

2012-2013

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.

Increasing access to midwifery care for women across Canada remains CAM's top priority. Specific areas of focus include increasing access to midwifery care for women living in rural and remote areas of Canada, access to midwifery care for Aboriginal women, and access to care for women living in provinces and territories where midwifery services remain unregulated or unsupported.

Achieving recognition for the profession of midwifery at a national level was identified as a critical means of influencing health policy and facilitating greater implementation and increased access to midwifery services throughout Canada. To this end, CAM has employed the help of National Public Relations to help identify political opportunities, respond to media events, and reach key political figures among Canada's

leadership. In 2013, CAM successfully petitioned three Members of Parliament to speak in support of midwifery in the House of Commons for International Day of the Midwife. Thereafter, CAM met with influential MPs to advance several CAM priorities. CAM continues to work from a non-partisan framework, nurturing positive connections with midwifery supporters from all three major political parties.

CAM has spent a great deal of energy over the past year updating our bylaws to meet the new requirements of federally incorporated not-for-profit organizations. The CAM Board is proud to release the revised CAM Statement on Home Birth this year, previously updated in 2001. Other work in progress includes a position statement on the Midwifery Model of Care, and a new statement on Reproductive Choice, as directed by the membership resolution passed at the 2011 annual general meeting.

On an international front, CAM continues to strengthen ties with midwifery associations in Haiti and Tanzania. CAM and TAMA (Tanzanian Registered Midwives Association) are twinned under the International Confederation of Midwives (ICM) Association Twinning Project and a great deal of work has already been done toward strengthening associations by building on the partnership between our two countries. Most recently, CAM was awarded funding by the Sanofi Espoir Foundation for a project titled *Improved Service Delivery for Safe Motherhood: Strengthening & Supporting Midwifery in Tanzania*. This three year project will allow us to demonstrate the effectiveness of national midwifery associations working together to strengthen the profession of midwifery. The success of this project raises the profile of CAM in both national and international arenas and will help us to achieve national and international funding proposals in the future.

In May 2013, a small group of CAM Executive members travelled to Quito, Ecuador, to attend the Americas regional ICM meeting and strengthen our ties with midwifery associations in Latin American

and the Caribbean. The next Americas regional ICM meeting will be held in the beautiful Caribbean country of Suriname in 2015. Please plan to attend this exciting event, learn and dance with midwives of the Caribbean and Latin America and help us invite our colleagues to the Toronto 2017 ICM Triennial Congress!

Here at home, CAM continues to build relationships with leading health organizations and participates in national health initiatives. Every year, CAM receives an increasing number of requests for participation and collaboration in maternal newborn health issues. Increasing CAM's capacity to proactively respond to this increasing demand and visibility at a national level is a vital part of our continued growth as a professional association and as an essential stakeholder at national maternal newborn health forums.

The work and reach of CAM is rapidly expanding and this is an exciting time to be a part of the CAM leadership! Each and every midwife in Canada is essential to growing midwifery services, midwife by midwife. If you are inspired by the idea of working at a provincial, territorial or national level to promote access to midwifery care for all women in Canada, I encourage you to get involved today. Every voice is vital, every skill can be used and every midwife is a leader and pioneer in her own way.

Thank you for being a midwife!

A handwritten signature in cursive script, appearing to read 'Joanna Nemrava', written in a light blue or grey ink.

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 2014 and all members will be asked to contribute to this process in the coming year.

BOARD OF DIRECTORS OCTOBER 2012

Top row left to right: Jane Baker AB, Lisa Harcus MB, Leslie Frances Niblett NS, Claudia Faille QC, Emmanuelle Hébert Vice President, Kerry Bebee NACM, Nathalie Pambrun NACM & NB, Maud Addai SK

Middle row left to right: Katrina Kilroy Secretary, Ann Noseworthy NL, Lisa Weston ON, Jane Erdman Treasurer, Erin Laing Student Rep, Joyce England PEI

Bottom row left to right: Joanna Nemrava BC & President Elect (President 2013-2014), Anne Wilson President (2012), Tonia Occhionero Executive Director

Missing from photo: Lesley Paulette NWT, Amanda Tomkins NU, Kathleen Cranfield YK



← 2012-2013 STAFF

Jill DeWeese-Frank, *Events Coordinator, maternity leave Sept 2013*

Eby Heller, *Project/NACM Coordinator, maternity leave Jan 2013*

Tonia Occhionero, *Executive Director*

Annie Hibbert, *Administrative Assistant*

Pauline Bondy, *Grants & Partnerships Advisor*

Julie Surprenant, *Events Coordinator, maternity leave replacement*

Valérie Perrault, *Advocacy/NACM Coordinator 2013*

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.

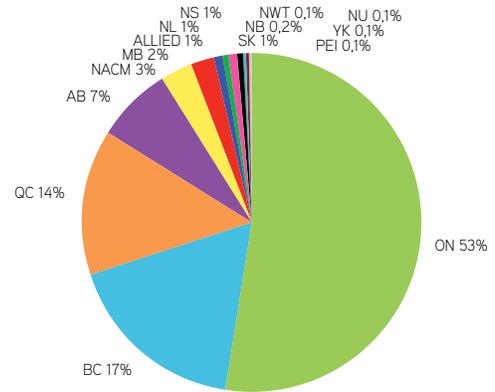
CAM VISION STATEMENT

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.

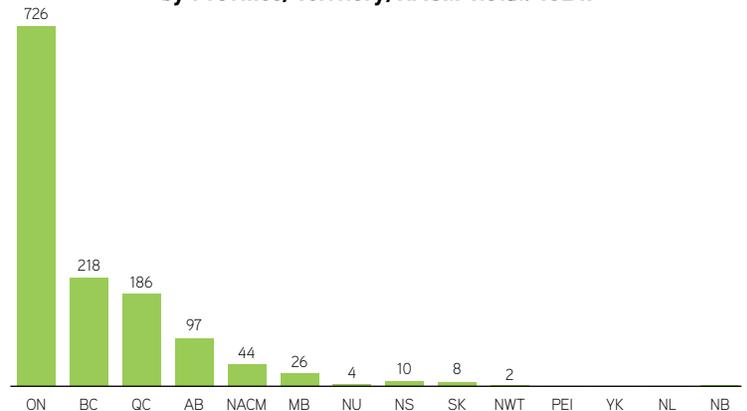
THE CANADIAN ASSOCIATION OF MIDWIVES BELIEVES THAT:

- 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.

