

2011-2012

ANNUAL REPORT

CANADIAN
ASSOCIATION
OF MIDWIVES



CAM
ACSF

Canadian Association of Midwives
Association canadienne des sages-femmes

PRESIDENT'S MESSAGE



Anne Wilson
CAM President 2011-2012

As the profession of midwifery in Canada grows, so too does the work of CAM. This year, national advocacy has been one of our primary areas of focus, as it becomes ever more important for midwifery to be represented at the federal level. Through our membership in HEAL (The Health Action Lobby), a group whose membership includes the entire spectrum of health care providers, a wider audience of Canadian politicians have been exposed to information on the benefits of midwifery. It nevertheless remains challenging, in this current political climate, to engage the federal government in any meaningful way regarding the importance of maternity care in general and midwifery in particular. We continue to champion the need for access to maternity care in Canada's rural and remote populations, especially in Aboriginal communities. We are working, along with the National Aboriginal Council of Midwives and our national Regulator and Educator groups, to change federal regulations so that midwifery is a recognized profession. This would make it possible for midwives to work in communities where the federal government is responsible for health care.

Our joint Conference with the Midwives Alliance of North America in November 2011 was one of our most successful conferences to date. Over 600 delegates gathered from across Canada, the United States, Mexico and around the world to cross pollinate, share ideas, experiences and links. We have started the preliminary planning for the 31st Congress of ICM in Toronto in 2017. Over the next five years, we will be asking for your help in various committees. Please watch for the calls for interest and volunteer. It will be an amazing and unique opportunity.

Our global outreach work is also expanding. During the past year, we were invited to participate in the second round table of the Muskoka initiative, which has greatly helped to strengthen our ties with the Canadian International Development Agency (CIDA). As a result, we were invited to present on midwifery to the staff at CIDA, a wonderful opportunity to open dialogue. Our ties with the midwifery association in Haiti continue to solidify and grow. Our ICM-sponsored twinning project with Tanzania is moving forward, and we succeeded in securing funding to enable our Tanzanian colleagues to join us at this year's conference. CAM's International committee has created a database of the global experiences of CAM members and we have been contacted by several NGO's who want to work with Canadian midwives. With some assistance from the Association of Ontario Midwives, we have been able to create a position for a Grants & Partnership Advisor. This position has provided much needed logistic and technical support for securing grants and drafting project proposals.

I would like to thank our Board of Directors, Committee and Working Group members and other volunteers who give so generously of their time to further the strategic directions of CAM.

Lastly, to our Executive Director Tonia Occhionero and her tireless staff who support our activities and help us to achieve our goals, it has been a privilege and a pleasure to work with you throughout this busy year.

A handwritten signature in black ink, appearing to read 'A. Wilson'.

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. The CAM Board will be entering a new phase of strategic planning in 2013-2014. The CAM Board is developing a policy to ensure that all voting members are consulted and are given an opportunity to contribute to the planning process.

BOARD OF DIRECTORS NOVEMBER 2011

Top row left to right: Jessica Coleman NB, Joyce England PEI, Claudia Faille QC, Jessica Bailey SK, Lesley Paulette NWT, Katrina Kilroy ON, Emmanuelle Hébert Secretary, Megan Wilton MB, Carol Couchie NACM, Melissa Bevan NS, Kay Matthews NL, Chantal Gauthier-Vaillancourt Student Rep

Bottom row left to right: Joanna Nemrava BC/Vice President, Anne Wilson President, Jane Erdman Treasurer

Missing from photo: Jane Baker AB, Amanda Tomkins NU, Kathleen Cranfield YK



← 2011-2012 STAFF

Annie Hibbert, *Administrative Assistant*

Tonia Occhionero, *Executive Director*

Eby Heller, *Project/NACM Coordinator*

Jill DeWeese-Frank, *Events Coordinator*

Pauline Bondy, *Grants & Partnerships Advisor*

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.

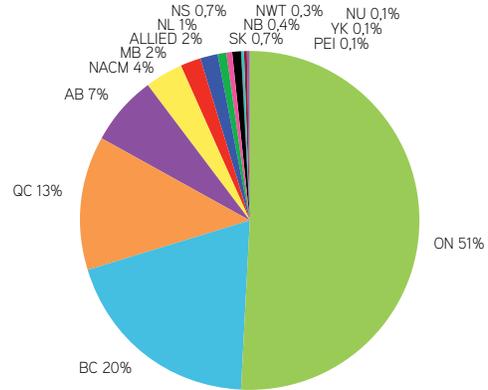
CAM VISION STATEMENT

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.

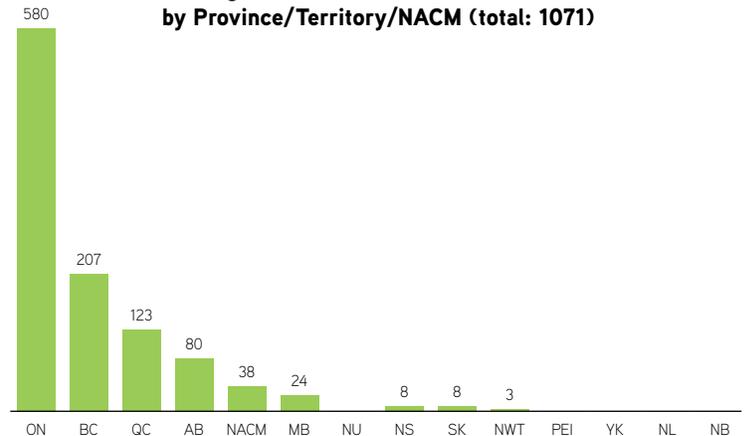
THE CANADIAN ASSOCIATION OF MIDWIVES BELIEVES THAT:

- 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.

