



ANNUAL REPORT

2014
2015

CANADIAN
ASSOCIATION
OF MIDWIVES



Canadian Association of Midwives
Association canadienne des sages-femmes

PRESIDENT'S MESSAGE



Emmanuelle Hébert
CAM President

In 2014-15, the Canadian Association of Midwives (CAM) and the National Aboriginal Council of Midwives (NACM) continued to maximize the influence of midwifery by working jointly on important national issues facing the profession. They include; advocating for a federal occupational classification for midwives, the inclusion of midwives in the Canada Student Loan Forgiveness Program, and passing of Private Member's Bill C-608, An Act Respecting a National Day of the Midwife.

Both NACM and CAM are mutually benefiting from a strong partnership and together, with the assistance of National Public Relations, we are starting to feel the effects of our persistence and hard work. While policy changes are slow to come, we can say with assurance that the visibility of both organizations has increased tremendously over the past two years.

This visibility was made even stronger with CAM's participation in the Canadian delegation to the United Nations General Assembly and with the particular interest of Minister Christian Paradis, then Minister of International Development, to include Canadian midwifery expertise in the Canadian government's maternal, newborn and child health funding commitments around the world, particularly in sub-Saharan Africa.

We continue to take advantage of every opportunity and invitation to meet, discuss, and present to Members of Parliament from all political parties, Ministers, political and department staff, Standing Committee members of the House of Commons and many more. This investment of time and resources is critical to ensuring the inclusion of midwives in national health policy discussions and decisions.

In the past year, CAM continued to invest both human and financial resources to support the Atlantic Provinces, in particular New Brunswick, Nova Scotia and Prince Edward Island where the profession of midwifery is either struggling or non-existent. CAM also supported the Yukon Territory with their advocacy efforts around May 5th and after the election of their new government.

The association twinning partnership between CAM and TAMA (Tanzania Registered Midwives Association) continues to flourish. Year 2 of the Improved Service Delivery for Safe Motherhood project is successfully moving forward. We are proud to say that 250 midwives from 5 separate districts across rural Tanzania have now been trained in emergency obstetrical skills with more to come in project year 3. Thank you to the members who volunteered for these overseas placements. Your contributions are essential to the success of our global work.

In January 2015, CAM and CUSO International submitted a 5 year project proposal titled Midwives Save Lives. It

was an honour to work with the Toronto Birth Center to host Minister Chris Alexander and Member of Parliament Lois Brown for the announcement of the successful projects under the Partnerships for Strengthening Maternal, Newborn & Child Health program of the Department of Foreign Affairs, Trade and Development. CAM & CUSO International hope to begin the implementation of this project in 2016.

Planning for the 2017 ICM Triennial Congress in Toronto is moving full steam ahead. Through our international work and fundraising efforts, we hope to bring dozens of midwives to this Congress that could otherwise not attend. Interested in helping? It will be all hands on deck as we approach 2017 so don't hesitate to contact the CAM office if you have some time to contribute to the organization of this prestigious event.

Finally, I want to take a moment to share many thanks. Firstly, I want to recognize the tremendous work accomplished by our dedicated Executive Director, Tonia Occhionero and her committed staff. Also, thank you to the members who volunteer their time, energy and expertise to participate on working groups and committees throughout the year. Your implication and oversight are critical to the success of CAM's work. To the Board of Directors; it is a privilege to work side by side with such a strong and inspiring group of leaders. And finally, to the members... midwives from coast to coast to coast who offer exceptional services to Canadians and beyond, thank you for all you do to contribute to the profession of midwifery here and around the world.



BOARD OF DIRECTORS

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

BOARD OF DIRECTORS NOVEMBER 2014

Top row left to right: Alix Bacon BC, Megan Lalonde SK, Leslie Frances Niblett NS, JoanMargaret Laine AB, Claudia Faille QC, Lisa Weston ON, Joyce England PEI, Kate Leblanc NB, Heidi Demers Student Rep, Tracey Novoselnik MB, Ellen Blais NACM co-chair.

Bottom row left to right: Katrina Kilroy Vice President, Nathalie Pambrun Secretary, Emmanuelle Hébert President (2014-2016), Joanna Nemrava President (2012-2014), Jane Erdman Treasurer.

Missing from photo: Kathleen Cranfield YT & Ann Noseworthy NFL. There was no representation for NWT or NU in 2014-2015.