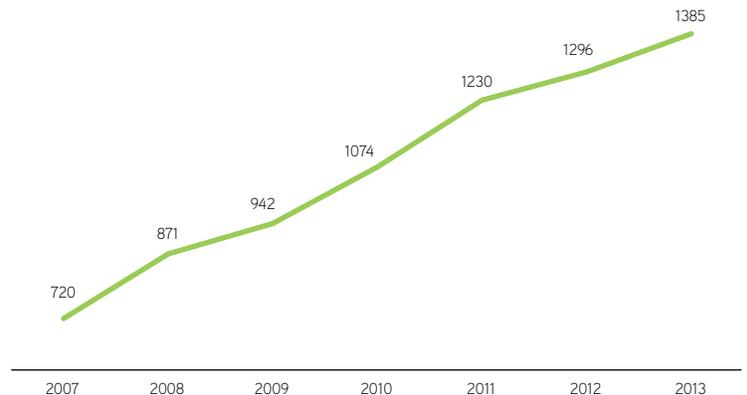
CAM Membership by Province/Territory/NACM (total: 1385)



Practicing Midwife and Student CAM Members by Province/Territory/NACM (total: 1324)



Total CAM Members Since 2007



CAM COMMITTEES

2012-2013 CAM COMMITTEES

CAM International Committee (CIC-2012)

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

National Emergency Skills Committee (ESW)-2012

Chair: Jane Baker (AB)
Anne Wilson (CAM),
Tonia Occhionero (CAM Executive Director),
Valérie Perrault/Sinclair Harris (QC), Esther
Willms (ON), Kim Campbell (BC), Beckie
Wood (MB), June Friesen (SK)

Ghislaine Francoeur Fund (GFF)-2012

Chair: Karyn Kaufman (ON)
Anne Wilson (CAM), Sinclair Harris (QC),
Tonia Occhionero (CAM Executive Director)

Conference Program Planning Committee-2013

Tonia Occhionero, (CAM Executive Director)
Jill DeWeese-Frank (CAM Staff Support)
Martha Aitkin (ON)
Zuzana Betkova (ON)
Jenni Huntly (ON)
Céline Lemay (QC/UQTR)
Helen McDonald (McMaster)
Patty McNiven (McMaster)
Lisa Weston (ON, CAM Board)

Abstract Review Committee

Josée Lafrance (UQTR)
Caroline Paquet (UQTR)
Emmanuelle Hébert (UQTR)
Jude Kornelsen (UBC)
Karyn Kaufman (McMaster)
Manavi Handa (Ryerson)
Mary Sharpe (Ryerson)
Susan James (Laurentian)

Governance Committee

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

CJMRP Management Committee

Patricia McNiven (Editor)
Leanne Piper
Tonia Occhionero

ICM Host Association Planning Committee

Chair: Anne Wilson (CAM)
Tonia Occhionero (CAM Executive Director)
Katrína Kilroy (CAM Executive)
Carol Couchie (NACM)
Kelly Stadelbauer (AOM Executive Director)
Julia Stolk (BC)
Céline Lemay (QC)
Remi Ejiwunmi (ON)
Malcolm McMillan (ICM Congress Manager)

ICM Marketing & Promotion Sub-Committee-2013

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

ICM International Access Sub-Committee

Chair: Kelly Stadelbauer
(AOM Executive Director)
Jasmine chatelain (ON)
Karlina Wilson-Mitchell (ON)
Edan Thomas (ON)
Madeleine Clin (ON)
Mitra Sadeeghipour (ON)
Melida Jiménez (ON)
Rachel Pennings (ON)

Model of Care Position Statement Working Group

2012-2013
CAM Executive and Board members

Revised Home Birth Position Statement Working Group

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

Reproductive Choice 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)

CAM REPRESENTATION – EXTERNAL 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 (ON)

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

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

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

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 (SOGC)

STRATEGIC DIRECTIONS: ACCOMPLISHMENTS

INCREASE THE INFLUENCE OF MIDWIFERY ON THE NATIONAL HEALTH POLICY AGENDA



Federal, provincial and territorial recognition of the profession of midwifery continues to be the priority for CAM. Every year, the Board of Directors works to identify ways of increasing CAM's capacity to advocate effectively for midwifery in the national arena.

In early 2013, CAM hired National Public Relations, a government relations firm, to provide advocacy and lobbying support on behalf of midwives, and the profession of midwifery across the country.

This initiative – designed to maximize the unique opportunity of having the 2013 CAM Conference in Ottawa – allowed CAM to strengthen relationships, and promote dialogue with key government health representatives and decision makers, with a view to promoting the development of the profession in the public interest, and contributing the midwifery perspective to the national health policy agenda.

International Day of the Midwife 2013

On May 5th, 2013, CAM launched its most recent advocacy campaign, *A Midwife for Every Woman*. Members were asked to actively participate by writing letters to their Members of Parliament to point out the lack of access to quality maternity care for many Canadian women. Campaign letters also pointed out a UNICEF report published in April 2013 stating that Canada ranks 22nd out of 29 developed countries for infant mortality rates in part due to the higher rates among Aboriginal communities where women must leave their community for weeks to give birth in urban centers, away from their families and support systems.

During the same period, CAM worked with the top three political parties to increase the awareness of midwifery in the House of Commons. This resulted in Dr. Colin Carrie, M.P. for Oshawa and then Parliamentary Secretary to the Minister of Health and the Honourable Dr. Hedy Fry, M.P. Vancouver

South and Liberal Health Critic, standing up in the House of Commons to deliver statements in support of midwifery around May 5th, 2013. CAM continued to strategically work with Peggy Nash M.P. for Parkdale-High Park and NDP Finance Critic, to further CAM's advocacy objectives.

More recently in September 2013, the CAM President and Executive Director met with Dr. Colin Carrie to discuss key issues facing the profession.

Key Issue #1

- The Federal government currently provides little or no support for the delivery of direct midwifery services within federal jurisdictions. Given the Federal government's constitutional responsibility for providing primary health services for specific communities (including First Nations & Inuit, members of the military, members of the RCMP, prisoners in federal penitentiaries), the following actions were recommended:
 - Funding and support for midwifery services within these communities is a key area for policy development in order to respond to alarming regional discrepancies in maternal and newborn health, including the impact of the routine evacuation of pregnant women. Midwifery is a safe and cost effective solution.
 - A job classification for midwives needs to be developed by the Treasury Board to enable Health Canada and the First Nations Inuit Health Branch to hire midwives to work in First Nations and Inuit communities including in areas such as policy development.

Key Issue #2

- In April 2013, the federal government officially launched the Student Loan Forgiveness Program for family physicians, nurses and nurse practitioners to address the shortage of health professionals working in more than 4 200 rural and remote communities in Canada. There are seven universities in Canada that offer a four year Health Sciences baccalaureate degree in Midwifery and yet midwives have been excluded from this initiative.



- Including midwives in the Student Loan Forgiveness Program would increase the outflow of maternity health care providers to rural and remote communities across the country.

Health Action Lobby (HEAL)

CAM is an active member of HEAL (www.healthactionlobby.ca), a coalition of 37 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.

HEAL continues to be 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 Representation on National Initiatives

In addition to representing midwifery on national interdisciplinary committees (list on p.6), CAM is also represented on several national initiatives. Here are some important highlights from 2012-2013:

- Health Providers Summit Part II hosted by CNA & CMA

- Public Health Agency of Canada's revision of the Family-Centred Maternity and Newborn Care National Guidelines
- The National Advisory Committee on Migration and Reproductive Health

ADVANCE THE GROWTH AND DEVELOPMENT OF THE MIDWIFERY PROFESSION



Throughout 2012-2013, CAM observed a particular backlash towards the profession of midwifery across the country. Provincial and territorial governments cut their health budgets which resulted in slower growth or a complete halt of the profession in many jurisdictions. In spite of this fiscal climate, CAM continues to advocate for midwifery as a safe and cost effective solution for our public health care system.

Support for Unregulated Jurisdictions

Midwifery remains unregulated in three provinces and territories (Prince Edward Island, Newfoundland & Labrador and the Yukon) and all attempts to implement the profession in New Brunswick have been suspended.