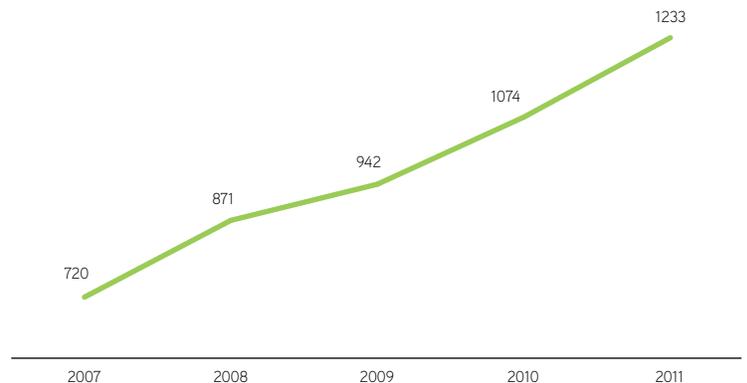
CAM Membership by Province/Territory/NACM (total: 1233)



Practicing Midwife and Student CAM Members by Province/Territory/NACM (total: 1071)



CAM Membership Growth 2007-2011



CAM COMMITTEES

2011-2012 CAM COMMITTEES

CAM International Committee (CIC)

Chair: Moya Crangle (ON)
Anne Wilson (CAM President),
Beverley O'Brien (AB),
Cathy Ellis (BC),
Kelly Dobbin (ON),
Genevieve Romanek (ON)
Bridget Lynch (ON)

National Emergency Skills Committee (ES)

Chair: Jane Baker (AB)
Anne Wilson (CAM President),
Valerie Perrault/Sinclair Harris (QC),
Leslie Viets/Esther Willms (ON),
Kim Campbell (BC),
Beckie Wood (MB, Past Chair),
June Friesen (SK)

Ghislaine Francoeur Fund (GFF)

Chair: Karyn Kaufman (ON)
Anne Wilson (CAM President),
Sinclair Harris (QC),
Barb Scriver (AB),
Denyse Campeau (CFWH)

Governance Committee

Joanna Nemrava (CAM Executive)
Emmanuelle Hébert (CAM Executive)
Katrina Kilroy (CAM Executive)
Joyce England (CAM Board)

Advocacy Task Group

Anne Wilson (CAM President)
Joanna Nemrava (CAM Executive)
Kris Robinson (CMRC)
Lesley Paulette (NACM)
Vicki Van Wagner (CAM-ED)
Rachel Olsen (Expert Researcher)

CJMRP Management Committee

Patricia McNiven (Editor),
Kathrin Stoll (Editor),
Leanne Piper (CJMRP),
Eby Heller/Tonia Occhionero (CAM Staff),
Jane Erdman (CAM Treasurer)

ICM Host Association Planning Committee

Chair: Anne Wilson (CAM President)
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)

Model of Care Position Statement Working Group

Anne Wilson (CAM President),
Joanna Nemrava (CAM Executive),
Chantal Gauthier-Vaillancourt
(CAM Student Rep),
Jennie Stonier (QC),
Claudia Faille (QC)
Lisa Marcus (MB)

Home Birth Position Statement Review Working Group

Chair: Joanna Nemrava (CAM Executive),
Maureen Silverman (ON),
Erica Goupil (QC),
Mary Sharpe (ON),
Cathy Harness (AB),
Angela Reitsma (ON),
Betty-Anne Daviss (ON),
Michelle Kryzanasuskas (ON),
Patricia Janssen (BC),
Patrice Latka (BC),
Saraswathi Vedam (BC)

Conference Program Planning Committee 2012

Joanna Nemrava (BC, CAM Executive),
Karene Tweedie (NL),
Kay Matthews (NL),
Patricia McNiven (ON),
Deborah Duran-Snell (AB),
Sarah Donnelly-Hyde (ON/NL),
Tonia Occhionero (CAM ED)

Abstract Review Committee 2012

Elaine Carty (BC),
Susan James (ON),
Vicki Van Wagner (ON),
Manavi Handa (ON),
Céline Lemay (QC),
Emmanuelle Hébert (QC),
Liz Darling (ON),
Karyn Kaufman (ON)

CAM REPRESENTATION – EXTERNAL STANDING COMMITTEES

Neonatal Resuscitation
Program-Canadian Paediatric Society
Gisela Becker (CAM Past President)

Registered Midwife Advisory
Committee of the Society of
Gynecologists and Obstetricians
Melissa Bevan (CAM Board)

CFPC (College of Family
Physicians of Canada) Maternity
and Newborn Care Committee
Elizabeth Brandeis (ON)

Canadian Perinatal
Surveillance System (CPSS)
Liz Darling (ON)

Accreditation Canada's Obstetrics/
Perinatal Care Standards Working Group
Anne Wilson (CAM President)

Canadian Coalition for Maternal
Newborn Child Health (CAN-MNCH)
Anne Wilson (CAM President)

CAM MEMBERSHIPS

Health Action Lobby (HEAL)

National Council of Women
of Canada (NCWC)

International Confederation
of Midwives (ICM)

Society of Obstetricians
and Gynecologists (SOGC)

Canadian Society of
Association Executives (CSAE)

STRATEGIC DIRECTIONS: ACCOMPLISHMENTS

INCREASE THE INFLUENCE OF MIDWIFERY ON THE NATIONAL HEALTH POLICY AGENDA



CAM continues to use every opportunity to expand its influence on the national stage. We are exploring opportunities, such as parliamentary receptions and questions on the order paper, as vehicles to highlight midwives, midwifery, and the need for a National Maternity Care Strategy. Advocacy in this fiscal climate is challenging however, as disproportionate cuts to federal ministries, branches and agencies that oversee women's and Aboriginal health take effect.

Advocacy Task Group

Members of CAM, CAM-ED, NACM and the CMRC came together at the CAM conference in 2011 to form a framework of cooperation amongst the four stakeholder groups. This Advocacy Task Group is working towards the recognition of midwifery within the federal government. The Treasury Board currently does not have a job description for a midwife. Without this, a midwife cannot be hired by the federal government either for service delivery or as a policy advisor. Over the past year, the Advocacy Task Group has engaged in meetings with Peggy Nash, MP for Parkdale-High Park and Carolyn Bennett MP for St-Paul's.

Choice. Access. Midwives. Campaign

On May 5th 2012, CAM launched a campaign calling on Canadians across the country to take action and to support women's' choice to

access midwifery care. The CAM homepage was transformed into a call to action page; it included videos produced by NACM and CAM and a letter addressed to the Prime Minister, Ministers of Health and Aboriginal Affairs. Participants were also encouraged to forward the letter to their local MP. CAM used social networks such as Facebook to circulate the campaign. Thank you to the provincial and territorial associations who assisted in getting the word out to Canadians.

