear indication that midwifery is finally gaining the attention of Canadian leadership. As a member of the Canadian delegation to the UN Assembly, I attended the panel event *Every Woman Every Child, Partnering for Results: Delivering for Every Woman & Every Child within a Generation* and networked with Canadian and world leaders, policy makers and funders of maternal newborn health initiatives.

More than ever, CAM must be responsive to opportunities that arise at political, organizational and healthcare leadership tables. CAM maintains a strong commitment to a non-partisan approach and we are successfully increasing the visibility and profile of midwifery among all three major political parties.

The highlight of 2014: The International Confederation of Midwives (ICM) Triennial

Congress in Prague! What a thrill to represent our national association for four days of meetings of the ICM Council, which included delegates from 160 countries. More than 3700 midwives from around the globe attended the ICM Congress. In Prague, CAM launched the *Deliver Midwives to Toronto in 2017 Fund* with the goal of assisting midwives from under resourced countries to come to Toronto in 2017. CAM presented a beautiful video and shadow puppet stage performance to close the Congress, which included invitations to ICM 2017 in Toronto from Canadian midwives in nine different languages. We ended the presentation with a performance of "The Midwives Song" written by Toronto midwife, Sarilyn Zimmerman. A small group of Canadian midwives sang backup while my daughter and I performed a tender duet together that brought the house down.

These are just some of the amazing experiences that are now cherished memories of my term as CAM President. It is not without a touch of sadness that I will pass the position of CAM President to current President Elect, Emmanuelle Hébert. The past two years have been challenging, rewarding and inspiring. Seeing already the effects of our intensive public relations work, I am filled with optimism for the future. The CAM Board and Executive members are strong and committed leaders in midwifery. We have a clear vision of midwifery services that are accessible to every family in Canada. CAM continues to strive toward achieving this vision; tirelessly promoting the profession of midwifery as fundamental to maternal and newborn health in Canada, as it is around the world. The profession of midwifery in Canada is growing and every midwife has a voice and every voice makes a difference. What is your vision of midwifery? Together we shape the future of Canadian midwifery.

A handwritten signature in white ink that reads "Joanna Nemrava". The signature is elegant 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 2013

**Back row left to right:** Joyce England PEI, Lisa Harcus MB, Nathalie Pambrun Secretary, Joanna Nemrava President, Claudia Faille QC, Maud Addai, SK, Kerry Bebee NACM, Aisia Salo AB, Emmanuelle Hébert President Elect

**Front row left to right:** Amanda Tomkins NU, Maryellen Boyes Student Rep, Katrina Kilroy Vice President, Lisa Weston ON, Kate Leblanc NB, Ann Noseworthy NL, Jane Erdman Treasurer & Misty Wasyluk BC.

**Missing from photo:** Tracy Pittman NWT, Kathleen Cranfield YT & Leslie Frances Niblett NS.



## ← 2013-2014 STAFF

**Left photo top row left to right:**

Julie Surprenant, *Events Coordinator*

Tonia Occhionero, *Executive Director*

Pauline Bondy, *International Projects & Partnerships*

Alisha Nicole Apale, *NACM Coordinator (beginning September 2014)*

**Bottom row left to right:**

Annie Hibbert, *Administrative Assistant*

Eby Heller, *Communications*

**Right Photo:**

Valérie Perrault, *NACM Coordinator*

# ABOUT CAM

## CAM MISSION STATEMENT

The Canadian Association of Midwives (CAM) is the national organization representing midwives and the profession of midwifery in Canada. The mission of CAM is to provide leadership and advocacy for midwifery as a regulated, publicly funded and vital part of the primary maternity care system in all provinces and territories. CAM promotes the development of the profession in the public interest and contributes the midwifery perspective to the national health policy agenda.

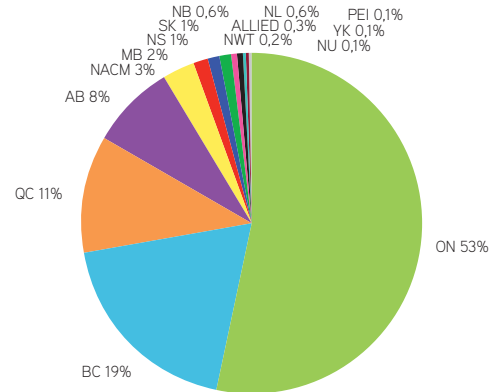
## CAM VISION STATEMENT

The vision of the Canadian Association of Midwives is that midwifery is fundamental to maternal and newborn health services, and that every woman in Canada will have access to a midwife's care for herself and her baby.

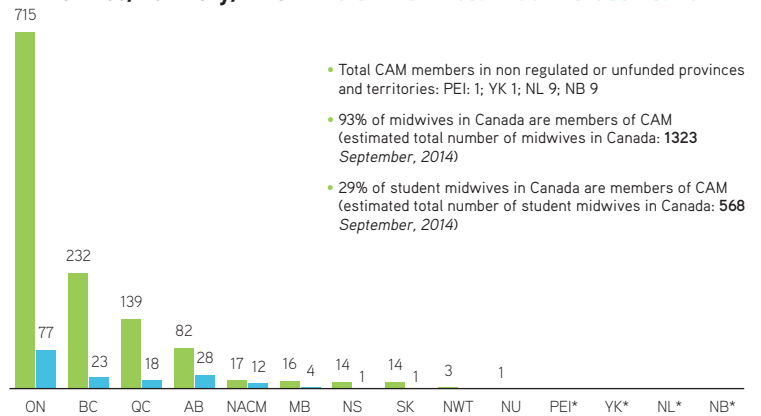
## THE CANADIAN ASSOCIATION OF MIDWIVES BELIEVES THAT:

- Midwifery care promotes and facilitates the normal, healthy process of pregnancy, childbirth and breastfeeding and supports women's confidence in their own abilities.
- Midwives are expert primary care providers for women anticipating a low risk pregnancy and birth, and can optimize the childbirth experience for women at all risk levels.
- Partnership with women, continuity of care, informed choice, choice of birthplace and community-based services are fundamental to high quality midwifery care in Canada.
- Midwifery care should be universally accessible to Canadian women, regardless of socio-economic circumstances.
- All maternity care providers must respect and embrace human dignity and diversity in every facet of their work with clients and colleagues.
- Effective, sustainable maternity care must centre on the self-determined needs of women, families and communities and support birth as close to home as possible.
- Midwives must be full partners in developing and implementing the public policy agenda on maternity and newborn care and health human resource planning.
- Midwives globally play an essential role in promoting health and reducing maternal and infant morbidity and mortality.
- The potential of midwifery to enhance the wellbeing of women, families and the society should be valued and promoted.

**CAM Membership by Province/Territory/NACM (Total: 1482)**



**Practicing Midwife and Student CAM Members by Province/Territory/NACM (Total Midwives: 1233 – Students: 164)**



- Total CAM members in non regulated or unfunded provinces and territories: PEI: 1; YK: 1; NL: 9; NB: 9
- 93% of midwives in Canada are members of CAM (estimated total number of midwives in Canada: 1323 September, 2014)
- 29% of student midwives in Canada are members of CAM (estimated total number of student midwives in Canada: 568 September, 2014)

Midwives that are members of more than one prov/terr/NACM association are classified by their primary residence or by primary membership fee source.