Above: Karene Tweedie, Honourable Susan Sullivan, Minister of Health & Community Services of NL & Anne Wilson
Below: Anne Wilson speaks to media at CAM conference in St. John's, NL

In October 2012, the CAM President and President of the Association of Midwives from Newfoundland & Labrador (AMNL) met with the provincial Minister of Health, Susan Sullivan in St. John's, NL. CAM and AMNL presented to the Minister a letter with over 6000 signatures collected during CAM's campaign *Choice. Access. Midwives.* which focused in part on the lack of access to midwifery care for women in unregulated provinces and territories, namely, in Newfoundland & Labrador.

At this meeting, Minister Sullivan publicly announced for the first time the hire of two midwives as consultants to recommend steps to regulating the profession in the province. CAM encouraged the Minister to continue to take further action to make access to midwifery care a reality for all women in the province.

At the 2012 CAM conference in St. John's, NL, CAM also organized a workshop between the Canadian Midwifery Regulators Consortium (CMRC) and midwifery leadership from unsupported and unregulated jurisdictions to identify strategies for regulation in these jurisdictions.

Support for New Brunswick

In May 2013, the Minister of Health of New Brunswick announced funding cuts to the Midwifery Council of the province resulting in a complete suspension of the implementation of the midwifery profession. CAM supported the Midwives Association of New Brunswick (MANB) in developing a response strategy. CAM was also able to support the MANB with their media outreach. The province continues to struggle with the lack of support for the profession.

CAM Annual Conference 2012 in St. John's Newfoundland & Labrador

The 2012 annual conference and exhibit was held in Canada's most easterly capital city, St. John's, NL. Despite the long travel for some, the conference was attended by over 200 delegates and 20 exhibitors. Not only were there delegates from across Canada, but the conference was also attended by midwives and researchers from Haiti, New Zealand, the Netherlands, the U.K., and the U.S. The conference theme, *Choice. Access. Midwives.*, was highlighted in presentations



2012 CAM Conference Exhibit, St. John's, NL

that touched upon issues of access and choice in Saskatchewan, British Columbia, Nunavut, and across Canada. The conference also brought much needed local media attention to the lack of regulation and funding for midwifery in Newfoundland and Labrador.

Emergency Skills National Committee

A full review of this important CAM standing committee was completed in early 2012. The purpose of this national committee is to recommend to the CAM Board of Directors an emergency skills program that can be delivered as a national program. The committee is currently assessing existing midwifery-led programs based on the following principles: financial sustainability, bilingual, online accessibility, adaptability for provinces and territories, ability to meet the continuing competency requirements recognized by all Canadian Midwifery Regulators and availability to users globally.

CAM continues to work with the Association of Ontario Midwives to ensure that the current ESW program is available to other Canadian jurisdictions that use the program in both languages. CAM ensures complete translation into French of the ESW manual and the instructor's manual.

STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)

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 Editors, 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.



Member E-Newsletter: The Pinard

Since 2011, CAM publishes the 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.

CAM's Participation at National Conferences

In May 2013, CAM participated at the Association of Ontario Midwives annual conference. The CAM President also participated at the Annual Clinical Meeting of the Society of Obstetricians & Gynecologists of Canada.

SUPPORT ABORIGINAL MIDWIFERY AND THE RETURN OF BIRTH TO ABORIGINAL COMMUNITIES



****Since the development of this Strategic Plan, NACM has been leading this work as an autonomous organization under the umbrella of CAM.*

In the past year, the National Aboriginal Council of Midwives (NACM) has been participating actively with CAM on the national advocacy campaign in partnership with National Public Relations. In particular, one of the four goals identified as part of this strategic campaign is the federal recognition and funding of midwifery services, an issue that is vitally important to Aboriginal communities. The issue of access to federal funding for midwifery services was highlighted in the letter writing campaign that took place in the spring. National has also been helping the NACM leadership establish strategic relationships with the Government of Canada.

In 2012-2013, NACM completed a project entitled "Campaign to Protect the Future of Aboriginal Communities" that promoted the profession of midwifery and increased access to midwifery care for all Aboriginal communities. This project was our second funded by the Aboriginal Health Human Resources Initiative (AHHRI). The purpose of the project was to have communities acknowledge their own community birth history, to reflect on current reproductive health issues and to envision the kind of maternity care system that provides optimum health for women, families and communities.

The project developed a Resource Library and Toolkit, in both an online and print format for wide distribution to career and health centres in First Nations, Métis, and Inuit communities across Canada. The Toolkit contains information on the midwifery model of care, as well as jurisdiction specific sections, covering topics such as pertinent legislation, governance and funding options, ways of assessing community specific maternal health needs and ways to develop midwifery services

closer to home. The Toolkit includes video documentation captured during Community Consultations that speaks to the impact midwifery can have on improved maternal and infant health outcomes but also on themes such as community involvement, connection to the land and place, decolonisation and self determination.

A pilot Midwifery Mentorship Program was also mobilised through which practicing Aboriginal midwives provided one-on-one support and advice to new and aspiring midwives. Three mentorship groups were developed: Penticton, BC; Winnipeg, MB; and Toronto, ON. Midwife Mentors also participated as speakers at meetings, workshops and career fairs, acting as a source of information and inspiration to aspiring midwives, and to those who may have just recently considered midwifery as a calling. NACM looks forward to continuing to provide support to Aboriginal communities to improve maternal and infant health in the coming year.

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



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.

Revised Home Birth Position Statement

In 2012, CAM struck a Working Group to review the Home Birth Position Statement, originally published in 2001. All CAM members were given an opportunity to comment on the final draft of the revised position statement during the spring of 2013. Member feedback was carefully reviewed by the Working Group and the CAM Board of Directors and appropriate changes were made to the final document.

The Working Group has recommended to the Board of Directors the development of two additional position statements: one to address midwifery care in a hospital setting and one to address midwifery care in out of hospital settings which may include birthing centers and other community health facilities.

New Position Statement on Reproductive Choice

In response to a member’s resolution that passed unanimously at the 2011 CAM annual general meeting, CAM struck a Working Group to develop a position statement on Reproductive Choice. The Working Group has been meeting since early 2013 with a goal to present a final draft of the position statement to the CAM Board of Directors in the fall of 2013. Once the final draft is reviewed, members will have an opportunity to share their comments during a member consultation.

New Position Statement on the Midwifery Model of Care

The CAM Board of Directors continues to develop a position statement on the Midwifery Model of Care. A final draft is scheduled to be completed before the end of 2013. Members will be given an opportunity to share their comments during a member consultation in early 2014.

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.

STRENGTHEN INTERNATIONAL PARTNERSHIPS AND OUTREACH

CAM’s international partnerships and initiatives continue to thrive. These activities have often come from networking and CAM’s ability to respond to opportunities to increase the visibility of Canadian midwifery at national and international forums.



CAM hosts successful visit from the Tanzania midwives Association in Toronto and Montreal

Association Capacity Strengthening

Tanzania and Canada – UMOJA* Twinning Project

**UMOJA means “unity” in Swahili*

CAM continues to participate in a reciprocal knowledge exchange project with the Tanzania Registered Midwives Association (TAMA). Through this project, CAM is 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.

As part of this project, CAM and TAMA facilitated twinning relationships between member midwives in Tanzania, with member midwives in Canada, to promote those same aspects of mutual capacity building at an individual level.