The campaign highlighted the following facts:

- Aboriginal women and their infants have a two to four times higher morbidity and mortality rate than the average Canadian and midwifery has been shown to improve health outcomes for Aboriginal communities, but currently the federal government provides little support for direct midwifery services on reserve.
- 100% of women in the Yukon, Prince Edward Island, Newfoundland and Labrador, and New Brunswick are unable to access regulated midwifery care because these provinces have either not yet legislated the profession or have not provided adequate support for the regulation and funding of the profession as part of the health care system.
- Women in remote areas often must leave their community for weeks before birth. The disruption of social networks at this important time is detrimental to the health of women, their families and their communities.

CAM's campaign caught the attention of Peggy Nash, MP and of Carolyn Bennett, MP and Liberal Critic for Aboriginal Affairs & Northern Development. On May 3rd, as an acknowledgement of the International Day of the Midwife, Peggy Nash stood up in the House of Commons to make a statement on midwifery. Her statement received a standing ovation. In June, after receiving the CAM campaign letter, Carolyn Bennett invited her constituent, a midwifery student at Ryerson, CAM and NACM to a meeting. Follow up meetings are planned for later this fall.

Health Action Lobby (HEAL)

CAM is an active member of HEAL (www.healthactionlobby.ca), a coalition of 36 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. CAM participated in HEAL's initiatives which included making 2012 pre-budget recommendations to include human resources planning, health information technology and to institute a national continuum of care policy in their strategies.

CAM participated in the release of the HEAL commissioned report titled: *Functional Federalism and the Future of Medicare in Canada*. The report highlights the need for a shared vision of health and health care, sustained leadership by the federal government, as well as action and accountability on the parts of provincial and territorial governments, health care providers and the public.

More recently, HEAL was a key advisor to the Health Care Innovation Working Group (HCIWG) of the Council of the Federation. The HCIWG was launched by Canada's Premiers in January 2012 to look at innovative and interdisciplinary ways to improve systems of health care services for Canadians. CAM provided a submission to the Working Group reflecting Midwifery's unique method of service delivery which is cost effective and interdisciplinary.

HEAL remains involved in an advisory role in ongoing representation to the Working Group.



STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)

The Federal government however remains unwilling to engage with the Premiers regarding health care thereby rendering advocacy efforts challenging. A toolkit for provincial and territorial associations to assist in advocacy efforts with provinces and territories will be provided by HEAL in the near future.

Joint Position Paper on Rural Maternity Care

A CAM representative was central to the creation of this joint position paper. It was approved by the Councils and Boards of the Canadian Association of Midwives, the Canadian Association of Perinatal and Women's Health Nurses, the College of Family Physicians of Canada, the Society of Obstetricians and Gynaecologists of Canada and the Society of Rural Physicians of Canada. The objective of the joint position statement is to provide an overview of current information on issues in maternity care relevant to rural populations. The position statement is scheduled for release at the end of October 2012.

Joint Position Statement on Interprofessional Collaboration Between Midwives and Nurses

The Canadian Association of Midwives (CAM), the Canadian Nurses Association (CNA) and the Canadian Association of Perinatal and Women's Health Nurses (CAPWHN) released their joint position statement: *Nurses and Midwives Collaborate on Client-Centred Care*. CAM organized a member consultation process in the Fall of 2011. Over 60 comments were collected from CAM members and shared with the Working Group. The position statement was finally published in both French and English in February 2012. This statement was a central part of CMRC Chair Kris Robinson's presentation to WHO/ICN FIGO in Geneva this summer. To read the full statement, visit www.canadianmidwives.org/position-statements.html

CAM Representation on National Initiatives

In addition to representing midwifery on national interdisciplinary committees (list on p.), CAM is also represented on several national initiatives. Here are some important highlights from 2011-2012:

- *Building on Strengths: Taking Action to Improve the Health and Healing of First Nations, Inuit and Métis People, Families and Communities* – Round table discussion hosted by Her Excellency Sharon Johnston (Anne Wilson)
- CNA's National Expert Commission Report (Anne Wilson)
- Health Providers Summit hosted by CNA & CMA (Bridget Lynch, Katrina Kilroy, Anne Wilson)
- Public Health Agency of Canada's revision of the Family-Centred Maternity and Newborn Care National Guidelines (Anne Wilson)
- The National Advisory Committee on Migration and Reproductive Health (Manavi Handa)
- Accreditation Canada's Obstetrics/Perinatal Care Standards Working Group (Anne Wilson)
- National Working group to update the Joint Position Paper on Rural Maternity Care (Carol Couchie)
- CAM and NACM were also asked to endorse a joint policy statement on Sexual and Reproductive Health, Rights and Realities and Access to Services for First Nations, Inuit and Métis in Canada
- CAM took part in a national stakeholder consultation to review the revised Nutrition for Healthy Term Infants – Recommendations from Birth to Six Months.

ADVANCE THE GROWTH AND DEVELOPMENT OF THE MIDWIFERY PROFESSION

CAM continues to strive to provide member services which are relevant and useful to members across the country.



Emergency Skills National Committee

The terms of reference of the National ES Committee were revised and approved in early 2012. The committee met 5 times throughout the year and meets in-person during the CAM conference. Members are working on a structure for a national emergency skills program that will be bilingual, financially sustainable, accessible online and adaptable in different provincial and territorial jurisdictions.

In early 2012, CAM undertook the translation of the Emergency Skills Instructors Manual. It is now available for purchase in French. CAM also conducted a translation review of the French workbook.

Support for Unregulated Jurisdictions

CAM continues to support unregulated jurisdictions as needed. Provincial and territorial representatives are given opportunities to share their experiences and request feedback from regulated jurisdictions. CAM continues to issue letters of support when requested. We will be organizing a CMRC workshop on regulation at this year's CAM conference.

E-Newsletter: The Pinard

In 2011, on the heels of our annual conference, CAM published the first edition of *The Pinard*,

CAM's membership e-newsletter. *The Pinard* is published 3 times per year in both English and French. The purpose of the newsletter is to keep our members up-to-date with the activities of their association.