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

**Total CAM Members Since 2007**



# CAM COMMITTEES

---

## 2013-2014 CAM COMMITTEES

### National Emergency Skills Committee-2014

**Chair:** Claudia Faille (QC)/Amanda Tomkins (NU)

#### **Members:**

Tonia Occhionero (CAM ED)  
Barb Bodiguel (AB)  
Annie Bronsard/Sinclair Harris (QC)  
Esther Willms (ON)  
Beckie Wood (MB)  
June Friesen (SK)  
Leslie Niblett (NS)  
Kim Campbell (BC)

### Conference Program Planning Committee-2014

Tonia Occhionero, (CAM ED)  
Julie Surprenant (CAM Staff Support)  
Cherylee Bourgeois (ON, NACM)  
Patricia McNiven (McMaster)  
Megan Lalonde (SK)  
Céline Lemay (QC, UQTR)  
Holliday Tyson (Ryerson)  
Debbie Mpofu (SK)  
Vicki Van Wagner (Ryerson)  
Evelyn Harney (BC, NACM)

### Abstract Review Committee

Judy Rogers (Ryerson)  
Manavi Handa (Ryerson)  
Saraswathi Vedam (UBC)  
Helen McDonald (McMaster)  
Susan James (Laurentian)  
Andrea Robertson (Ryerson)  
Josée Lafrance (UQTR)  
Jude Kornelsen (UBC)  
Emmanuelle Hébert (UQTR)  
Anne Malott (McMaster)

### CJMRP Management Committee

Patricia McNiven (Editor)  
Leanne Piper (Layout & Design)  
Jane Erdman (CAM Treasurer)  
Tonia Occhionero (CAM ED)

### ICM Host Association Planning Committee 2017

**Chair:** Anne Wilson  
Tonia Occhionero (CAM ED)  
Katrina Kilroy (CAM Executive)  
Carol Couchie (NACM)  
Kelly Stadelbauer (AOM ED)  
Julia Stolk (BC)  
Céline Lemay (QC)

Remi Ejiwunmi (ON)  
Malcolm McMillan (ICM Congress Manager)

### ICM Marketing & Promotion Sub-Committee-2014

**Co-chair:** Julia Stolk (BC)  
**Co-chair:** Carol Couchie (NACM)  
Stacey Lytle (ON)  
Erin Armstrong (ON)  
Madeline Clin (ON)  
Sarilyn Zimmerman (ON)  
Kory McGrath (ON)  
Zuzana Betkova (ON)  
Céline Lemay (QC)

### ICM 2017 International Access Sub-Committee-2014

**Chair:** Kelly Stadelbauer (AOM ED)  
Jasmine Chatelain (ON)  
Heather Brechin (ON)  
Karlina Wilson-Mitchell (ON)  
Edan Thomas (ON)  
Madeleine Clin (ON)  
Mitra Sadeeghipour (ON)  
Melida Jiménez (ON)  
Rachel Pennings (ON)

### Reproductive Health Care Position Statement Working Group

**Chair:** Zuzana Betkova (ON)  
Johanna Geraci (ON)  
Tanya Momtazian (BC)  
Lisa Morgan (ON)  
Lisa Nussey (ON)  
Edan Thomas (ON)  
Simone Rosenberg (Student)

### Steering Committee CAM/Tanzania Midwives Association (TAMA)

Anne Wilson (CAM)  
Katrina Kilroy (CAM)  
Emmanuelle Hébert (CAM)  
Sebalda Leshabari (TAMA)  
Fеды Mwanga (TAMA)  
Agnes Mtawa (TAMA)

### Past Presidents Advisory Committee

Anne Wilson  
Gisela Becker  
Kerstin Martin  
Kelly Klick  
Kim Campbell  
Carol Cameron

## CAM REPRESENTATION – EXTERNAL COMMITTEES

Neonatal Resuscitation Program-Canadian Paediatric Society  
Gisela Becker (AB)

The Family-Centred Maternity and Newborn Care (FCMNC) National Guidelines  
Joanna Nemrava (CAM President)

CFPC (College of Family Physicians of Canada) Maternity and Newborn Care Committee  
Lisa Weston (ON)

Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH)  
Joanna Nemrava (CAM President)

## CAM MEMBERSHIPS OF INTEREST

Health Action Lobby (HEAL)

Canadian Society of Association Executives (CSAE)

National Council of Women of Canada (NCWC)

International Confederation of Midwives (ICM)

Society of Obstetricians and Gynecologists of Canada (SOGC)



# STRATEGIC DIRECTIONS: ACCOMPLISHMENTS



MP Lois Brown speaks at 2013 CAM Conference in Ottawa



MP Jim Hillyer with Alberta Midwives Aisa Salo & Chantal Gauthier-Vaillancourt



Bill Ehman, Joanna Nemrava, Peggy Nash, Nathalie Pambrun, Libby Davies at Panel Event on Parliament Hill

## INCREASE THE INFLUENCE OF MIDWIFERY ON THE NATIONAL HEALTH POLICY AGENDA



Federal, provincial and territorial recognition of the profession of midwifery continues to be a priority for CAM. Every year, the Board of Directors works to identify ways to increase CAM's capacity to advocate effectively for midwifery in the national arena and to support the remaining provinces and territories where midwifery is still not regulated and publicly funded.

In 2013-2014, CAM continued to work with the public relations firm NATIONAL Public Relations to advocate for midwives and access to midwifery care for all Canadian families. CAM's priority issues in this past year included: 1) advocacy for policy changes to ensure that an occupational classification for midwives exists within the Treasury Board of Canada, 2) advocacy for the inclusion of midwives in the Canada Student Loan Forgiveness Program, 3) support for Atlantic Canada in their work to regulate midwifery and grow the profession.

### CAM's VIP Event for Members of Parliament in Ottawa

The CAM conference was held in Ottawa in November 2013, and provided an important opportunity to focus CAM's advocacy efforts at the federal level. CAM organized a VIP event during the Opening Reception for all Members of Parliament (MPs). Thirteen MPs attended CAM's event, and many more responded positively, helping CAM build an important list of allies on Parliament Hill. The MPs had an opportunity to speak with midwives in their ridings about issues, such as the importance of maternity care in rural and remote regions, and the critical role midwives play in Aboriginal communities. Two MPs spoke at CAM's Opening Ceremony – Lois Brown for Newmarket-Aurora, CPC and Parliamentary Secretary to the Minister of International Development and Joy Smith for Kildonan-St.Paul, CPC then Chair of the House of Commons Standing Committee on Health. **A B**

“AS CHAIR OF THE STANDING COMMITTEE ON HEALTH, I KNOW MIDWIVES ARE WELL POSITIONED TO ADDRESS THE SPECIFIC CHALLENGES STILL FACED BY WOMEN IN RURAL, REMOTE AND PARTICULARLY ABORIGINAL COMMUNITIES IN CANADA.”

- JOY SMITH, MP

### Panel Event on Parliament Hill

In November 2013, CAM and NACM participated in a panel event on Parliament Hill, hosted by NDP MPs Peggy Nash and Libby Davies. The panel speakers were Nathalie Pambrun, Co-Chair, National Aboriginal Council of Midwives, Dr. Bill Ehman, College of Family Physicians of Canada, Professor Denise Moreau, University of Ottawa School of Nursing, and Joanna Nemrava, CAM President. They addressed a packed room of government aides, MPs and midwives on the topic of the current and future role of the federal government in the provision of child and maternal health care. **C**

### Inter-Jurisdictional Meeting of Government Representatives

During the annual conference, CAM organized a face to face meeting of provincial, territorial and federal midwifery government representatives. The meeting was an opportunity for government stakeholders to network and share information regarding implementation and growth of the midwifery profession in their respective jurisdictions. Participants agreed to meet annually during the CAM conference.

### Global Summit on Maternal, Newborn and Child Health

As an active partner with the Canadian Network for Maternal Newborn and Child Health ([www.can-mnch.ca](http://www.can-mnch.ca)), CAM was invited to attend a high-level Summit, *Saving Every Woman Every Child: Within Arm's Reach*, hosted by the Right Honourable Stephen Harper from May 28-30, 2014, in Toronto. CAM Vice President, Katrina Kilroy, represented CAM at the historic event. The Summit provided an opportunity to evaluate the progress made since the launch of the Muskoka Initiative in 2010 and to discuss the post-2015 agenda. Canada reaffirmed its leadership in addressing Millennium Development Goals 4 and 5 and committed \$3.5 billion to maternal, newborn and child health over the next five years.