In June of 2013, 25 Canadian midwives participated in a CAM-led Twinning Workshop designed to prepare individual Canadian

participants for their twinning experience. The Workshop (delivered remotely, via teleconference and online) provided materials and guidance to participants, including an overview of the Tanzanian context and health demographics; diversity and collaboration exercises; and tools for developing a joint Twinning Plan with measurable goals and evaluation tools. At approximately the same time, TAMA led a similar workshop for its’ 25 Tanzanian participants, which featured the same collaboratively developed tools and supports. Each participant was paired with their respective twin, and the relationship building process via email, Skype, and telephone began in July 2013. Ongoing support and logistical coordination is being provided by CAM and TAMA, and pairs have been invited to submit their joint Twinning Plans by the end of September 2013.

Tanzanian Midwives visit Canada

In January 2013, CAM received funding from the International Development Research Centre (IDRC) that allowed CAM to bring midwives from Tanzania to Canada. During this visit, CAM organized a presentation by the Tanzania Registered Midwives Association (TAMA) President, Sebalda Leshabari

STRATEGIC DIRECTIONS: ACCOMPLISHMENTS (CONTINUED)

PhD, NM, at Ryerson University in Toronto, Ontario. The presentation, *Meeting MDGs 5 & 6: Midwifery Practice from a Tanzanian Perspective* was delivered to a packed audience, made up of midwives, students, staff, faculty members, representatives of the Association of Ontario Midwives, the College of Ontario Midwives and interested non-governmental organizations from the community. CAM was also able to organize a collaborative research meeting held at McMaster University in Hamilton, Ontario, attended by Tanzanian and Canadian midwives who are engaged in research related to maternal newborn and child health. The meeting acted as a platform for the exchange of information about what participants were each doing in the field of midwifery research; and a way to identify areas of mutual interest which might be incubated for future uptake. Designed to promote dialogue, and knowledge sharing between midwifery researchers in Tanzania and Canada, these events also served to engage practicing midwives and Canadian midwifery students in a conversation about the benefits of cross cultural learning and collaboration.

Improved Service Delivery for Safe Motherhood: Strengthening & Supporting Midwifery in Tanzania

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*.

This project will address the need for improved maternal health service delivery in six regions across Tanzania; specifically recognizing geographically disadvantaged areas that face limited access to emergency obstetric care; and shortages of adequately skilled maternity health care providers. The project will strengthen the capacity of practicing, and re-engaged rural midwives across the country through emergency skills training workshops, co-delivered on location, by Tanzanian-Canadian midwife pairs. It will also focus on linking the right competencies with rural areas, by identifying community health workers in target communities, and bringing them together with re-engaged

retired midwives within those same settings, for mentorship, and skills sharing support – strengthening the continuum of care from home to health facility. Various tools will be created to enhance midwifery knowledge transfer and advocacy; and essential resources will be provided to support increased access to quality midwifery care.

Pilot Alliance with CUSO International

CAM announced in 2013 a new pilot Alliance with Cuso International, a Canadian international development organization that recruits, selects, trains, and deploys volunteer professionals to do capacity building work with local partners in countries around the world. Cuso International worked closely with the Tanzanian registered Midwives Association (TAMA) to identify their specific needs and priorities. This resulted in the recruitment of TAMA's first Organizational Development Advisor, who will work to support the association's promotions, advocacy, and strategic planning efforts, beginning in October 2013.

Canadian Network Maternal, Newborn Child Health

In November 2010, the Honourable Minister of International Cooperation hosted a Roundtable on the Muskoka Initiative, attended by leaders from Canadian organizations involved in maternal, newborn and child health (MNCH). Subsequently, at the Minister's request, Dr. Dorothy Shaw (Canada Spokesperson for G8/G20, Partnership for MNCH, Geneva) and Rosemary McCarney (President and CEO, Plan International Canada, Inc.) agreed to coordinate the establishment of a Canadian Network for MNCH (CAN-MNCH).

The Network is comprised of more than 60 Canadian organizations who are actively engaged in MNCH work in over a thousand regions around the world. The Network has been given a mandate by the partner organizations to play a leadership role in developing synergistic collaboration among Canadian constituents. CAM attended the meeting of the CAN-MNCH network in October 2012 and continues to represent midwifery throughout the year.

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

Since 2009, CAM has been working to strengthen ties with the Haitian midwifery association, (AISFH).

In the fall of 2012, Tonia Occhionero, CAM Executive Director and Emmanuelle Hébert, CAM Vice-President undertook a visit to Port-au-Prince in an effort to include CAM and midwifery in general in the Canadian International Development Agency's (CIDA) project to rebuild the midwifery school and support the review of the curriculum of the midwifery education program. During the visit, they met with key stakeholder groups, including the Director General of the Minister of Health, the Head of Aid of the Canadian International Development Agency (CIDA) and they visited the École Nationale des Infirmières Sages-Femmes d'Haiti (ENISFH), on-site projects and *La Maternité Croix-des-Bouquets*.

A direct and positive outcome of their presence was a meeting between the midwives of the professional association (AISFH) and the existing midwifery school (ENISFH) with key staff at the Ministère de la Santé Publique et de la Population (Minister of Health) and the Département de la Santé Familiale (DSF – Department of Family Health under the Ministry). CAM received full support from the Minister of Health regarding CAM's involvement in CIDA's commitment to rebuild the midwifery school.

International Confederation of Midwives (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 the Haitian Midwifery Association.

CAM International Advisory Committee (CIC)

After consulting with the Chair of the CAM International Committee in the fall of 2012, CAM reworked the terms of reference to better reflect the role and purpose of the committee. In June 2013, the CAM Board of Directors adopted the new terms of reference of the CAM International Advisory



Peter Flattery, HIROC CEO, with Haitian Midwives Almáida Augustin Aurénil and Marie Quettely Chevalier at the 2012 CAM Conference Opening Reception

Committee. It's role is to advise the Board of Directors on issues and projects related to global midwifery and global maternal newborn and child health as needed.

Ghislaine Francoeur Fund (GFF)

The GFF covered the cost for two midwives from Haiti, Almáida Augustin, President of AISFH and Quettely Chevalier, then interim Director and now Director of the École Nationale des Infirmières Sages-Femmes d'Haiti (ENISFH) to attend the conference in St. John's, NL. Together, they delivered a presentation during the conference on the work of their association and the situation of midwifery in Haiti.

The GFF collected over \$3000 in donations during the conference in St. John's.

In addition, HIROC agreed to sponsor the opening reception of the conference in honour of their Blue Ribbon Campaign for Midwifery in Haiti.

CAM chose to donate this sponsorship directly to the Ghislaine Francoeur Fund, thus bringing the total raised during the conference to nearly \$5500.

ICM 2013 Regional Conference of the Americas

CAM President, Joanna Nemrava, and Secretary Katrina Kilroy represented CAM at the 4th ICM Regional Conference, Professional

Midwifery of the Americas, which was held in April of 2013 in Quito, Ecuador. With the support of ICM, CAM Vice President, Emmanuelle Hébert also attended to offer whisper translation for the Haitian midwives who attended the Caribbean Midwifery Associations Regional Meetings during the event.

Katrina Kilroy and Emmanuelle Hébert presented the CAM and the Tanzania Registered Midwives Association (TAMA) Twinning Project and the activities delivered to date, including a discussion of the joint Strategic Plan, sharing of specific outcomes, and the exchange of skills and expertise including the peer-to-peer mentorship program involving 25 midwife pairs.