Publisher: Canadian Journal of Midwifery Research & Practice

The CJMRP is produced 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. A significant portion of membership fees go to the production and mailing of the journal to members.

In 2011 & 2012, CAM participated at the AOM's annual conference and exhibit. CAM was also represented at the ACNM conference and the SOGC annual clinical meeting.

SUPPORT ABORIGINAL MIDWIFERY AND THE RETURN OF BIRTH TO ABORIGINAL COMMUNITIES



***Since the development of this Strategic Plan, NACM has grown into a fully autonomous organization under the umbrella of CAM. CAM continues to play an administrative and financial role in supporting this work, but it is NACM that has taken the initiative and the responsibility of the work itself.

In November 2011, NACM held its annual Gathering in Six Nations, Ohsweken, Ontario. This three day event consisted of a one-day NACM members meeting to strengthen their core functioning, a one-day Symposium on Midwifery for Aboriginal leadership to share knowledge with First Nations, Inuit and Métis leaders from across Canada, and a one-day professional development day, to share knowledge and learn from Elders. Funding was received from the First Nations and Inuit Health Branch (FNIHB) to cover the 2011 Gathering and related expenses. Logistical support for organizing the Gathering was provided by the CAM office staff and the CAM Board. Together, this support has made it possible for this past year to be one of growth and solidification for the organization.

Aboriginal Midwifery is... HEALING

Aboriginal midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violences. Aboriginal midwives draw from a rich tradition of language, Indigenous knowledge, and cultural practice as they work with women to restore health to Aboriginal families and communities.

Laurie Jacobs is a midwife at the Six Nations Birthing Centre, Ontario

NACM
NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

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QC H3R 3R9 Canada
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www.aboriginalmidwives.org

www.aboriginalmidwives.ca

In 2011-2012, NACM also completed a project titled the *Campaign to Protect the Future of Aboriginal Communities*, to promote the profession of midwifery and to increase access

to midwifery care for all Aboriginal communities. The project was funded by the Aboriginal Health Human Resources Initiative (AHHRI).

STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)



The first part of the campaign consisted of the development of printed, video and web material geared towards communities and youth interested in the career of midwife. NACM released two of the three short videos on Aboriginal midwifery on May 5th, as part of CAM's recent advocacy campaign. All three videos can be viewed at www.isuma.tv/lo/en/national-aboriginal-council-of-midwives.

In addition, NACM launched its new website www.aboriginalmidwives.ca, along with three brochures and a series of ten posters. The brochures detail the education pathways open to Aboriginal youth interested in becoming midwives, as well as the history, scope of practice, and community context of Aboriginal midwifery.

The second part of the campaign focused on providing direct support to numerous Aboriginal communities across Canada that are working towards reviving midwifery care. This direct support came in the form of community consultations and workshops that were facilitated by NACM midwives over a period of three weeks in April and May of 2012. NACM received an overwhelming response of 16 applications, representing over 100 different First Nations, Metis and Inuit communities

that were interested in hosting a consultation in their community. In the end, three regions were chosen: Akwesasne and Tyendinaga, two Mohawk communities in southern Ontario; Haida Gwaii, an island archipelago off the coast of British Columbia; and the Athabasca Health Authority (AHA) in northern Saskatchewan.

NACM looks forward to continuing to provide support to these and many other Aboriginal communities.

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



This particular strategic goal is emphasized and reflected in all of CAM's interactions and activities.

Research Partnerships

CAM has partnered on two important research projects: #1 *Is close proximity to emergency obstetrical services a prerequisite for safety?* (Ivy Bourgeault et al.) and

#2, *Increasing the impact of midwives on the provision of primary maternity care* (Karyn Kaufman et al).

CAM continues to distribute and promote the Normal Birth Position Statement, published in 2010. CAM has been collecting resources, particularly from the Royal College of Midwives' Campaign for Normal Birth. CAM will be looking into ways of using these and similar resources for distribution here in Canada.

In 2012, CAM struck a Working Group to review the Home Birth Position Statement, originally published in 2001. A member consultation will take place in late 2012, early 2013.

CAM is increasingly asked to respond as the national voice of midwifery in various professional and consumer publications.

STRENGTHEN INTERNATIONAL PARTNERSHIPS AND OUTREACH



CAM's international activities have significantly increased in this reporting year. These activities have often come from networking and our ability to respond to opportunities to increase the visibility of Canadian Midwifery at national and international forums.

CAM International Committee (CIC)

Over 230 CAM members responded to the CIC survey in 2011. The purpose of the survey was to define the expertise of CAM's membership regarding global experiences. The committee is drafting guidelines to respond to the growing number of requests for CAM's participation on global projects. Members are currently revising the terms of reference and will make recommendations to the Board regarding their role in the coming year.

Beyond Boundaries Conference

In November 2011, CAM co-hosted a very successful joint conference titled Beyond Boundaries together with the Midwives Alliance of North America (MANA). Over 600 delegates were in Niagara Falls, Ontario to share, network and learn at this three day event.

ICM Global Standards

CAM President, Anne Wilson participated in a meeting alongside Presidents from MANA, ACNM and newly formed Midwifery Association of Mexico to discuss implementation of ICM's Global Standards for Midwifery (released in June 2011) for the Americas Region. The meeting was hosted by ICM's Regional representative for the Americas, Frances Ganges.

Association Capacity Strengthening

In September 2011, ICM funded a second in person meeting of the twins selected for their twinning project. Three Canadian midwives, members of CAM's Executive met with their colleagues from the Tanzania Registered Midwives Association (TAMA) in The Hague. Members of the Steering committee developed a strategic plan based on the association strengthening needs of both associations. Over the course of 2011-2012, a work plan was put in place. In the summer of 2012, ICM funded a third in-person meeting during ICM's Regional Asia Pacific Conference in Hanoi, Vietnam. CAM applied for and received funding by the International Development Research Centre (IDRC) to fund the TAMA midwives to come to the CAM conference in October 2012. The project Steering Committee will present a plenary session on the project. As part of this project, there will be the twinning of 25 sets of midwives (25 Canadian midwives and 25 Tanzanian midwives) for individual peer mentoring and sharing of knowledge. The Steering committee is currently developing the criteria for this individual twinning project. As part of this project, there will be the twinning of 25 sets of midwives (25 Canadian midwives and 25 Tanzanian midwives) for individual peer mentoring and sharing of knowledge. The Steering committee is currently developing the criteria for this individual twinning project.