During the Summit, CAM was invited (as part of a select group of key health stakeholders) to participate in a special Roundtable, co-hosted by Minister of Health Rona Ambrose and Dr. Margaret Chan, Director General of WHO. The facilitated dialogue challenged participants to identify opportunities, innovations, and best practices to advancing MNCH in Canada. **D**

### Bill C-608: National Day of the Midwife

On November 6<sup>th</sup>, 2013, Peggy Nash, NDP MP for Parkdale-High Park, introduced Private Members Bill C-548 to recognize May 5<sup>th</sup> as the National Day of the Midwife. In June 2014, the bill was strategically reintroduced by Rosane Doré Lefebvre, NDP MP for Alfred-Pellan, as Private Members Bill C-608, in order to ensure that the bill receives its first hour of debate during the fall of 2014. CAM continues to work with Ms Doré Lefebvre on strategies to raise awareness of Bill C-608.

### Federal Occupational Classification for Midwives

Throughout this past year, CAM and NACM leadership met with representatives of the Ministry of Health, of the Treasury Board and with other relevant Members of Parliament to discuss the need for a federal occupational classification for midwives. MPs Lois Brown (CPC) and Cathy McCleod (CPC) agreed to support CAM and NACM's request by forwarding letters to Minister Rona Ambrose and Minister Tony Clement. **E**



Katrina Kilroy, CAM VP participates in a Roundtable discussion hosted by Minister of Health Rona Ambrose and WHO Director General Dr. Margaret Chan

### Midwives and the Canada Student Loan Forgiveness Program

The Canada Student Loan Forgiveness for Family Doctors and Nurses Program came into effect in April 2013. Under this program, family doctors and nurses who practice in designated rural communities are eligible for a loan forgiveness of their Canada Student Loans. CAM compiled information from the Midwifery Education Programs in Canada to better understand how many midwifery students would benefit from this loan forgiveness and what the total cost to the government might be.

CAM met with representatives from Minister Candace Bergen's office who oversee this program and wrote an official letter to Minister of Finance Joe Oliver, requesting that the program be extended to midwives who practice in rural communities after graduation.

### Health Action Lobby (HEAL)

CAM continues to be an active member of HEAL ([www.healthactionlobby.ca](http://www.healthactionlobby.ca)), a coalition of 40 national health organizations that represent a broad cross-section of health providers, health regions, institutions and facilities. HEAL represents more than half-a-million providers and consumers of health care who advocate for a sustainable publicly funded health care system in Canada.

HEAL continues to be a key advisor to the Health Care Innovation Working Group (HCIWG) of the Council of the Federation.



Joanna Nemrava CAM President with MP Cathy McCleod



## STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)



Emmanuelle Hébert, CAM President Elect and Elyse Banham, CAM member meet with PEI Premier Robert Ghiz, March 2014

### ADVANCE THE GROWTH AND DEVELOPMENT OF THE MIDWIFERY PROFESSION



#### Support for Unregulated Jurisdictions

In the past year (2013-2014), CAM offered increased support to the Atlantic Provinces where capacity to advocate for midwifery as a regulated and publicly funded profession is limited. Midwifery still remains unregulated in New-Brunswick, Prince-Edward-Island and Newfoundland and Labrador and is seeing no growth in Nova Scotia. In 2014, CAM offered direct financial and resource support to the Atlantic Provinces, specifically for a government relations consultant in the Atlantic region.

#### Prince Edward Island

CAM leadership attended a meeting with PEI Premier Robert Ghiz. This was a unique opportunity to inform the Premier about the profession and discuss benefits to the delivery of maternity care services to citizens of PEI. Later in 2014, Emmanuelle Hébert, CAM President Elect together with Joyce England, PEI representative met with the PEI Minister of Health to discuss next steps to implement

midwifery in the province. The Honourable Doug Currie expressed his intention to bring midwifery back to the island of PEI during his term. **F**

#### CAM Annual Conference 2013 in Ottawa

The 13<sup>th</sup> annual CAM Conference and Exhibit was held in Ottawa, November 6-8<sup>th</sup>, 2013. The conference was attended by over 250 midwives and other health professionals from across Canada.

The presentations, posters, and panel discussions ranged in topic from research and clinical practice to reflections on the profession. Five of CAM's six past Presidents were present at the conference. Other special attendees included midwives from Haiti, the ICM regional representative for the Americas, Irene de la Torre, representatives from the SOGC, MANA and numerous Members of Parliament. The conference provided a key opportunity for advocacy at the federal level and, as always, provided a space for midwives to learn, share, network, be inspired, and dance. **G H**

#### Emergency Skills National Committee

The National Committee on Emergency Skills includes representation from Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan,

Alberta, British Columbia and Nunavut. CAM facilitated access to the newly updated ESW program for provinces and territories that use the program. Provinces and territories outside of Ontario have access to the updated ESW manual and online exam. In the past year, CAM invested in translating the updated manual and online exam to ensure access to the program by French speaking Canadian midwives.

#### Canadian Journal of Midwifery Research and Practice (CJMRP)

CAM continues to publish the CJMRP three times per year. All content is produced by the CJMRP team, independently from the publisher, CAM. CAM is committed to supporting the journal to grow and publish Canadian midwives' scholarly work in a peer-reviewed format. The journal is indexed and is gaining international readership.



2013 CAM Conference, Ottawa, ON



Delegates at the 2013 CAM Conference, Ottawa, ON



### Member E-Newsletter: The Pinard

CAM publishes a member e-newsletter, the Pinard, three times per year in both English and French. The purpose of the newsletter is to keep our members informed and up-to-date with the important activities of their national professional association. **1**

### CAM's Participation at National Conferences

CAM leadership participated in the following events in 2013-2014:

- Midwifery Alliance of North America (MANA) Annual Conference, October 2013
- Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) Annual Conference, November 2013
- Canadian Network on Maternal Newborn and Child Health (CAN-MNCH) Symposium, November 2013
- Association of Ontario Midwives (AOM) Annual Conference, May 2014
- International Confederation of Midwives (ICM) Triennial Congress, June 2014
- Society of Obstetricians and Gynecologists of Canada (SOGC) Annual Clinical Meeting, June 2014

### SUPPORT ABORIGINAL MIDWIFERY AND THE RETURN OF BIRTH TO ABORIGINAL COMMUNITIES



\*\*\* Since the development of the Strategic Plan, the National Aboriginal Council of Midwives (NACM) has been leading this work. NACM and CAM work closely together on national advocacy issues. CAM, as an umbrella organization that groups together all 13 jurisdictions, NACM and students members, is committed to ensuring that NACM has the appropriate human and financial resources to sustain its important work. For a complete report, see p. 14-15.

### 1 The Pinard



## STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)



Like us at  
[facebook.com/canadianmidwives](https://facebook.com/canadianmidwives)



Follow us on Twitter at  
[@Canadamidwives](https://twitter.com/Canadamidwives)



CAM member, Karene Tweedie speaks to the media in St. John's NL.

### ADVOCATE FOR NORMAL CHILDBIRTH, THE MIDWIFERY MODEL AND PRIMARY MATERNITY CARE AS CLOSE TO HOME AS POSSIBLE.



CAM continues to identify effective ways to promote the profession of midwifery and the midwifery model of care. In the past year, CAM has worked with a number of consumer groups to deliver campaign messages and has increased its use of social media as a key tool to reach out to government, media and to the general public.

#### Social Media

CAM continues to use Facebook and now Twitter to share important information regarding midwifery with the general public, media and government. Twitter has been a particularly useful tool in the past year to inform MPs and other government officials of CAM's work.

#### Media

CAM is increasingly asked to respond as the national voice of midwifery in various professional and consumer publications. CAM continues to observe a steady increase in requests for interviews by journalists for written media, radio and television. **J**

#### Midwifery Website

CAM is working on plans for a new website focused on educating the Canadian public about midwifery and normal birth. We hope that this website will become an important resource for families and the media and that it will be particularly useful in the not yet regulated provinces where public support for midwifery is urgently needed.

#### Inclusive Language Working Group

In response to concerns that CAM's position statements could be more inclusive of the diversity of clients that midwives actively serve, CAM struck a working group to ensure that the language of CAM's publications is as inclusive as possible. In particular, this working group will review recent position statements to ensure that all clients feel

welcome and included, regardless of sexuality, gender identity or gender expression.