CAM maximizes these opportunities to foster relationships with midwifery associations in Latin America and the Caribbean – as we have done with l'Association des Infirmières Sages-Femmes d'Haïti (AISFH) – recognizing that these networks can support shared learning and growth initiatives in the future.

ICM Triennial Congress Toronto 2017

Planning for ICM 2017 in Toronto is already underway! The ICM Host Planning Committee (ICM HCPC) has been meeting since the fall of 2011. In 2012-2013, the planning committee submitted logo recommendations to the ICM Board for review. The committee also struck two additional sub-committees to assist with planning: the ICM Marketing & Promotions sub-committee and the CAM International Access sub-committee.

The Marketing and Promotion sub-committee is responsible for organizing the promotion of the ICM 2017 Congress at the next ICM Congress in Prague in June 2014.

STRENGTHEN THE ORGANIZATIONAL CAPACITY OF CAM

In 2011, the CAM Board struck a Governance committee to conduct a review of the current policies surrounding the Board and the roles and responsibilities of Executive members. In

2012-2013, the committee was tasked with conducting interviews with all CAM Past Presidents to gain some insight and feedback for future planning. This resulted in a new policy regarding the role of CAM Past Presidents.

The Governance committee also led the review of the CAM by-laws which was initiated in 2011. A thorough review was completed and the new CAM by-laws were adopted by the CAM Board in 2013. The revised by-laws were sent to CAM's legal counsel to ensure that revisions complied with the New Corporations Canada New Not-for-Profit Act, which came into effect in October 2011.

The task of complying with the new Act required significant changes to CAM's governing documents and by-laws. The Governance committee 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 Board of Directors continues to meet eight times per year (seven meetings via teleconference and one two and a half day Board Intensive prior to the CAM annual conference). The Board of Directors continues to develop internal policies and to ensure that CAM activities reflect the strategic direction of the organization. As of June 2013, every jurisdiction in Canada (13 provinces and territories), the National Council of Midwives, and student midwives are all represented on the CAM Board of Directors.

In 2012, CAM hired a Grants and Partnerships Advisor to assist CAM in securing external for its programs and services. This eight month contract position was made possible by funding from the Association of Ontario Midwives. In the summer of 2013, after receiving confirmation of the three year project funding from the Sanofi Espoir Foundation, CAM was able to make this a permanent full time position.

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



NATIONAL ABORIGINAL COUNCIL OF MIDWIVES OVERVIEW

The National Aboriginal Council of Midwives (NACM) represents the voices of First Nations, Inuit and Métis midwives and midwifery students in Canada. At the present moment, there are 63 NACM members, of which 20 are students. NACM is proud to say that 4 students have graduated this year, joining the ranks of their fellow Aboriginal midwives across the country. Additionally, a new community-based program started on the Ungava Coast, in Kuujuaq. A detailed list of all educational programs can be found at www.aboriginalmidwives.ca.

Currently, there are eleven midwifery practices across Canada with a specific focus on serving First Nations, Inuit, and/or Métis communities. In particular, Seventh Generation Midwives Toronto was selected to lead the development of one of the two new birthing centres in Ontario. It is scheduled to open in the fall of 2013. Details of these practices can be found online at www.aboriginalmidwives.ca.

In October 2012, NACM held its annual Gathering in St John's in Newfoundland & Labrador. This three-day event consisted of meetings for NACM members to vision, share knowledge and learn from Elders. Discussions focused on Indigenous governance models, collaborations with researchers and strengthening our partnerships with other organisations.

Additionally, this past year saw the hiring of a Policy Analyst, Aboriginal Midwifery at the Association of Ontario Midwives (AOM). AOM members passed a constitutional change allowing Aboriginal midwives working under the exemption clause to have the option of becoming AOM members. Margaret Wabano, an Elder Cree midwife from the Moosonee area received the AOM Award in recognition of her years of service and dedication. And lastly, there was a consultation

◆ BRINGING BIRTH BACK ◆
**ABORIGINAL
MIDWIFERY
TOOLKIT**
NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

**Be a part of the
National Aboriginal
Council of Midwives
pilot mentorship
program in 2013.**

This program will match up an Aboriginal midwife with an Aboriginal midwifery student and with a prospective Aboriginal midwifery student. If you are interested in pursuing midwifery as a career, but you are looking for guidance, this is the program for you!

This program will offer email and phone support to the prospective student from both the current student and the practicing midwife. In addition, there will be one on-site visit to the midwife's practice.

If you are interested, please send an email with your name, contact information and no more than one page description of why you would like to be part of this program to:
nacm@canadianmidwives.org

DEADLINE: FEBRUARY 10, 2013
For more information, contact Valérie Perrault at:
atnacm@canadianmidwives.org or by phone 514 807-3668.

between the AOM and NACM members to see how the AOM can support the growth of Aboriginal midwifery in Ontario.

NACM was also involved in several conferences. NACM members participated in Soaring Inspire Career conferences held in Montreal in 2012 and Sudbury in 2013. NACM members presented to The Multijurisdictional Midwifery Bridging Program (MMBP) students and University College of the North (UCN) students in Winnipeg in 2013. In June, NACM was invited to host a booth in Calgary during the Annual Clinical Meeting (ACM) of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and to explore additional partnerships with the SOGC's Aboriginal Health Initiatives Committee with regards to bringing birth closer to home.

NACM received a grant at the beginning of June from the Foundation for the Advancement of Midwifery (FAM). This grant will help NACM to develop other multimedia resources to promote the practice of Aboriginal midwifery. For more information about this grant, you can visit FAM's website at <http://foundationformidwifery.org/>. NACM also received a third round of funding from FNHI through the Aboriginal Health and Human Resources Initiative (AHHRI). This funding will enable 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. For information regarding NACM's activities which were funded by the second phase of AHHRI in 2012-2013, please see page 9 of this report.

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

ALBERTA

Overview of midwifery in Alberta: The province currently has 78 practicing Registered Midwives: 45 in Calgary, 22 in the Edmonton area, and a few in Red Deer, Rocky Mountain House, Cochrane, and High River. We now have two birth centres: Arbour Birth Centre in Calgary (8-9 births/month), and Lucina Birth Centre in Edmonton (20 births/month). Neither birth centre is funded. A handful of midwives work in alternative or shared care programs, which receive different funding. For example, the Rocky Mountain House midwives team up with the local Primary Care Network, providing care to women in three First Nations communities. They share call with local physicians and provide breastfeeding support.



Education: The third cohort of students began their Bachelor of Midwifery at Mount Royal University in September 2013. This is the first and only midwifery education program offered in Alberta. The first 12 midwives will graduate in 2015.

Association: The AAM has 85 members. Our president is Joan Margaret Laine, and the AAM Board of Directors consists of 9 midwives. AAM now has a full time Executive Director, and two part time administrative assistants. <http://www.alberta-midwives.com/aam/k>

Regulation: Midwives have been regulated since 1998, and as of January 1st 2013, the College of Midwives of Alberta was established as our regulatory body. Self-governance is a significant step forward and demonstrates our high level of skill and commitment to high standards. <http://www.college-midwives-ab.ca/>

Accomplishments: While government funding has been in place since 2009, in June we signed our first contract with Alberta Health Services (2012-2015). We've had a 17% increase in midwives annually since 2008, making us the fastest growing health profession in Alberta.