2014-2015 STAFF

Left to right:
Alisha Nicole Apale, NACM Coordinator
Jill DeWeese-Frank, Events Coordinator
Annie Hibbert, Administrative Assistant
Eby Heller, Communications
Tonia Occhionero, Executive Director
Pauline Bondy, International Projects and Partnerships Manager



ABOUT CAM

MISSION

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

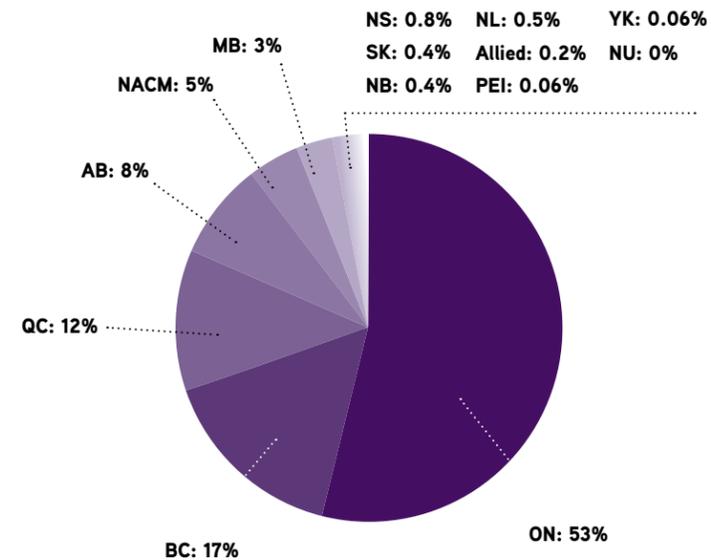
VISION

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

VALUES

The Canadian Association of Midwives believes that:

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



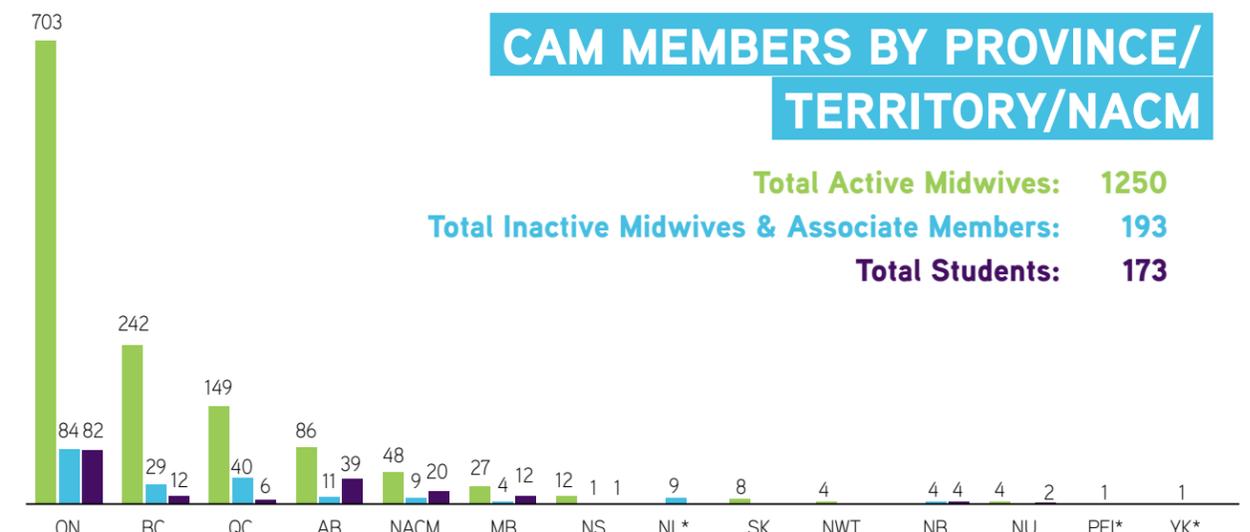
CAM MEMBERSHIP BY PROVINCE/TERRITORY/NACM (TOTAL MEMBERS: 1612)

ON: 869	MB: 43	Allied: 4
BC: 283	NS: 14	NWT: 4
QC: 195	SK: 8	PEI: 1
AB: 136	NB: 8	YK: 1
NACM: 77	NL: 9	NU: 0

TOTAL CAM MEMBERS SINCE 2007



CAM MEMBERS BY PROVINCE/TERRITORY/NACM



Total Active Midwives: 1250
 Total Inactive Midwives & Associate Members: 193
 Total Students: 173

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

GOVERNMENT RELATIONS & ADVOCACY

PRIVATE MEMBER'S BILL C-608: An Act Respecting a National Day of the Midwife

CAM worked tirelessly with Rosane Doré Lefebvre, Member of Parliament for Alfred-Pellan to ensure the passing of the Private Member's Bill C-608, an Act Respecting a National Day of the Midwife. The Bill passed 7 out of the 10 stages of the legislative process. Unfortunately, the 41st parliament was dissolved before the Bill could receive Royal Assent.