#### Position Statements

Final drafts of the CAM position statements on the *Midwifery Model of Care* and on *Reproductive Health Care* are currently being reviewed for language inclusivity. The process of developing guidelines to ensure CAM publications are inclusive to all clients will require some time. Once the process completed, the pending position statements will be sent to the CAM membership for consultation.

### STRENGTHEN INTERNATIONAL PARTNERSHIPS AND OUTREACH



#### CAM's international projects and partnerships continue to thrive.

CAM's current global work is founded largely on established partnerships with the Tanzania registered Midwives Association (TAMA) and the Association des infirmières sages-femmes d'Haiti (AISFH), with whom we have developed strong and trusting relationships over the last several years. We continue to build on our learning from these experiences, expanding the ways in which we collaborate with these sister Associations, and informing how we can address the array of new opportunities, to increase both the institutional and geographic scope of our global work.

#### Association Capacity Strengthening

##### **Tanzania and Canada – UMOJA\* Twinning Project**

CAM continues to participate in an association twinning project with the Tanzania registered Midwives Association (TAMA). Through this partnership, CAM and TAMA are demonstrating that by strengthening the capacity of organizations, providing improved advocacy, continuing education, and health profession leadership, midwives in Canada and Tanzania will be better supported to access relevant information, and to engage in best practices, resulting in higher quality maternal health services for women in both countries.

\*UMOJA means "union" in Swahili





CAM & TAMA Steering Committee members at the ICM Congress in Prague

Since 2011, a Steering Committee which includes three members from each association (TAMA and CAM) oversee the execution of the UMOJA strategic plan. **K**

The UMOJA twinning project includes three key aspects:

#### Association Twinning

As a result of association twinning, both CAM and TAMA have seen remarkable results in terms of increased capacity to serve members, and to advocate for the needs of women and newborns. TAMA and CAM are each better equipped to:

- Negotiate with government policy makers;
- Establish long-term networks and strategic partnerships;
- Identify and access available funding sources and technical collaborations;
- Maximize opportunities for international knowledge exchange;
- Offer overseas volunteer opportunities for members;
- Increase the capacity of each association to hire additional staff. **L**

#### Peer-to-Peer Twinning

In June, 2013, our work expanded to include reciprocal capacity building at a **peer-to-peer** level. Currently, twenty-five Tanzanian-Canadian midwife pairs are working remotely to share information and resources, and to support one another to fulfill their important role. This is a powerful connection that surpasses borders and recognizes the part that each of us can play in improving MNCH outcomes globally. It also recognizes how much more we can accomplish when we work together.

#### Project Partnership: Improved Service Delivery for Safe Motherhood Project (ISDSM) funded by the Sanofi Espoir Foundation

In July 2013, CAM was awarded funding by the Sanofi Espoir Foundation for a three year project (2013-2016) titled *Improved Service Delivery for Safe Motherhood: Strengthening & supporting midwifery in Tanzania (ISDSM)*. **M N**

ISDSM, a collaborative project being delivered by CAM and TAMA, applies a Twinning approach to strengthening the capacity of practicing, and re-engaged rural midwives to deliver quality emergency obstetric care in six districts of Tanzania. A harmonized



Roles & Responsibilities workshop, Dar Es Salaam, Tanzania October 2013



Participants of the inaugural TAMA Emergency Skills Training program in Musoma Rural District in Tanzania, August 2014



Canadian instructor Deborah Bonser observing participants during the Emergency Skills Training session in Musoma Rural District, August 2014



## STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)



Emmanuelle Hébert, CAM President Elect with students of the Institut Supérieur de Formation Sage-Femme in Port-au-Prince, Haiti, February 2014

adaptation of Canadian and Tanzanian emergency skills programs has resulted in the *TAMA Emergency Skills Training Program* - the only one of its kind - geared specifically to midwives in Tanzania.

Between August 2014 and September 2016, the new training program will be co-delivered by Tanzanian-Canadian midwife pairs across six districts of Tanzania.

At the outset of the project, CAM partner, Cuso International provided a long-term organizational development (OD) volunteer to support and mentor new staff in the TAMA office.

### Cuso International Partnership

The Pilot Partnership between CAM and Cuso International is currently being reviewed; both organizations are examining strengths, challenges, and potential opportunities. Many unique programming opportunities exist, and CAM is looking at how the synergy with Cuso International can best support CAM's long-term global initiatives.

### Association des Infirmières Sages-Femmes d'Haiti (AISFH)

CAM has been working in partnership with the AISFH since 2008 and has been actively fundraising for the association since 2009.

In February 2014, the UNFPA (United Nations Population Fund) funded a mission for two CAM representatives to Port-au-Prince in Haiti. Tonia Occhionero (CAM Executive Director) and Emmanuelle Hébert (CAM President Elect and faculty of the midwifery

program in Quebec) organized and facilitated a one day workshop on Association Leadership for the AISFH as requested by the association's Board of Directors. CAM delivered the workshop to 20 Haitian midwives.

During this trip, CAM representatives also met with the AISFH Board to discuss ways to effectively utilize the Ghislaine Francoeur Funds to support the association's work to strengthen the profession of midwifery in Haiti. Emmanuelle Hébert also met with faculty of the *Institut Supérieur de Formation Sage-Femme* (midwifery school). **o**

CAM continues to advocate for an official partnership between CAM, AISFH, UNFPA and UQTR to strengthen the association and the new midwifery school.

### Canadian Network Maternal, Newborn Child Health (CAN-MNCH)

CAM continues to be a key stakeholder on CAN-MNCH. The Network is comprised of more than 60 Canadian organizations who are actively engaged in global work related to maternal, newborn, child health. The Network has been given a mandate by the partner organizations to play a leadership role in developing synergistic collaboration among Canadian stakeholders. CAM attended the CAN-MNCH Symposium in October 2013 and continues to represent midwifery throughout the year. [www.can-mnch.ca](http://www.can-mnch.ca).

### International Day of the Midwife 2014: Midwives Sing

In anticipation of ICM's *Voices of Midwives* pre-Congress event in Prague, CAM invited all members and supporters to participate on May 5<sup>th</sup>, 2014 in a singing event to promote midwifery in Canada. Sarilyn Zimmerman, midwife in Toronto, wrote the lyrics of the Midwife Song to the melody of Amazing Grace and Angèle Trudeau, midwifery student in Quebec, translated the song into French. CAM received videos of midwives singing the song, from across Canada as well as Switzerland, Brazil, the United States, and Oman. The song has also been translated into German and Dutch.

### ICM Membership Assistance Fund

CAM continues to support the ICM membership assistance fund every year. CAM's donations go directly to covering the membership fees for disadvantaged national midwifery associations.

### ICM Triennial Congress, Prague 2014

The 30<sup>th</sup> Triennial Congress of the International Confederation of Midwives took place in Prague, Czech Republic from June 1<sup>st</sup> to 5<sup>th</sup>. Over 3700 participants from around the globe exchanged ideas, research, and best practices through workshops and lectures. Congress attendees included over 100 Canadian midwives, more than 25 of whom gave presentations, facilitated sessions, or presented posters.

### CAM Participation at the ICM Council and Congress 2014

#### ICM Council Meetings

Joanna Nemrava, CAM President and Emmanuelle Hébert, CAM President Elect represented CAM at ICM's four day Council meetings. The ICM Council is made up of two representatives from each member association. CAM participated in critical discussions affecting global midwifery and participated in ICM's strategic planning process.

In advance of the Congress, CAM submitted an 'ideas piece' to ICM, which highlighted the need for international Protocols to guide project and/or partnership development for ICM member associations. Informed by CAM's experience working with associations, governments, and NGOs internationally, the Protocols would support associations to grow at their own pace, and according to their own objectives when engaging with other groups globally.

#### Voices of Midwives pre-Congress Event

Canadian midwives made up one of three choirs that sang in Kampa Park at the pre-Congress event *Voices of Midwives*. The event broke the world record for midwives singing together; a total of 1563 midwives sang to bring attention to maternal and infant health around the world.