A Midwifery Services Team was established in an effort to formalize midwifery within Alberta Health Services. Gisela Becker, Director of Midwifery Services, will provide administrative leadership. We also have Zone Midwifery Directors (Patty Lenstra-South, Marie Tutt-North) who will provide clinical leadership with a focus on quality improvement, and professional practice support.

Last year Canada's second milk bank opened in Calgary! It provides pasteurized donor milk to NICU's, for babies that meet certain criteria. Midwives can prescribe milk when needed. Presently donations are plentiful and supply exceeds demand. <http://www.calgarymothersmilkbank.ca/>

In Calgary a new hospital opened its doors in September, and the very first birth was a midwifery waterbirth! There is a strong desire to build collegial relationships, and the hospital strives to be family/

woman centred, offering single room maternity care, waterbirth, and vaginal breech birth for select candidates.

Government Relations: While we are very pleased to have our first signed contract, there are a finite number of courses of care in the province per year that is limiting the growth of midwifery. This will be addressed as we prepare to begin negotiations shortly for our next contract for 2015.

BRITISH COLUMBIA

Overview of Midwifery in BC: At present, there are 216 practising Registered Midwives in BC. Midwives continue to work in contract with the Ministry of Health Services as autonomous self employed care givers providing services to families in the community, hospital and home environment.



Association: The MABC continues to exercise strong leadership in the promotion of the midwifery profession and in the protection of the vested interests of it's members. The Board consists of four executive and five general board members and is delighted that Joanna Nemrava has moved into the role of CAM President.

Education: This fall welcomed a doubling in first year enrolment for the Midwifery Education Programme at the University of British Columbia to 20 new midwifery students. UBC's MEP has also welcomed a new director- Michelle Butler to it's faculty.

Regulation: The College of Midwives of BC has been the regulatory body for the profession since 1998. Midwifery services in BC continue to be funded through the BC Medical Services Plan.

Accomplishments: This year has been instrumental in the support for midwifery in Rural communities across BC. The Rural Locum Programme enables rural midwives to find temporary coverage for vacation and professional development. The Rural Practice Start Up Fund has also been launched and to date has supported the opening of a new practice in under-served Northern BC.

The MABC continues to engage with Aboriginal Health Leaders and Aboriginal communities and has liaised with the Seabird Island Reserve in BC's Fraser Valley to develop a position for a midwife working within the community under an alternate payment model as part of the Maternal Child Health Team. The Aboriginal Committee has partnered with UBC's Learning Circles platform to help educate Aboriginal Youth and Communities about midwifery as a career choice and a health care option. Two aspiring Aboriginal midwives will also be sponsored to attend this years NACM gathering.

Professional Development: The MABC aims to partner with the CMBC and Ministry of Health to undertake a Midwifery Scope and Model of Practice Review and continues to work with the CMBC and UBC

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

on expanded scope practice. Learning modules are currently under development. Access to Cultural Safety Training remains high on our mandate and the MESP Programme has been a huge success with over half of RM's in BC having taken the course in the past year as well as some out of province offerings. Midwives in BC are also currently working towards creative solutions to inform collaborative care models.

Government Relations: The Executive is gearing up for another round of Contract Negotiations in 2014 and undertook an analysis of member needs at the Annual General Meeting this past May.

Research: The MABC is also participating in a Vancouver Foundation grant research project lead by UBC entitled 'Why Midwifery Care' which will explore issues of demand, access and consumer choice with regards to midwifery care in BC. Our goal is to use the results of this research to inform our planning process and work with government to improve access to midwifery care.

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

MANITOBA

Overview of Midwifery in MB: Midwifery has been regulated since June 2000. There are currently 38 practicing midwives and 22 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. As is common across the country, the demand for midwifery services far exceeds the ability to provide services.

Association: The Midwives Association of Manitoba (MAM) has 17 full members, 4 non-practicing members and 9 student members. MAM is currently working on building its membership and strengthening its advocacy efforts. 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.

Education: Congratulations to the first two graduates of the University College of the North's (UCN) Kanaci Otinawawasowin Bachelor of Midwifery program! The 9 students currently in their fourth year of studies are expected to graduate this spring. The next program intake is set to take place in September of 2014.

Regulation: The College of Midwives of Manitoba (CMM) is the regulatory body. The CMM registers graduates of accredited Canadian university programs and the International Midwifery Pre-Registration Program (IMPP). This year there were two programs for assessing internationally educated midwives (IEMs). One program was an

accelerated option of the Multi-Jurisdictional Midwifery Bridging Program, (MMBP) and the other was a Transitional Assessment and Gap Training (TAGT) program. The MMBP does not have any further funding and the TAGT was intended as a transitional program. The CMM is currently working with Manitoba Health and other stakeholders on developing a long-term sustainable assessment process for IEMs that may be available in early 2014. CMM is also working on changes to midwifery regulation which may result in an increase in prescriptive authority as well as an increase in the list of diagnostic tests that midwives can order and interpret.

Accomplishments: The Birth Centre in Winnipeg is now in its second year of operation. To date 221 women have given birth at the Birth Centre-93 so far this year. The Birth Centre has welcomed the opportunity to share their experience with Toronto and Ottawa midwives as they plan for Birth Centres in their cities in the near future.

MAM continues to work in collaboration with other stakeholders (Manitoba Health, the CMM, the RHAs, the UCN, the Council on Post Secondary Education) towards strengthening and growing midwifery in Manitoba.

midwivesofmanitoba.ca

NEW BRUNSWICK

Overview of Midwifery in NB: Since legislation and proclamation in 2010 there are no registered midwives in NB. An employment model is being proposed once funding for midwifery practice is allocated. This spring the provincial government has suspended all funding to implement midwifery, including the activities of the Midwifery Council of New Brunswick. Thus making it impossible to register in the province.

Association: The Midwifery Association of New Brunswick (MANB) consists of ten members: four registered midwives and six student midwives. The Association's activities focus on raising public awareness about midwifery in NB and mobilizing supporters to re-instate funding to the regulatory body and an implementation strategies that will lead to funded midwifery care in the province. Through these activities MANB has linked with Mothers of Change for Maternity Care to help the women of New Brunswick find their voices to mobilise access to regulated midwifery care.

Education: Currently there is no education program for midwives in the Atlantic region. Six of the MANB members are local midwifery students studying outside the province. All want to practice in NB when they graduate. This year, our two graduating midwives are now practicing in NS and ON.

Regulation: The Midwifery Act received Royal assent in June 2009 and was proclaimed in June 2010. Since May 2013, the Midwifery Council of New Brunswick activities have been suspended due to provincial

fiscal constraints. The work of the Council is far from complete. Loss of momentum will significantly undermine and delay bringing midwifery services to New Brunswick women and their families. Additionally NB loses highly skilled primary care providers wanting to practice in the province. The Council will unofficially continue to participate in Canadian Midwifery Regulators Consortium (CMRC) activities, a network of Canadian midwifery regulatory authorities.

Accomplishments: MANB partnered with CAM this spring when midwifery implementation and the regulatory body were suspended to call attention and action from midwifery supporters, the media release received national attention. Our facebook page supporters more than doubled during this time, partnerships and new allies were formed. Unfortunately, there is still no word from the Minister regarding the reinstatement of the Council or continued support for midwifery implementation.