In 2014 and 2015, CAM continued its alliance with National Public Relations, a government relations firm who has been instrumental in assisting both NACM and CAM in their joint advocacy efforts to increase the visibility of midwifery on Parliament Hill with the ultimate goal of maximizing access to midwifery services across the country.

3 KEY FEDERAL "ASKS"

RECOGNITION

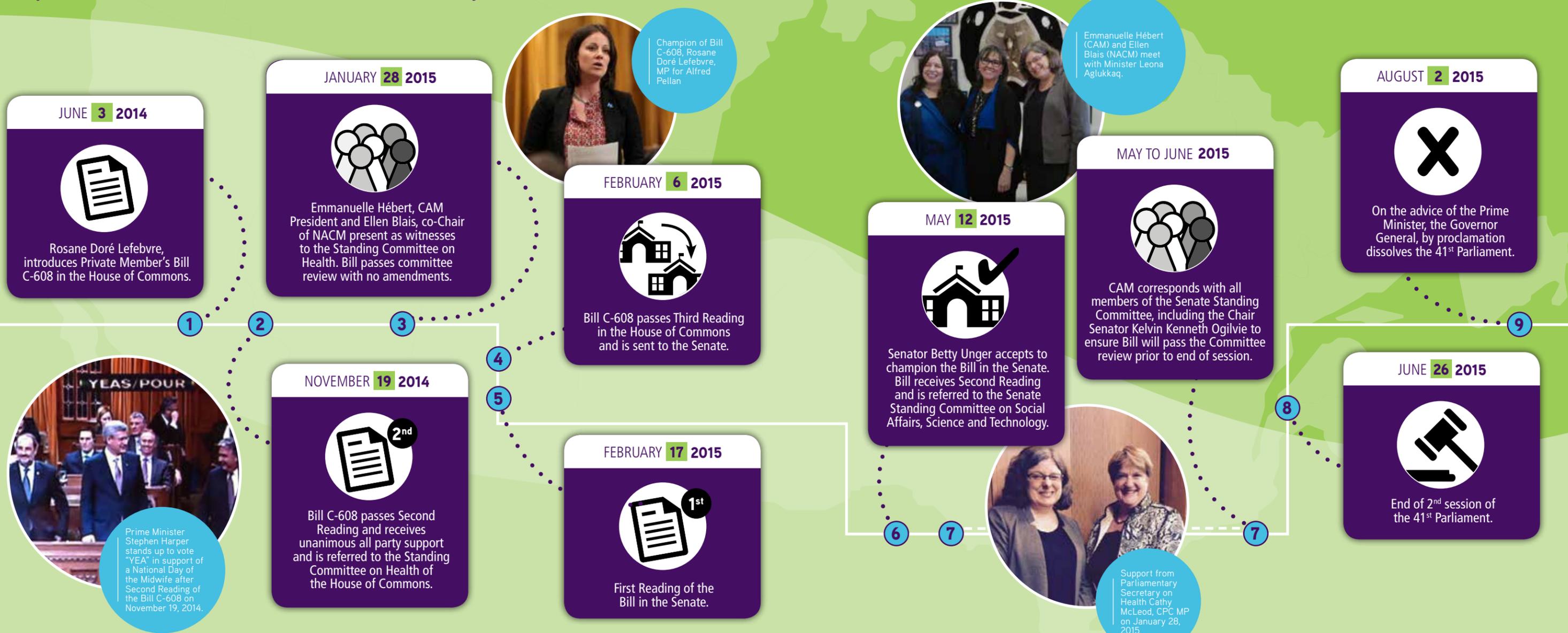
Ensure federal mechanisms are in place to allow communities to hire midwives to deliver maternity and newborn care services in all federal jurisdictions.

SUPPORT

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

INCLUSION

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



ADVANCING THE GROWTH OF MIDWIFERY

Support for the “still not regulated” or newly regulated provinces and territory continues. In 2014-15, CAM’s support focused on New Brunswick, Nova Scotia, Prince Edward Island and the Yukon. *How does CAM assist these jurisdictions?* By providing access to government relations consultants and financial, staff and volunteer resources to the provinces and territories where midwifery membership is very limited.

FACT

There are still no registered midwives able to work in Yukon Territory, New Brunswick, Newfoundland & Labrador and Prince Edward Island due to lack of regulations or funding.



Leadership from Midwives Association of New Brunswick and CAM meet with New Brunswick Minister of Health, Victor Boudreau.