### CAM Exhibit at ICM

Throughout the Congress, midwife volunteers were present at the CAM Exhibit booth, intended to promote the ICM 2017 Congress in Toronto. CAM, with support from the Association of Ontario Midwives and Toronto Tourism, provided information on traveling to Toronto to thousands of midwives from around the world. CAM sold many “Made in Canada” items, with all profits going towards the *Deliver Midwives to the 2017 ICM Congress Fund*. **P**

### CAM Closing Ceremonies Presentation

As the hosts of the next ICM Congress (Toronto 2017), CAM was given the honour of presenting the final fifteen minutes of the Closing Ceremonies of the ICM Congress in Prague. Created by artists Clea Minaker and Andréa de Keijzer, CAM presented a beautiful montage of video and shadow puppetry on the subject of supporting women through birth. **Q**



Canadian midwives perform at the 2014 ICM Congress Closing Ceremonies Prague, Czech Republic

## STRENGTHEN THE ORGANIZATIONAL CAPACITY OF CAM



### Continuance under the new Canada Not-for-profit Corporations Act

CAM applied for and received the required Certificate of Continuance to comply with the new Canada Not-For-Profit Corporations Act. Federally incorporated organizations such as CAM had until October 2014 to apply. The Certificate of Continuance replaces the association’s Letters Patent. The new Articles of Continuance and revised bylaws were adopted by members at the 2013 annual general meeting.

### Past Presidents Advisory Committee

Following a thorough review of the role of CAM Past Presidents by the CAM Governance Committee, the CAM Board created the Past Presidents Advisory Committee. All Past Presidents of CAM are invited to participate on this committee. The purpose of the Past Presidents Advisory Committee is to help preserve the institutional memory and knowledge of CAM, and take advantage of the experience of its Past Presidents after their term of office has ended. The mandate of the committee is

to provide advice and guidance to the CAM Board on policy and procedural matters, as requested. Committee members met for the first time in November 2013. The committee will continue to meet minimally once per year during the CAM conference.

### CAM Board of Directors

The CAM Board of Directors continues to meet 8 times per year (7 meetings via teleconference and one two and a half day Board Intensive prior to the CAM annual conference). All 13 provinces and territories, the National Aboriginal Council of Midwives, and student midwives are represented on the CAM Board of Directors. The Executive Committee includes the President, Vice President, Secretary and Treasurer and a President Elect every second year.

### CAM Staff

The CAM office is staffed by six motivated permanent employees, a part time book keeper, accountant and a number of external consultants.

Staff include; an Executive Director, an Administrative Assistant, a Communications Coordinator, the NACM Coordinator, an International Projects and Partnerships Manager and an Events Coordinator.



CAM Exhibit at the 2014 ICM Congress



Voices of Midwives Event Prague 2014



# NATIONAL ABORIGINAL COUNCIL OF MIDWIVES OVERVIEW



**NACM**  
NATIONAL ABORIGINAL  
COUNCIL OF MIDWIVES



Graduates from the Introduction to Aboriginal Midwifery, Postpartum workshop offered at Six Nations

Nathalie Pambrun and Carol Couchie at the ICM Congress in June 2014



The National Aboriginal Council of Midwives (NACM) continues to participate actively with CAM on a national advocacy campaign supported by National Public Relations (PR) (see p.6-7 for more information). The federal recognition and funding of midwifery services, one of the four goals of this campaign, is an issue that is vitally important to ensure that midwifery services are accessible to Aboriginal communities. National PR has been helping the NACM leadership establish strategic relationships with the Government of Canada. In February, the NACM Co-chairs, Kerry Bebee and Ellen Blais, and CAM President Joanna Nemrava attended meetings with key MPs and senior bureaucrats in Ottawa to further advance these relationships.

In 2013-2014, NACM completed a project entitled *Circle of Care - Increasing First Nations, Inuit and Métis Communities' Access to Aboriginal Midwifery*. The goal was to increase the number of Aboriginal midwives able to practice in Aboriginal communities. This was the third project funded by the Aboriginal Health Human Resources Initiative (AHHR). Building on the 2011 and 2012 projects, this project resulted in two major deliverables. First, it enabled NACM to develop and deliver a series of workshops (Introduction to Aboriginal Midwifery) which aimed to create new health career opportunities with a specific focus on maternity care, to promote a better understanding of the lifestyle required to work as a midwife and to provide culturally-specific training for aspiring Aboriginal midwives. The first workshop offered a postpartum doula training and was organized in partnership with the Tsi Non-we Ionnakeratstha Ona:grahsta' Birthing Centre on the Six Nations of the Grand River Territory. The second workshop took place in April in Montreal with the support of Alternative Naissance and offered labour support training for Inuit women. The goal was to create a network for Inuit women who are transferred south from the Nunavik maternities.

Secondly, the project resulted in the creation of a student guidebook, called *Caring for the Caregiver: Aboriginal Midwifery Student Guidebook* which aims to promote midwifery as a career choice for Aboriginal youth and to support aspiring and current student midwives. The Guidebook is being distributed in print format at student events and meetings and online through the NACM website. This resource builds upon NACM's existing pamphlets, posters and videos.

Each of these projects has served to strengthen initiatives undertaken in the two previous years, continuing to foster relationships and promote the organization and profession of Aboriginal midwifery.

In addition to these projects, NACM also further advanced its mission to bring birth and midwifery care back to communities through the revision and expansion of the Aboriginal Midwifery Toolkit which is comprised of the key documents, presentations, videos, and other materials developed to date. The printed version of the Toolkit was updated and revised and the online Toolkit was completely re-designed to improve user navigation ([www.nacmtoolkit.ca](http://www.nacmtoolkit.ca)). The Toolkit was launched in Montreal and Toronto in partnership with local Indigenous organizations. These events helped build bridges with local communities and garnered further media attention for NACM's work.



Lauren Redman and Ace Porter at the Vancouver Soaring Conference in May 2014





Joyce Leaf and Jasmine Benedict at the Montreal Toolkit Launch in March 2014



Melissa Brown and Nathalie Pambrun at the Winnipeg Soaring Conference in March 2014

### NACM's Membership

The National Aboriginal Council of Midwives (NACM) represents the voices of First Nations, Inuit and Métis midwives and midwifery students in Canada. The membership continues to grow and there are currently 75 NACM members, of which 21 are students. NACM is proud to say that 5 students have graduated this year, helping to grow the number of Aboriginal midwives practicing in a diversity of settings. A detailed list of all educational programs can be found at [www.aboriginalmidwives.ca](http://www.aboriginalmidwives.ca).

The number of Aboriginal practices has also grown in the last year. Currently, there are 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 online at [www.aboriginalmidwives.ca](http://www.aboriginalmidwives.ca).

In November 2013, NACM held its annual Gathering in Ottawa. This three-day event consisted of meetings for NACM members to vision, share knowledge and learn from Elders. It was a wonderful opportunity to hear presentations by renowned speakers, including Kim Anderson, Leanne Simpson and Jessica Danforth.

NACM continued to work closely with the AOM as part of the Coalition for Access to Aboriginal midwifery in Ontario. In addition, a Coalition for Access to Aboriginal midwifery in Quebec was launched, holding its first meeting in August.

NACM Elder Darlene Birch received the Oscar Lathlin Memorial Award on June 19th in Winnipeg, in recognition of her lifelong devotion to Aboriginal women and families in Manitoba.

NACM members were also involved in several conferences. NACM participated in Inspire Soaring Career Conferences in Edmonton (November, 2013), Winnipeg (March, 2014) and Vancouver (May, 2014). NACM members attended each event, gave presentations on the career of midwifery and engaged with Aboriginal high school students attending the conferences.

At the AOM's Annual Conference in May 2014 NACM member Sara Wolfe gave two presentations. NACM Elder Katsi Cook was a keynote speaker. Also in May, NACM past co-chair Nathalie Pambrun presented at the ICM Conference in Prague, showcasing NACM's work to the global community.

In 2014 NACM received a grant from the Foundation for the Advancement of Midwifery (FAM), to develop new multimedia resources to promote the practice of Aboriginal midwifery. As a result, 10 short video clips were developed, each focusing on a specific theme, such as breastfeeding or the path to midwifery.