<https://www.facebook.com/NewBrunswickMidwives>

NEWFOUNDLAND & LABRADOR

Overview of Midwifery in NL: Midwifery in Newfoundland and Labrador remains unregulated to date. However there has been some activity this year as the other professions covered under the Health Professions Act 2010 have been regulated. In May, two consultants, contracted by the NL government Karyn Kaufmann and Helen McDonald spoke to a number of stake holders about midwifery in NL. They discussed what it would look like, how it might best be regulated and the model of practice? That report is due at the end of September and we are hopeful that the government will take action to regulate midwifery.

Association: The Association of Midwives of Newfoundland and Labrador currently has 18 members situated across the country. The Association president and CAM rep is Ann Noseworthy, Treasurer Pamela Brown, Secretary Karene Tweedie and Publicity Pearl Herbert.

Accomplishments:

- This year we joined with the Friends of Midwifery of Newfoundland and Labrador to celebrate International Day of the Midwife a good turnout on a rainy and windy day but the media were there and it went well.
- We had a discussion in May with the two government/ McMaster consultants. Midwives from St John's and via teleconference midwives in St Anthony and Labrador talked to the consultants about what we think midwifery should look like in this province.
- We are continually looking at ways to raise the profile of midwifery and midwifery regulation here in Newfoundland and Labrador.

- We are currently in the process of updating our website and will keep CAM abreast of any changes in the URL

NORTH WEST TERRITORIES

Overview of Midwifery in NWT: The Midwifery Program in Fort Smith is in its ninth year of operation and the outcomes of midwifery-led maternity care in Fort Smith are currently the subject of a research project at the University of British Columbia. The program is staffed by two registered midwives; Gisela Becker left the program in 2013 after eight years of service, and Tracy Pittman has recently joined Lesley Paulette. A full time Registered Nurse also provides support to the program. Additional members of the local and regional maternity care team include a public health nurse, family physician, nurse practitioner, and OB / GYN.

Association: The Midwives Association of the NWT currently has three active members, including two Registered Midwives and one associate midwife member. Lesley Paulette is the current President of the Association. The Midwives Association of the NWT continues to be represented on the NWT Maternal Perinatal Committee, and on the Stanton Credentialing Committee. In addition the Association is a member of 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. The Committee recently recommended revisions to the Screening and Diagnostic Tests Regulation to the Midwifery Profession Act. These have been finalized and adopted by the Department. One feature of the new regulation is an expanded scope for midwives performing point of care ultrasound as well as ordering x-rays in the context of obstetric or neonatal emergencies. In the near future attention will be turned to the revision of the pharmacy list for midwives to encompass controlled substance in accordance with changes to the federal legislation.

Government Relations: In the wake of the government's Midwifery Program Review and Expansion Analysis Report, released in 2012, the Department of Health and Social Services has hired a consultant to assist with the long range planning for the expansion of midwifery services into selected communities in the NWT. Former Yellowknife Registered Midwife, Heather Redshaw, has taken on this portfolio starting October 7, 2013.

The Department of Health in consultation with the Midwives Association of the NWT is looking 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



PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

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

NOVA SCOTIA

Overview of Midwifery in NS: There are nine midwives working 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 growth, 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 was the establishment of a Provincial Midwifery Practice Specialist, and this position has recently been filled. The report also recommended the hiring of second attendants immediately, and the hiring of 20 full-time midwifery positions by 2017. Currently, there are no second attendants for home births, and no plans for further increases to the number of employed midwives in Nova Scotia.

NUNAVUT

Overview of Midwifery in Nunavut: Presently Nunavut has 2 active midwifery practices - one in Rankin inlet with 4 full time positions available (looking for midwives), one in Cambridge Bay with 3 full time positions available (looking for midwives). There is a practice starting up in Iqaluit, hopefully this fall, with one midwife.

In addition, there is funding for a two-midwife led practice in Arviat (One of the communities in the Kivalliq Region) but no midwives hired for this practice.

Association: The Association is small with very few numbers of registered Midwives in the Territory

Education: A total of two students have completed the education program (in two classes) to become Registered Midwives. There have been 10 graduates into the role of maternity care workers (1 year program) throughout the territory, however, there are not jobs presently available for all of these graduates.

There are an additional 2 students presently completing their final year of the Midwifery program. The next intake of students isn't expected until 2014

Regulation: Registered Midwives are salaried employees for the government of Nunavut. Taking care of all high and low risk pregnancies, conducting carefully screened low risk deliveries (at the birth centre) caring for all post partum women in their respective communities, in addition to providing counseling for STI's and well women care, and attendance on medivacs in emergency situations. Midwives also provide pre and post natal care to women in outlying communities (community visits are provided to these communities when staffing allows)

Accomplishments: Midwives are working towards being recognized in the role and scope they provide and being paid accordingly through the union.

ONTARIO

Overview of Midwifery in ON: There are currently 680 midwives in Ontario. Accessing hospital privileges and maintaining primary care in hospitals with clients who require induction, augmentation or epidurals continues to be a challenge in about 50% of hospitals where midwives hold privileges.

Aboriginal Midwives provide care to Aboriginal communities practice in Ontario under an exemption in the *Midwifery Act*. The AOM has added a membership category for Aboriginal Midwives and is working to improve access to midwifery care provided by Aboriginal midwives.

Association: This year, the AOM completed a new branding project, resulting in a new logo and tagline "Delivering what matters." The AOM looks forward to celebrating 20 years of regulated midwifery in Ontario in 2014. The AOM is working with CAM and ICM in planning the 2017 ICM Congress which will take place in Toronto.

Education: A total of ninety midwifery students enter the MEP programs at Ryerson, Laurentian and McMaster universities each year. There are currently 400 students enrolled in the MEP. The International Midwifery Pre-Registration Program (IMPP) provides a gateway to practice for midwives who have trained internationally.

Regulation: The College of Midwives of Ontario is the regulatory body. For more information, visit www.cmo.on.ca

Government Relations: MPPs and political staff learned more about the quality and value that midwives bring to Ontario's health care system when the AOM held a press conference and educational exhibition at the Legislature on March 6.

Across Ontario, women face a 28% gender wage gap. Midwives fall into the gap both because they work in a female-dominated sector and because they provide health care to women. Ongoing efforts by the AOM to address this issue with the Ontario Ministry of Health and Long-Term Care have been unsuccessful. For this reason, with the support of midwives and the expertise of a lawyer who specializes in pay equity, the Association is filing a complaint with the Human Rights Tribunal of Ontario.

Professional Development: The AOM's Emergency Skills Workshop (ESW) program has undergone an extensive content review and redesign to reflect new evidence and best practices. The written exam is now available online only and must be completed prior to attending the in-person workshop. The new ESW provides time for review and practice with an emphasis on learning and competence rather than testing. The manual has been updated with new content, professional illustrations and formatting. Midwives from across Canada are invited to take the new ESW at the CAM conference.

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 2012 and 2013, the AOM held education days and webinars on topics such as improving perinatal outcomes, fostering interprofessional collaboration, enhancing business practice management and establishing new practices.

The Association's May 2013 Annual Conference, entitled "The Balancing Act: Sustaining Midwifery," attracted the largest number of attendees ever.