CAN-MNCH

In November 2011 CAM was invited by the Honourable Minister of International Cooperation, Beverley J. Oda to participate in a second Ministerial Roundtable meeting on the Muskoka Initiative. Originally launched in 2010, CIDA's \$1.1 billion contribution to the Muskoka Initiative is being invested in strengthening health systems, improving nutrition, and reducing the burden of diseases



and illnesses affecting mothers and children. This roundtable meeting was an opportunity for health professionals, NGOs and researchers to discuss some of the challenging issues related to maternal newborn child health (MNCH) service delivery, and to consider how they might continue to advise the Canadian International Development Agency (CIDA) in the coming years. CAM continues to participate on the Canadian Partnership for Maternal, Newborn and Child Health. The CAN-MNCH website was launched in the Fall of 2011: www.can-mnch.ca.

CIDA Health Forum

CAM was invited by the Canadian International Development Agency (CIDA) to present at an internal Health Forum that comprises analysts, programmers, and health specialists of both bilateral and multi-lateral programming departments at CIDA. Anne Wilson and Bridget Lynch gave a two hour presentation that showcased midwifery in both Canada and around the world, and gave background on CAM's work and the work of ICM.

Haiti

CAM continues to work closely with the Association des Infirmières Sages-Femmes d'Haiti (AISFH). CAM has been involved in discussions with CIDA regarding their commitment to rebuild the midwifery school that was mostly destroyed by the 2010 earthquake. CAM is working on a proposal for CIDA to include the strengthening of the three pillars of the profession of midwifery in Haiti (education, regulation and association).

ICM Membership Assistance Fund

CAM continues to support the ICM membership assistance fund. CAM's donations go directly to covering the membership fees for the Haitian Midwifery Association.

Ghislaine Francoeur Fund

The GFF Committee continues to promote and to organize fundraising activities. The 2011 live auction was a success. The fund continues to raise an estimated \$10,000 per year. This year, GFF sponsored the AISFH International Day of the Midwife activities to promote the profession of midwifery.

STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)



ICM 2017

Planning for ICM 2017 is already underway! The ICM HCPC (Host Planning Committee) was struck in the Fall of 2011 and the first in-person meeting took place in January 2012. The ICM HCPC has begun developing a logo and theme for the congress.

STRENGTHEN THE ORGANIZATIONAL CAPACITY OF CAM

In 2011, the CAM Board struck a governance committee to conduct a review of current roles and policies, particularly in regards to the Past President. The Governance committee has recommended to the Board that a process be put in place to enable Past Presidents to share their expertise outside of the Board framework. Later in 2012,



members of the Governance committee will conduct interviews with CAM's five Past Presidents to gain some insight and feedback for future planning.

The Governance committee also took over the review of the CAM by-laws which was initiated in 2010. A thorough review was completed during the winter-spring of 2012 and recommendations were made to the CAM Board at the Spring Intensive. The revised by-laws were sent to CAM's legal counsel to ensure that revisions complied with the New Corporations Canada Not-for-Profit Act, which came into effect in October 2011.

Compliance with the new Act must be completed by October 2014. The task of complying to the new Act will require significant changes to the governing documents and bylaws. The governance committee has recommended to the Board that the new set of governing documents, including a new by-laws document be presented to the membership at the annual general meeting of the members in November 2013 in Ottawa.

The CAM student representative on the CAM Board organized the first ever student meeting at the 2011 CAM conference. Bridget Lynch, CAM member and immediate ICM Past President was invited to make a presentation on leadership within the midwifery profession. Over 20 students attended the meeting.

At the 2011 Board Intensive, the Directors worked on developing additional internal policies to ensure good governance and clear guidelines. The Board, together with internal committee members continue to regularly review terms of reference.

The CAM office continues to respond to dozens of media requests every year. The CAM Board issues letters in response to key issues as needed. In 2011-2012, they included:

In 2012, CAM expanded its staff to include an Events Coordinator and a Grants & Partnership Advisor, bringing the staff up to five. CAM also hires a part-time book keeper, accountant and graphic and web designers on a contract basis.

2011 PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

Complete reports are posted on the CAM website at www.canadianmidwives.org

ALBERTA

Overview of Midwifery in AB: There are 73 midwives practicing in AB: 45 in Calgary, 14 in Edmonton and 14 in Central Alberta. The province is hoping to recruit midwives to work in Northern Alberta and a practice in rural Southern Alberta will be starting shortly.

Education: The first cohort of twelve students began their Bachelor of Midwifery (B. Mid.) at Mount Royal University in September 2011. This is the first and only midwifery education program offered in Alberta, an important step in filling the growing demand for midwifery services, especially in rural and remote areas.

Regulation: Alberta is working towards having an independent College (regulatory body) set up by January 2013.

Accomplishments: The Alberta Association of Midwives (AAM) has been working on a strategic plan to help assist our small and fledgling association cope with the tremendous amount of work that goes into being a funded province. We are in the midst of negotiations to sign a three year contract for midwifery services with Alberta Health Services. AAM is working on an exciting database that we hope will streamline the statistics and quality assurance process.



midwives in busy practices! The program continues to be developed and expanded to communities throughout BC, wherever midwives practice.

Accomplishments: The MABC signed a new contract this year, which will remain effective until 2014. In a “net zero” environment, negotiations were particularly frustrating. However, some positive gains were made, including home birth and rural supports, and continuing education. I believe our proudest accomplishment is the work being done to increase access to midwifery services in rural and aboriginal communities, including start-up support for new rural midwifery practices, the development of a rural locum program and the creation of a Rural Midwifery Services Subsidiary Agreement with the Ministry of Health Services, puts rural midwifery services firmly on the table as a part of our ongoing contract negotiations with MOHS.