NACM also received a third round of funding through the Aboriginal Health and Human Resources Initiative (AHHRI). This funding enabled NACM to continue its vital work of supporting the development of Aboriginal midwifery and the continued dissemination of information to communities wanting to bring birth services closer to home.

# PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

## ALBERTA

**Overview of Midwifery in Alberta:** There are currently 86 Registered Midwives in AB: 51 in Calgary area, 23 in Edmonton area and 12 in rural Alberta.

**Education:** There are now a total of 48 midwifery students in the Bachelor of Midwifery (B. Mid.) at Mount Royal University in Calgary. This is the only midwifery education program offered in Alberta, an important step in filling the growing demand for midwifery services. The first cohort of 9 midwives will be expected to graduate in Spring 2015.

**Regulation:** The College of Midwives of Alberta has been in operation as of January 2013. The Registrar, President, and committee members continue to work at reviewing and updating the midwifery regulation documentation for Alberta.

**Accomplishments:** The Alberta Association of Midwives (AAM) continues to work on communication strategies and has formed a Communications Committee to liaise with consumer groups, other maternity care practitioners, and government representatives.

**Government Relations:** As our current agreement for funding expires March 31, 2015, we are about to begin the process of negotiating the next agreement between our government and association. We continue to be the fastest growing medical profession in Alberta, at a growth rate of 17% per year. We anticipate the new agreement will continue to accelerate the growth of midwifery in the province, to meet the demands of consumers for midwifery care.

[Alberta-Midwives.com](http://Alberta-Midwives.com)

## BRITISH COLUMBIA

**Overview of Midwifery in BC:** At present, there are 224 practicing Registered Midwives in BC. Midwives are autonomous self employed care givers currently attending 16% of the province's births.

**Association:** The Midwives Association of BC (MABC) continues to exercise strong leadership in the promotion of the midwifery profession and in the protection of the vested interests of its members. The Board consists of four executive and six general board members.

**Education:** The midwifery Education Programme at UBC continues to admit 20 new students annually. This year we celebrated the graduation of aboriginal midwife Lauren Redman from UBC.

**Regulations:** The College of Midwives of BC has been the regulatory body for the profession since 1998. After 16 years of service, Registrar Jane Kiltz celebrated her retirement in May. We are currently recruiting a new registrar. Midwifery services in BC continue to be funded through the BC Medical Services Plan.

**Accomplishments:** The MABC has successfully liaised with Seabird Island Reserve to bring midwife Amelia Doran on as a salaried midwife working with the Maternal Child Health Team. The MABC also awarded three Midwifery Rural Start Up Grants to midwives in Hazelton, Powell River & Haida Gwaii. In its first year, the Rural Midwifery Locum Program had an adoption rate among eligible midwives of 35%.

**Professional Development:** The MABC and CMBC have begun the first steps of the Midwifery Scope & Model of Practice review by contracting a midwife to produce an updated literature review and comparison of midwifery scopes, models and standards of practice. Two expanded scope of practice certifications programs have been launched: Acupuncture Pain Management for Labour & the Immediate Postpartum and Hormonal Contraceptive management. The CMBC has also partnered on a pilot project to train midwives to insert intra-uterine-contraceptives.

**Government Relations:** In January the MABC launched their Vision campaign. The Vision: expanding services to ensure midwives attend 35% of BC Births by 2020 and fully integrating midwifery services into BC's health care system to increase access to maternity care in rural and First Nations communities, improve health outcomes and reduce health care costs. The media reception was very positive and by June the Vision document alone had been viewed 11,000 times and 1119 e-postcards in support of the Vision had been sent to MLAs! We entered contract negotiations with the Ministry of Health in May, however we have been unable to reach an agreement and the MABC has given the BC Ministry of Health 90 days notice to terminate the MABC Midwifery Master Agreement on October 7, 2014. Members also voted to withdraw Clinical education services (preceptoring) to students of all health care disciplines. We are currently undergoing a media campaign to garner support- for information on how you can help please see: [www.bcmidwives.com/contract-negotiations](http://www.bcmidwives.com/contract-negotiations)

**Research:** UBC Postdoctoral Fellow Kathryn Stoll is leading an evaluation of Midwifery Pilot Projects to Serve Women with Diverse Needs. Vancouver Foundation grant research project lead by UBC entitled 'Changing Childbirth In BC' which will explore issues of demand, access and consumer choice with regards to midwifery care in BC, is ongoing.

[www.bcmidwives.com](http://www.bcmidwives.com)

## MANITOBA

**Overview:** Midwifery has been regulated since June 2000. There are currently about 55 practicing midwives and 16 non-practicing midwives. Manitoba midwives work in a variety of settings including: clinic, home, birth centre, and hospital. Midwives are employees of the Regional Health Authorities (RHA), and are represented by three different unions in the province. Four out of five RHA's provide midwifery services.

**Association:** The Midwives Association of Manitoba (MAM) has about 20 full members. Association membership continues to be voluntary. MAM is currently working on building its membership and advocating for midwifery relating to education and workforce. MAM continues to offer Emergency Skills Workshops to midwives, in addition to facilitating continuing education sessions. Members of MAM also receive supplemental liability insurance through HIROC.

For many years Manitoba has struggled to fill all vacant midwifery positions, to the extent that Manitoba Health and the Regional Health Authorities have not increased the number of midwifery positions in Manitoba. We are currently at around 55 midwives that are actively working. However, all permanent positions in Manitoba are now filled, leaving new graduates, new IEMs and midwives from other provinces to either work in term positions or seek employment in other provinces. MAM has been actively lobbying the Manitoba Government to create new positions. Through the lobbying effort, MAM was able to secure new term positions in the interim for the new graduates but are still working at making these positions permanent. We are a long way from a workforce of 200 midwives that was initially envisioned in 2000.

**Education:** Until recently, the University College of the North was responsible to deliver midwifery education in Manitoba. Intake of students however has been suspended. The University of Manitoba and the University College of the North are discussing changes to the delivery of midwifery education. The next student intake will be in September, 2015.

**Regulation:** The College of Midwives of Manitoba (CMM) is the regulatory body. The CMM registers graduates of accredited Canadian university programs and internationally educated midwives that have completed either the International Midwifery Pre-Registration Program (IMPP) or the Manitoba Transitional Assessment and Gap Training (TAGT) program.

**Accomplishments:** Manitoba was able to register 2 internationally educated midwives this year through the Transitional Assessment and Gap Training (TAGT) program and will be assessing another group this fall. This program is currently in its last year of funding with permanent funding still pending. We also had 7 graduates this spring from the University College of the North's (UCN) Kanaci Otinawawasowin Bachelor of Midwifery program and are happy to report that we have been able to retain 6 to practice in the province.



## NEW BRUNSWICK

**Overview of Midwifery in NB:** In New Brunswick, midwifery legislation exists but there is no commitment by the provincial government to fund or to implement the profession. Midwives cannot register to practice in New Brunswick and there is no midwifery education program in Atlantic Canada.

**Association:** The Midwives Association of New Brunswick (MANB) membership includes 5 registered midwives currently working in other provinces and 7 students.

**Accomplishments:** During this past year, MANB successfully lobbied the government to fund and reinstate the New Brunswick Midwifery Council and to include a midwife on the province's newly formed Perinatal Health Advisory Committee. This was achieved in March of 2014.

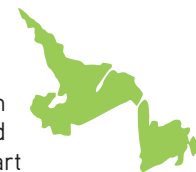
The demand for publicly funded, legislated midwifery is growing in New Brunswick and media attention is increasing. MANB liaises with the newly formed consumer group *Familles pour les sages-femmes au NB / NB Families for Midwives*. The group meets regularly and is currently lobbying all four political parties. Both the NDP and the Green Party have included Midwifery as part of their electoral platforms. The consumer group is also doing public education through media releases and social media, and encouraging members to meet with their MLAs, attend political debates, and engage in dialogue about midwifery. To join the consumer group's listserve, write to [famillesNBfamilies@gmail.com](mailto:famillesNBfamilies@gmail.com). You can also find the consumer group on Facebook.