Clinical Practice Guidelines: Get the latest research on your phone! Reference tools that include some of the most essential content from two of AOM's clinical practice guidelines can now be accessed using smartphones. App versions of *Vaginal Birth After Previous Low-Segment Caesarean Section* and *Hypertensive Disorders of Pregnancy* can be downloaded from the Apple App Store, and

web-based versions are available online for Blackberry or android devices. Funding for this project was generously provided by the Canadian Institutes of Health Research. GBS post-partum CPG will be available shortly.

Accomplishments: The Ottawa Birth and Wellness Centre is scheduled to open in October and the Toronto Birth Centre will open in late fall. Both centres 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 all midwives and midwifery clients in those cities.

AOM's work was recognized by the Canadian Society of Association Executives at their 2012 conference. AOM won the *Associations Make a Better Canada* award for its 'Ontario Needs Birth Centres' campaign, which succeeded in securing provincial funding for the two midwife-led birth centres. The AOM also won the award for best website.

AOM Websites: OntarioMidwives.ca aom.on.ca

PRINCE EDWARD ISLAND

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

Association: The PEIMA has six members.

Regulation: The "Proposed Umbrella Health Profession Legislation for Prince Edward Island" was tabled during the fall 2012 and spring 2013 PEI Government House sittings. We have been advised that it will come before the house during the 2013 fall sitting. The delay has given us time to consult and review more carefully the various Canadian provincial and territorial midwifery acts and regulations. This exercise was useful in alerting us to concerns about the proposed legislation, particularly around the "Discipline Process", and the "single scope of practice" for all professionals regulated under this act. This process has resulted in our decision not to seek regulation under the legislation as proposed. Instead, we have made a proposal to the Minister of Health and Wellness that they consider negotiating with the Nova Scotia Department of Health to regulate midwives, who wish to practice in Prince Edward Island, under the Nova Scotia Midwifery Act and Regulations until such time as there are sufficient midwives practicing in PEI to self-regulate either under a PEI Midwifery Act and Regulations, or to join a Maritime Midwifery College. The creation of a Maritime Midwifery College is a long term goal. The creation of such a college rests with the Premiers of the Maritime provinces. To date, we have not had a response from the PEI Minister of Health and Wellness.

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (CONTINUED)

Meanwhile we will continue to work with BORN, the midwifery public support network, to raise awareness of the role and scope of practice of midwives.

The PEIMA would like to express our thanks to all those who have shared their experience and knowledge of legislation and midwifery regulation and practice during this stage of seeking regulated practice of midwifery in Prince Edward Island.

QUÉBEC

Overview of Midwifery in QC: The Regroupement les Sages-Femmes du Québec (RSFQ) has 146 midwife members and 26 midwife student members. Midwives in Québec practice within birthing centres. The midwives provide full prenatal and postnatal consultations and the woman chooses the place of birth, whether a birthing centre (about 80%), at home (about 15 to 20%) or in hospital (about 1 to 2%).



This year, two new regions enjoy midwifery services (Lanaudière and Saguenay), and the midwifery service in Jeanne-Mance will finally have a birthing centre, for a total of 11 birthing centres and two midwifery services.

Government Relations & Funding: Québec midwives are hired as independent workers on contract by the CSSS, or Centres de santé et de services sociaux (equivalent to community health clinics). They receive a salary plus additional benefits (i.e. vacation, sick pay, holidays, maternity benefits) and a retirement plan.

Education: Midwives in Quebec are educated at the Université du Québec à Trois-Rivières (www.uqtr.ca), with a four-and-a-half-year bachelor's program. There are currently 79 students enrolled in the program, including 20 new admissions. 14 new midwives graduated in 2013. Since 2008, UQTR has also offered a 30-credit certificate for internationally trained midwives who wish to practice in Quebec. Since 2009, midwives trained in France enjoy a Québec-France mutual recognition arrangement (MRA).

The RSFQ also organizes emergency obstetrical skills training, and this year, it will debut a new premature birth training for paramedics and first responders.

Accomplishments: The practice of midwifery in Nunavik is the only one of its kind in the world. Midwives working in Kuujuaq (Ungava Bay) are members of the RSFQ. Following the renewal of the agreement, we will examine the possibility of adding Hudson Bay midwives to the Association's membership. There are currently four midwives in Kuujuaq, and a training program began in August with two midwifery students, modelled on the training program offered in Hudson Bay.

Since August 2013, midwives in Québec have enjoyed additional insurance coverage for their legal representation when undergoing proceedings with the Ordre des sages-femmes du Québec (www.osfq.org). This coverage was not included in the professional liability insurance.

Excellent news in regard to development: a new consultation committee on the profession's development and the planning of midwifery staffing convenes this fall. It will bring together the major players in development, including midwifery bodies and the Ministère de la santé et des services sociaux (MSSS).

Since 2009, the RSFQ has worked in collaboration with the Fédération des professionnels de la CSN. Their advisors support us in negotiating and applying the *Entente sur les conditions de pratique* (working conditions contract) and with the profession's development in Québec.

The first contract agreement between the RSFQ and the MSSS was signed in 2004. It was extended by decree until 2010. The RSFQ has been in negotiations since June 2011 and no agreement has yet been reached. It is clear that the current struggle concerns the recognition of our practice model, including equitable compensation for on-call time and undesirable hours. The midwives of Québec, supported by Québec women and families, are determined to see a major adjustment of their work conditions! Thank you for supporting us! www.rsfq.qc.ca

SASKATCHEWAN

Overview of Midwifery in SK: Midwifery care is available in three Health Regions and one First Nations Hospital out of thirteen Health Regions in Saskatchewan. 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 government has been finding ways of expanding access to midwifery care in other parts of Saskatchewan. A workforce policy consultant has been in position since the beginning of the year 2013 through the ministry of health, to enhance recruitment and retention of midwives in Saskatchewan.

The government continues to actively develop midwifery services in Athabasca There are 14 midwives registered in urban centers. The average home birth rate is around 40-60% and we strive to have a good number of clientele from the priority populations. All the midwifery practices are currently providing homebirth services with the exception of Fort Qu'Appelle due to a sole midwife practicing in the region.



Association: The Midwifery Association of Saskatchewan (MAS) currently comprises of fourteen licensed midwives, one midwifery student, and two associate members. We continue to find innovative ways to increase our membership.

MAS is working with the government to extend midwives prescriptive authority, offering the choice of independent midwifery practice, and the possibility of setting up a facility for the training of Midwives within the province. Unionization of the registered midwives has been an ongoing discussion. MAS is seeking clarification on the impact of unionization on our practice before making any decision.

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, the All Nations' Healing Hospital is excited to be returning low-risk birthing back to the community, with the expansion of the Women's' Health Centre to include a midwifery led birthing unit. There are two birthing suites available, one with a permanent birthing tub.

Other services increased at the Women's Health Centre include a laboratory license to enable Point of Care testing for HIV. This, along with training of the midwife, nurse practitioners and women's helper presents an added opportunity for women to be offered testing in a supportive environment.

YUKON

Overview of Midwifery in YT:

Presently, the Yukon Territory still does not recognize the profession of midwifery. Midwifery remains an out of pocket service. There are currently two midwives offering home births in the territory, one is a Canadian Registered midwife.



A public consultation in regards to funding and regulation of midwifery was discussed in Yukon Territorial cabinet in the spring of 2013 and the issue was shelved due to it being deemed of low priority at present. There remains a demand for funded and regulated midwives in the territory.

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

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