In addition, the MABC Aboriginal Committee has been meeting with Aboriginal health leaders to increase access to midwives and midwifery education for aboriginal women and their families. The committee is developing cultural safety and diversity training for MABC members. Finally, we were very excited when Haida Gwaii was one of the three locations selected from across Canada by NACM for a site visit and initial discussions to bring aboriginal midwifery services to remote First Nations communities.

MABC website: www.bcmidwives.com

BRITISH COLUMBIA

Overview of Midwifery in BC: Midwives in BC work in community, hospital and home settings. No funded birth centres yet exist in BC. Rural midwifery is expanding into many new communities and accounts for 30% of the total 200 practicing midwives now throughout BC. Midwives in BC are self-employed autonomous health providers in contract with the Ministry of Health Services.

Association: The Midwives Association of BC promotes the profession of midwifery and represents the interests of midwives in BC. There are 9 members on the Board, including the 4 executive members and a midwifery student representative. An annual general meeting is held in May, following International Day of the Midwife.

Regulation: Midwives in British Columbia have been regulated by the College of Midwives of British Columbia (CMBC) as autonomous health care practitioners in BC since 1998. Midwifery services are funded under the BC Medical Plan.

Education: This year the UBC Midwifery Education program received approval of funding to increase the student intake to 20 seats, double the previous capacity of just 10 students in each year of the program. <http://www.midwifery.ubc.ca/midwifery.htm>

Professional Development: The Midwives Emergency Skills Program (MESP) was received with enthusiasm in 10 communities across BC during the initial roll out of this exciting program. Online modules and small group hands-on skills practice make it uniquely accessible to all midwives, from those in rural and remote communities to urban



MANITOBA

Overview of Midwifery in MB: There are currently 42 midwives registered in Manitoba. Midwives are employed by the Regional Health Authorities (reduced from 11 to 5 regions this year), and are funded by the provincial government. Unfortunately, there are still regions that do not provide midwifery services, despite a growing demand. Within the regions providing midwifery care, the demand far exceeds the ability to provide services. For example, in Winnipeg, up to 75% of clients are being declined due to lack of midwives. Three unions currently represent midwives in Manitoba, and MAM continues to assist midwives in gathering information needed in order to strengthen contract negotiations.

Association: The Midwives Association of Manitoba (MAM) has approximately 28 members.

Education: The University College of the North, (UCN), has two students from the first cohort currently in their third and fourth year of the baccalaureate program. There are eight students from the second cohort of the midwifery program who are in their third year of studies. In addition, funding has just been announced for the Multi-Jurisdictional Midwifery Bridging Program, (MMBP), which is expected to assess and bridge gaps for a small number foreign trained midwives.

Regulation: The College of Midwives of Manitoba is the regulatory body. For more information please visit: www.midwives.mb.ca



2011 PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

Government Relations: MAM was contracted by Manitoba Health to evaluate the efficiency and effectiveness of midwifery delivery in Manitoba. The full report of the research project will be submitted in the Fall of 2012. MAM is an active member of the Manitoba Midwifery Advisory Council (MMAC) which provides a place for all stakeholders in midwifery to discuss and make recommendations on issues relating to midwifery (education, recruitment and retention).

Professional Development: MAM offers Emergency Skills Workshops twice a year for midwives. During the College of Midwives of Manitoba's annual general meeting, MAM also offered a workshop on helping women through traumatic birth experiences.

Accomplishments: The Birth Centre located in Winnipeg opened its doors last winter and to date there have been 89 births. It is projected to take a few years to reach full working capacity of approximately 500 births per year. MAM partnered with the CUPE Union to organize a 4-week media campaign to raise awareness of midwifery in Manitoba. The main caption was, *Manitoba Midwives Really Deliver*.

MAM website: www.midwivesofmanitoba.ca

NEW BRUNSWICK

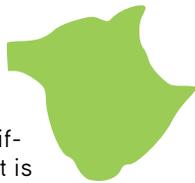
Overview of Midwifery in NB: Currently there are no registered midwives in NB and there is no provincial funding in place for the practice of midwifery. There is one midwife living in the province that is registered and working in other Canadian jurisdictions where support and funding is already in place. She hopes to start a private practice in NB when a second registered midwife in the province will join her. Once provincial funding is in place, midwifery will be delivered in NB through an employment model.

Association: The Midwifery Association of New Brunswick (MANB) consists of ten members: two registered midwives, six student midwives and two internationally trained midwives. The Association is currently focusing its activities on mobilizing consumer groups to attain provincial funding for midwifery practice.

Education: Currently there is no education program for midwives in NB. Six of the MANB members are local midwifery students studying outside the province. They all hope to practice in NB when they graduate.

Regulation: The Midwifery Act received Royal assent in June 2009 and was proclaimed in June 2010. The Midwifery Council of New Brunswick has been working on developing policies, standards and registration processes for midwives to practice in the province. The Council is part of the Canadian Midwifery Regulators Consortium (CMRC) a network of Canadian midwifery regulatory authorities.

Accomplishments: MANB partnered with members of Birth Matters and other consumers to share photos for CAM's 2012 campaign to promote better access to midwifery care in Atlantic Canada and the Yukon.



NEWFOUNDLAND & LABRADOR

Overview of Midwifery in NL: At the moment because there are no regulations for midwifery, midwives who are working in NL do so in their capacity as registered nurse-midwives employed in a hospital with a very limited scope of practice.

Association: The Association of Midwives of Newfoundland & Labrador (AMNL) is a professional interest group and consists of 16 members in both Labrador and Newfoundland with six residing outside the province.

Regulation: Member of AMNL are working hard on the umbrella *Council of Health Professionals* as per the *2010 Health Professions Act* that is being implemented at the end of September with three of the seven listed professions becoming regulated at that time. We are told that the providing of the regulations for midwifery is scheduled for 2013. We are in the very early stages of setting up a Midwifery College to deal with matters related to public safety and midwifery. One of those actions is to investigate possible avenues of support for setting up a College website with suitable programs to enable the midwives in this province to update their knowledge and skills. Those in the province who may be interested in becoming registered when the time comes are all overseas qualified and not registered in Canada.