The Midwives Association of New Brunswick Facebook page is: [www.facebook.com/NewBrunswickMidwives](http://www.facebook.com/NewBrunswickMidwives)

## NEWFOUNDLAND & LABRADOR

**Overview of Midwifery in NL:** Midwifery in Newfoundland and Labrador remains unregulated but there have been some developments this past year. In February 2014, the Minister of Health released the Midwifery Report that was developed by midwifery consultants in 2013. The Minister announced that there would be progress toward regulating midwifery in Newfoundland and Labrador. So far the government has appointed an Implementation Coordinator and the first Implementation Committee meeting took place in September 2014. AMNL looks forward to progress toward regulation in the coming year.

**Association:** The Association of Midwives of Newfoundland and Labrador (AMNL) currently has 12 members located across the country.





## PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

The AMNL President and CAM representative is Ann Noseworthy, the Treasurer is Pamela Brown, the Secretary is Karene Tweedie and Pearl Herbert looks after Public Relations.

**Accomplishments:** Earlier this year, the association launched a new website [www.amnl.ca](http://www.amnl.ca). AMNL was invited by the consumer group *Friends of Midwifery* and supporters to celebrate International Day of the Midwife. Pearl Herbert and Kay Matthews continue to participate on the Health Professionals Council working toward regulations for Midwifery. Ann Noseworthy has been invited to participate on the Implementation Committee for Midwifery in NL.

[www.amnl.ca](http://www.amnl.ca)

### NORTH WEST TERRITORIES

**Overview of Midwifery in the NWT:** The Midwifery Program in Fort Smith is in its tenth year of operation and the successes of midwifery-led maternity care in Fort Smith were reported at the Healthy Mothers and Healthy Babies Conference in Vancouver in February 2014. At last, a new midwifery program is getting off the ground this fall in Hay River where two midwives will begin offering comprehensive maternity care services early in 2015. Further expansion of midwifery services into selected communities in the NWT continues to be a subject for review and planning at the Department of Health and Social Services where a new consultant has been hired for an 18 month term.

**Association:** The Midwives Association of the NWT looks forward to expanding its membership with the arrival of the Hay River midwives! Lesley Paulette remains the current President of the Association; Tracy Pittman, vice-president will be leaving the NWT this fall to return to practice in Ontario. The Midwives Association of the NWT is represented on the NWT Maternal Perinatal Committee, the Canadian Midwifery Regulators Consortium (CMRC), and holds a seat on the CAM Board.

**Regulation:** The Midwives Association plays a key role in the NWT Advisory Committee on Midwifery which, in the absence of a midwifery college, provides expert advice to the Minister of Health on matters pertaining to midwifery regulation. This year the Screening and Diagnostic Tests Regulation to the Midwifery Profession Act was amended, allowing among other things for an expanded scope for midwives performing point of care ultrasound as well as ordering x-rays. This year the Advisory Committee has worked towards the revision of the pharmacy list for midwives and the development of a standard for prescribing and administering drugs, including controlled substances. This work remains in progress.

**Government Relations:** The Department of Health in consultation with the Midwives Association of the NWT continues to look at ways

to encourage the recruitment of midwives from across Canada to work in the NWT, as well as to support the education and development of midwifery students from the NWT who are currently enrolled in Canadian midwifery education programs. A long term goal of the Association continues to be the exploration of pathways for northern midwifery education.

[www.hltss.gov.nt.ca/english/services/professional\\_licensing/midwifery.htm](http://www.hltss.gov.nt.ca/english/services/professional_licensing/midwifery.htm)

### NOVA SCOTIA

**Overview of Midwifery in NS:** There are nine registered midwives working in a clinical capacity in Nova Scotia within three of the District health authorities.

**Education:** There are currently no midwifery education programs in Nova Scotia or in any of the Atlantic provinces. Midwives have been preceptors for students within Canadian midwifery education programmes.

**Association:** As the local professional body, ANSM supports the sustainability and growth of midwifery in the province, the Atlantic region, the country, and beyond. The Nova Scotia Department of Health and Wellness has shown commitment to midwifery in the province. The ANSM hopes to see this support continue in the three health districts with midwifery, and to see expansion into regions in the province that are currently without midwives.

**Accomplishments:** An external assessment was requested by the Department of Health and Wellness to provide advice about Nova Scotia's midwifery program in general as well as site specific recommendations. The report, *Midwifery in Nova Scotia: Report of the external assessment team*, was published in July 2011. Following its release, a Midwifery Action Plan was announced by the Minister of Health and Wellness in the House of Assembly on December 7, 2011. A key action of the plan was the establishment of a Provincial Midwifery Practice Specialist, and this position was filled in 2013. The report also recommended the hiring of second attendants, and a substantial increase in full-time midwifery positions by 2017. Currently, there are second attendants for home births in the Halifax district, and there are no plans for further increases to the number of employed midwives in Nova Scotia.



## NUNAVUT

**Overview of Midwifery in Nunavut:** The midwives at Rankin Inlet Birth Centre cared for about 100 women last year with 35 births occurring in Rankin Inlet. Due to staff shortages, community outreach visits throughout Kivalliq region were decreased, however the emergency skills of midwives were utilized on numerous Medevac accompaniments with acute high risk situations.



Both Rankin Inlet and Cambridge Bay have open Regional Manager, Maternal Newborn Services positions, and the occasional need for locum coverage. Iqaluit hired a full time midwife who has been making progress on implementing midwifery in Iqaluit. There have been five midwife attended births at the Qikitani General Hospital, with another 5 expected soon. The full time midwifery position in Iqaluit will be open again in October, 2014. Midwives continue to do prenatal outreach visits to the 4 other communities in Kitikmeot region.

A full time Territorial Maternal Newborn Health Services Coordinator has been hired in Iqaluit to develop and support midwifery services in Nunavut. There are 6 full time midwives employed in Nunavut, with about 6 to 10 midwives doing regular locums throughout the territory.

**Education:** Two midwives graduated with a three year Diploma of Midwifery after successfully completing the Nunavut Arctic College Midwifery Program and passing their CMRC exams. Their new registrant year will be done in Cambridge Bay at the Kitikmeot Regional Birthing Centre, where over 150 women and babies have been cared for and over 45 births have occurred since opening in 2010.

There is no intake of students to the Nunavut Arctic College Midwifery Education Program in 2014, pending an evaluation of the program.

## ONTARIO

**An historic year for midwifery in Ontario:** 2014 is an historic year for midwifery in Ontario. In 1994, the Ontario government legislated midwifery as a health care profession, extended public funding for midwifery care and recognized the sovereign practice of Aboriginal midwives. Over the past twenty years, midwifery has grown from 60 midwives in 20 clinics to more than 700 midwives practicing in 100 clinics across the province. Since the profession became regulated, midwives have attended more than 180,000 births.



During the AOM's annual conference in May, the association recognized pre-legislation midwives and the supporters who paved the way for regulation. Indigenous nations and Aboriginal midwives were acknowledged for bringing birth back to their communities and empowering women and families.

A new awards program was introduced at the conference. Midwives Eileen Hutton and Vicki Van Wagner were recipients of Lifetime Achievement awards, Markham Stouffville Hospital and Trillium Health Partners won Hospital Integration awards, and Globe and Mail journalist André Picard was presented with the Media award.

**Overview of midwifery in ON:** The AOM worked to bring about improvements at a system level to the integration of midwives into hospitals by participating in a Ministry of Health-led initiative that brought the AOM, the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) together for joint meetings. The first of these meetings was held in December 2013.

**Government Relations:** In April 2013, the government tabled a contract offer that included funding for the continuation of professional development and locum funding, as well as new initiatives such as funding for home birth supply kits and small practice group administration. The offer did not include a plan to address pay equity. In order to continue to provide care to pregnant clients, midwives ratified this contract while telling the government that, in doing so, they would be pursuing a legal challenge regarding the failure to provide equitable compensation.

With strong leadership from the AOM's Board of Directors (BOD) 87% of midwives voted to take legal action on pay equity and to fund the action through a special levy. On November 27, 2013 the AOM filed an application with the Human Rights Tribunal of Ontario (HRTO) over the government's refusal to comply with pay equity for midwives. The case is ongoing.

**Clinical Practice Guidelines:** A new clinical practice guideline, *Group B Streptococcus: Prevention and Management in Labour*, is now available. This is the first CPG to use the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to guideline development. An e-learning module was created for an existing CPG – *The Management of Women with High or Low Body Mass Index*.

**Accomplishments:** Two new, midwifery-led birth centres opened their doors early in 2014. The Toronto Birth Centre and the Ottawa Birth and Wellness Centre are funded by the Ontario Ministry of Health and Long-Term Care and were designed and developed by midwives who worked closely with local hospitals, Emergency Medical Services and other community partners and stakeholders. The birth centres are accessible to midwives and midwifery clients in those cities. There are now three birth centres in the province. Midwives at Tsi Non:we Ionnakeratstha Ona:grahsta', located on the Six Nations of the Grand River Territory, have been providing care to women and families since 1996.

[OntarioMidwives.ca](http://OntarioMidwives.ca)  
[aom.on.ca](http://aom.on.ca)

## PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

### PRINCE EDWARD ISLAND



**Overview of Midwifery in PEI:** Midwifery is not regulated and there are no practicing midwives in Prince Edward Island (PEI).

**Association:** The Prince Edward Island Midwifery Association (PEIMA) has six members.

**Regulation:** In May, the government advised PEIMA that midwives registered in other provinces would not be allowed to practice in PEI while waiting for PEI midwifery regulations.

In June, the Minister of Health and Wellness of Prince Edward Island met with Emmanuelle Hébert, CAM President Elect to discuss the implementation of midwifery in the province. Concerns regarding the Prince Edward Island Health Professions Act were discussed. PEIMA is currently in the process of revising their application for regulation under that PEI Health Professions Act and raising funds for the application fee.

PEIMA is hopeful that PEI families will soon have the option of accessing midwifery care as families in most provinces and territories across Canada.

### QUÉBEC



**Overview of Midwifery in Québec:** Midwifery in Québec is practiced primarily in birthing centres where midwives provide comprehensive maternity care. Québec women choose to give birth in one of three settings: in birthing centres (about 80%), at home (about 15 to 20%) or in hospital (about 1 to 2%).

There are presently 13 birthing centres and midwifery services established in Québec which tend to 2 to 3% of all births. According to two surveys carried out in 2005 (SOM) and 2010 (CROP), 25% of Québec women would prefer giving birth outside the hospital setting. There is still much to be done to respond to the needs of women and families in the province. Over the last year, two Montreal region development projects were submitted to the Ministry of health and social services (known as the MSSS). A number of other projects are also being developed in various regions of the province.

Québec midwives are self-employed professionals under service contracts with CSSSs (health and social services centres). They are remunerated on a salary basis and enjoy employee benefits such as leaves (vacation, sickness, holiday, and maternity) and a retirement plan. The agreement between the RSFQ (*Regroupement des sages-femmes du Québec*) and the MSSS – which governs the work conditions of midwives – was renewed on April 1, 2014. This new agreement provides for, among others, improved remuneration for

on-call hours, a professional development budget, recognition of post graduate studies, improved allowances for those administrating midwifery services, and for non-paid leaves.

**Nunavik:** The practice of midwifery in Nunavik is unique in the province. Midwifery services were initiated there in 1986, years before it was legalized in Québec in 1999. There are currently four midwives in Kujjuaq (Ungava Bay) who are also members of the RSFQ. Modeled on the training program offered in Hudson's Bay, they also have a training program which was established in August 2013 with one student. In the territory surrounding Hudson's Bay, midwives work out of three different locations, with eight Inuit midwives trained by the community based program. There are currently 13 students enrolled in this training program.

**Education:** The province offers one four and a half year Bachelor of midwifery education program Midwives at the Université du Québec à Trois-Rivières ([www.uqtr.ca](http://www.uqtr.ca)). There are currently 82 students enrolled in the program, including 20 new admissions. In 2014, 21 new midwives will graduate from the program.

Since 2008, UQTR also offers a 30-credit certificate for internationally trained midwives who wish to practice in Québec.

Since 2009, midwives trained in France benefit from a mutual recognition arrangement (MRA) adopted by France and Québec. 14 students are currently enrolled in this bridging program.

**Association:** The RSFQ has 174 midwife members and 44 student-midwife members. The association is happy to report that the RSFQ team has grown this year to include a development officer and an additional support staff person.

**Accomplishments:** The new Midwifery Development and Staffing Advisory Committee began its mandate in the fall of 2013. It convenes the primary stakeholders involved in the profession's development, namely the midwifery organizations (RSFQ, OSFQ, UQTR, and La Coalition) and the MSSS.

This fall, the MSSS will publish terms of reference for the development of new birthing centres – a much awaited document.

On May 5, 2014, a campaign was launched regarding the lack of access to birthing centres and to midwifery services, entitled "*Pas de sages-femmes, faites-vous entendre!*" For every woman endorsing the campaign, a letter is sent to CSSSs, the regional health authorities, and to the MSSS to demand increased access and increased services.

[www.rsfq.qc.ca](http://www.rsfq.qc.ca)



---

## SASKATCHEWAN

**Overview of Midwifery in SK:** Currently, midwifery is available in three of the province's health regions and at one First Nations Hospital, in Fort Qu'Appelle. The demand for midwifery services continues to exceed availability.

There are currently 15 registered midwives, all working in urban areas.

Homebirth rates are variable across the province. Saskatoon has an approximately 50% rate and Regina is at 17%.

The Saskatoon Health Region has been piloting a program for second attendants at home births which has been met with positive feedback.

**Education:** The Midwives Association of Saskatchewan is working closely with the University of Regina to explore the possibility of a Bachelor's degree program in midwifery, with a particular focus on Aboriginal midwifery.

**Association:** The Midwives Association of Saskatchewan is pleased to have launched its new website this year. We look forward to hosting the CAM 2014 conference in Saskatoon.

Representatives from the Association have been working hard with the Health Sciences Association of Saskatchewan to finalize the details of our unionization agreement.

**Accomplishments:** We are awaiting amendments to our bylaws to allow broadened prescriptive powers.

Fort Qu'Appelle gained a midwife this year, making it possible to offer home births. They also began offering births at their low-risk maternity care and birthing centre.

[www.saskatchewanmidwives.com](http://www.saskatchewanmidwives.com)



## YUKON

**Overview of Midwifery in YT:** Yukon Territory still does not recognize Canadian Registered Midwives. There is currently one Registered Midwife residing in the territory. She is working hard to find a way to allow for the option of midwifery to be available to the women and families in Yukon. There is also one home birth midwife practising in the territory.

While the Yukon Party has said that they do not have the capacity to focus on the legislation of Midwifery and that there are other priorities for them to attend to, there is still sufficient public interest in having Registered Midwives available to mother's and family's in the territory. We hope to be able to share more within the coming months.

**Association:** The Community Midwives Association of Yukon has 5 members. Our president is Kathleen Cranfield, RM.



# 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 all 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/year.
- Members receive *The Pinard*, CAM's E-newsletter published in both English and French 3 times/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. **Associate membership:** you are a midwife who resides in a province or territory where no provincial or territorial midwifery association exists.
3. **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.
4. **Allied membership:** you are not a midwife but wish to support the vision of CAM. Allied memberships are non-voting memberships.
5. **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](http://www.canadianmidwives.org) or contact the CAM office at [admin@canadianmidwives.org](mailto:admin@canadianmidwives.org).

### CONTACT:

CANADIAN ASSOCIATION  
OF MIDWIVES

59 Riverview  
Montreal, Quebec H8R 3R9  
Tel: 514-807-3668

[admin@canadianmidwives.org](mailto:admin@canadianmidwives.org)  
[canadianmidwives.org](http://canadianmidwives.org)