Accomplishments: Eileen Hutton consented to speak at the public meeting organized for the International Day of the Midwife on May 2, 2012. This meeting was organized by the AMNL and Friends of Midwifery and was held in the main auditorium at the Health Sciences Centre. The Provincial Perinatal Program (Eastern Health) had invited Eileen Hutton to attend the Obstetrics Grand Rounds and meet with some provincial Government personnel on May 3, 2012.

AMNL website: www.uccs.mun.ca/~pherbert



NORTH WEST TERRITORIES

Overview of Midwifery in NWT: The Midwifery Program in Fort Smith is a well-established service within the health authority and community with documented positive outcomes in maternal and child health. The program continues to be staffed by two full-time registered midwives, Gisela Becker and Lesley Paulette. In addition, the program hired a registered nurse who is working with the team. The midwifery program in Yellowknife has been put on hold for the time being.

Association: The Midwives Association of the NWT has currently three active members. Lesley Paulette is the current President of the Association. The Midwives Association of the NWT is represented on the NWT Maternal Perinatal Committee, the NWT Midwifery Advisory Committee and on the Territorial Credentialing Committee. In addition the Association is a member of the Canadian Midwifery Regulators Consortium (CMRC) and holds a seat on the CAM Board.



Accomplishments: For the 2012 International Day of the Midwife, the Association organized a Casual Film Festival presenting short films showcasing international midwifery and celebrating this year's ICM theme, Midwives Save Lives.

The Department of Health and Social Services of the Government of the NWT released the final *Midwifery Options Report of the NWT Midwifery Review and Expansion Analysis* conducted by DPRA Consultants. The report recommends the expansion of midwifery services to other communities in the NWT but the Department of Health and Social Services has not provided any details to date.

NOVA SCOTIA

Overview of Midwifery in NS: There are six midwives working in Nova Scotia.

Education: There are currently no midwifery education programs in Nova Scotia or in any of the Atlantic provinces.

Association: As the local professional body, ANSM supports the growth and sustainability of midwifery in the province, region, 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 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 is the establishment of a Provincial Midwifery Practice Specialist. The report also recommended the hiring of 20 full-time midwifery positions by 2017.

NUNAVUT

*** Nunavut did not appoint a CAM Board representative in 2011-2012. A report was not available at the time of print.

ONTARIO

Overview of Midwifery in ON: Midwifery continues to expand in Ontario. The AOM now has over 600 members including the first male graduate of the Midwifery Education Program (MEP). Midwives continue to face barriers in

both accessing privileges at hospitals and in maintaining primary care in hospitals with clients who access induction, augmentation or epidurals.

Association: Lisa Weston began her term as President in May 2012. Lisa was a founding partner of Sages-Femmes Rouge Valley Midwives and has been practicing since 2003.

Education: Spring 2012 saw the first "expanded cohort" of students, who began four years ago, graduate from the Midwifery Education Program. Ninety students enter the MEP each year and there are about 400 students currently enrolled in the MEP. The International Midwifery Pre-Registration Program (IMPP) continues to provide a gateway to practice for midwives who have not trained through the MEP.

Government Relations: Ontario midwives have been working without a contract since March 2011. Pay equity continues to be a concern, as an independent report noted that midwives have fallen at least 20% behind comparable health care providers. Our very successful lobby day at the Legislature was attended by about 60 MPPs and focused on the need to negotiate a contract and achieve pay equity.

Professional Development: The AOM Risk Management team continues to support midwives in providing quality care by creating template clinical and business protocols, recommending continuing education components, and responding to members' individual calls through the dedicated member support phone line.

In 2011/2012, the AOM held education days and webinars related to improving perinatal outcomes, interprofessional collaboration, and establishing new practices. The theme of the AOM's May 2012 Annual Conference was "Strength in Numbers: Supporting the Growth of Midwifery."

Clinical Practice Guidelines: The AOM Clinical Practice Guidelines (CPG) program continues to develop evidence-based CPGs. Since summer 2011, two new guidelines have been published: *Hypertensive Disorders of Pregnancy and a revised CPG for Vaginal Birth after previous low segment Caesarean*. Completed CPGs are available to all health care professionals at: http://www.aom.on.ca/Health_Care_Professionals/Clinical_Practice_Guidelines/

Accomplishments: The AOM's "Ontario Needs Birth Centres" campaign launched in May 2011 with the goal of securing funding to bring freestanding, midwifery-led birth centres to the province. Through political lobbying and a social media campaign which engaged 10 000 consumers, funding for two birth centres was announced by the Premier in March 2012. Proposals for birth centres were submitted to government in September 2012. Government plans to have birth centres operational within a year.

Funding for a midwifery practice in Attawapiskat and surrounding communities was announced by government in May 2012.

AOM websites: www.aom.on.ca

2011 PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

PRINCE EDWARD ISLAND



Overview of Midwifery in PEI: There is still no midwifery legislation and no practicing midwives in Prince Edward Island (PEI).

Association: The PEI Midwifery Association (PEIMA) has grown to six members over the past year.

Efforts to push government for regulation of midwives by ourselves and the Birthing Options Resource Network (BORN) Co-Operative, as well as the request by several other health professional groups for regulation has resulted in government posting its *Proposed Umbrella Health Profession Legislation* on the website (<http://www.gov.pe.ca/health>). Along with the proposed legislation is the request for feedback and comments after which the proposed legislation will be presented to the Legislature at the Fall 2012 sitting. Within this legislation is the process for new health professional groups to apply for regulation. The PEIMA fits into the new health professional groups. The PEIMA will respond to the proposed legislation.

Accomplishments: BORN, of which PEIMA is a member, held a successful rally titled *Where's My Midwife* at Government House in Charlottetown for the International Midwifery Day in May. It was well attended by young parents and their babies. Several political representatives attended and spoke in support of midwifery regulation and midwifery services for PEI families. Following the rally a *Red Tent Event* was offered to the public at a nearby church hall. It was our opportunity to discuss midwifery and maternity care with those who dropped in for the afternoon's events.

QUÉBEC



Overview of Midwifery in QC: Most of Québec's midwifery practices are located in birthing centres. All prenatal and postnatal consultations and the vast majority of midwifery led births take place in a birthing center. The facility also serves as a community space for the sharing of experiences and knowledge amongst professionals and amongst parents. Approximately 75 to 80% of midwife-assisted births occur in a birthing centre, while 20 to 25% occur at home and 1 to 2% in hospitals.

Association: Le Regroupement les Sages-Femmes du Québec (RSFQ) has 131 midwife members and 26 midwife student members. Since 2009, the RSFQ has worked in collaboration with the *Fédération des professionnelles de la CSN* on working conditions for midwives. The RSFQ also organizes Emergency Obstetrical Skills training for midwives. This year, the RSFQ will host a training session for Paramedics and first respondents. Midwives in Nunavik, specifically those working in Kujjuaq, are members of the RSFQ. Following the renewal of the agreement, we are examining the possibility of integrating Hudson Bay midwives to the Association's membership.

Education: L' Université du Québec à Trois-Rivières (UQTR) offers the only university midwifery education program in the province. There are currently 83 students enrolled in the 4-year program. UQTR also offers a bridging program for internationally trained midwives who wish to practice in Québec. UQTR programs are offered in French only.

Government Relations & Funding: Québec midwives are hired on contract by the Centres de santé et de services sociaux (CSSS – equivalent to community health clinics). They are independent workers who receive a salary and additional benefits (i.e. offices, administrative services, equipment, holidays, retirement plans, etc.). The contract agreement for midwives was last signed by the RSFQ with the Ministère de la Santé et des Services Sociaux in December 2004. Negotiations will continue in the Fall of 2012.

Several reports have been published to support the growth of the profession in the province. They include: *La Politique de périnatalité 2008-2018, Rapport de la Commission de la santé et des services sociaux and Rapport du Commissaire à la santé et au bien-être*. (Reports available in French only – consult CAM website for direct links).

Accomplishments: The highlight for the RSFQ in 2011-2012 is without a doubt the adjustment of pay equity (representing a salary increase of 9.31%) and the beginning of negotiations to renew the contract agreement. The RSFQ has a strong and positive relationship with the newly elected provincial government, *Le Parti Québécois*. The RSFQ hopes to secure public support from the new government for the creation of a provincial committee that would look at implementing the development plans of the midwifery profession in the province. In the coming year, the RSFQ will be entering a new phase of contract negotiations and looking into additional insurance coverage for midwives currently under investigation by their College.

RSFQ website: www.rsfq.qc.ca

SASKATCHEWAN



Overview of Midwifery in SK: Midwifery is now available in one First Nations Hospital, as well as in three out of thirteen health regions in Saskatchewan. There will be 12 midwives registered in urban centres, as of the end of September 2012. Demands for midwives far exceed supply throughout the province. SK continues to work towards recruitment of midwives, offering education and training opportunities for midwives wanting to work in the province, and providing care to women outside of the urban settings. The province is actively trying to develop midwifery services in Athabasca. The average home birth rate is around 40-60% and we strive to have a good number of clientele from the priority populations.

Association: The Midwifery Association of Saskatchewan (MAS) membership is made up of eleven licensed midwives, three midwifery students, and two associate members. We continue to look at ways to increase our membership. MAS is working with the government

to extend midwives prescriptive authority. MAS continues to discuss independent care and the ability to access insurance for second attendants so that the smaller practices may provide home births.

Accomplishments: Establishing the Women's Health Center and enhancing access to comprehensive maternity services has improved the care to women and children in the Fort Qu'Appelle area, particularly for First Nations communities. Community involvement has been vital and women are happy to be able to access maternal health care closer to home. Based on feedback from women and a commitment to respond to the needs of the community, ANHH is currently undergoing renovation for the addition of two birthing rooms to support planned low risk births.

The Saskatoon midwives have developed the second attendant document and subsequently hired and RN and EMT staff of the health region to work with.

The Transitional Council (Saskatchewan College of Midwives) has been working to develop policy on Unauthorized Midwifery Practices within the province.

The SK Department of Community Health and Epidemiology a research project funded through the Saskatchewan Health Research Foundation in February 2010, entitled *Equity in Access to Midwifery Care for the Saskatoon Health Region is completing phase two work focusing on Saskatchewan. Outcomes of this phase in the study* will be presented at CAM 2012.

Two midwives are actively working on offering home births to Cypress Health Region clients in the near future. There is also work on funding to renovate a labour room with a permanent birth tub for clients wanting water birth. The midwives in Cypress have been actively participating with the Institute for Healthcare Improvement (IHI) committee and the Breastfeeding Promotion Team to improve care and access for all families in the community.

MAS website: www.saskatchewanmidwives.com

YUKON

Overview of Midwifery in YK: Presently, the Yukon Territory still does not recognize the profession of midwifery. Midwifery remains an out of pocket service. There is one registered midwife living in the territory however, she has been working in different locum positions in regulated provinces and territories. She plans to begin to offer her services in the Yukon in the spring of 2013. There is one midwife who is currently offering midwifery services in the territory.

Association: In the fall of 2012, the Community Midwives Association of Yukon was incorporated. Presently there are six members. The territorial government is working to move midwifery forward this fall but the process has been slowed down by an inter-departmental review. The government cannot confirm a timeline.



NACM

The National Aboriginal Council of Midwives (NACM) represents the voices of First Nations, Inuit and Métis midwives and midwifery students. Currently, there are 60 NACM members, of which 19 are student members. In the past year alone, NACM's membership has grown by almost 40%, as 17 new members have joined. It is estimated that this rapid rate of increase will continue into the next years, as more and more Aboriginal women find support and encouragement to join the various university or community-based educational programs across Canada. A detailed list of all educational programs can be found at www.aboriginalmidwives.ca.

Currently, there are eight 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. These eight include a new practice, Kontinenhanónhnha Tsi Tkaha:nayen, specifically intended to serve the Mohawk community of Tyendinaga, which was opened in May 2012 by member Dorothy Green (AM). In many other communities, NACM members are working hard to establish midwifery practices and return birth and NACM strives to support these midwives, students and communities. For a detailed list of NACM's activities in 2011-2012, please see page 9 of this report.

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 MNCH 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 or contact the CAM office at admin@canadianmidwives.org.

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