Left to right: Deputy Premier and Minister of Finance, Diana C. Whalen; Minister of Health and Wellness, Leo Glavine; Joanna Nemrava (CAM); Leslie Niblett (Nova Scotia); and Associate Deputy Minister, Frances Martin.



CAM President is invited to join the Canadian delegation accompanying Prime Minister Stephen Harper at the United Nations General Assembly in New York.



CAM attends a high level “Every Woman, Every Child” event with Bill Gates, hosted by Prime Minister Stephen Harper.

Throughout the year, CAM was invited to participate in a number of high level events. CAM leadership continues to attend these events with a goal to increase the visibility and the voice of Canadian midwifery on national and international stages.

ANNUAL CONFERENCE & EXHIBIT IN SASKATCHEWAN

Over **150** participants

and exhibitors enjoyed 3 days of presentations and workshops on research, clinical practice and reflections on the profession of midwifery.



Honourable Greg Ottenbreit, Minister for Rural and Remote Health in SK, poses with local midwives after speaking in support of midwifery during the Opening Ceremonies.



CAM President & MAS Rep speak with morning show host on Global



MAS Rep speaks with CBC TV Saskatoon



CAM President & MAS Rep speak with morning show host on CTV

Through local media coverage, CAM and the Midwives Association of Saskatchewan (MAS) successfully brought public attention to issues facing midwifery in the province.

MAS shared its main goal of increasing access to midwifery care for SK families. Media interviews included: Global morning and CTV morning and evening shows, two talk radio shows, and CBC Saskatoon for TV and online.



Conference participants stay informed at the CAM Conference Exhibit



Conference participants network during the Opening Reception

GLOBAL PARTNERSHIPS & OUTREACH

Improved Service Delivery for Safe-Motherhood: Strengthening & Supporting Midwifery in Tanzania (ISDSM Project)



The ISDSM project is addressing the need for improved maternal health service delivery in **6 targeted districts** across **6 zones** of Tanzania. Our **3 year project** specifically targets geographically disadvantaged areas that face limited access to emergency obstetric care and shortages of adequately skilled maternity health care providers.

IMPACT

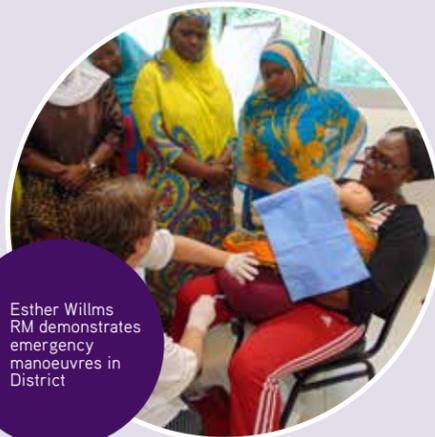
250 midwives from more than 170 health facilities across 5 rural districts have been trained
 =
567 000 women and babies benefitting from increased capacity of midwives to deliver emergency obstetrical care



Deborah Bonser RM participates in first training at Musoma District



Tanzania midwife attends Midwives Emergency Skills Training (MEST) with her newborn.



Esther Willms RM demonstrates emergency manoeuvres in District

Project YEAR 1 (2013-14)

50 midwives from 26 health facilities trained in Emergency Skills.

12 retired midwives re-engaged.

24+ community health workers linked with retired midwives.

Project YEAR 2 (2014-15)

200 rural midwives trained in 4 districts.

Promotion of referral processes and information sharing.

Work with re-engaged retired midwives and community health workers continues.

CAM's Pre-Departure Training Program for Midwives

CAM worked with consultants in 2014-15 to develop a customized pre-departure training program for midwives who participate in overseas placements to ensure the success of their experience, both professionally and personally.

In January 2015, CAM and CUSO International submitted a 5 year project proposal to the Department of Foreign Affairs, Trade and Development. The *Midwives Save Lives* initiative was selected and the announcement took place at the Toronto Birth Center. The project will help reduce maternal and newborn mortality and morbidity and ensure safe childbirth by strengthening the availability, access to and quality of reproductive, maternal, newborn and child health services delivered by midwives in Benin, the Democratic Republic of Congo, Ethiopia and Tanzania.



Minister Chris Alexander and Member of Parliament Lois Brown learn about breech birth from Esther Willms RM.



Minister Chris Alexander announces successful projects of the Partnerships for Strengthening Maternal Newborn Child Health Call for Proposals at the Toronto Birth Center.



Katrina Kilroy, CAM Vice President and master of ceremony.



The honorable Minister participates in a successful breech delivery simulation with midwives Sarilyn Zimmerman and Esther Willms.

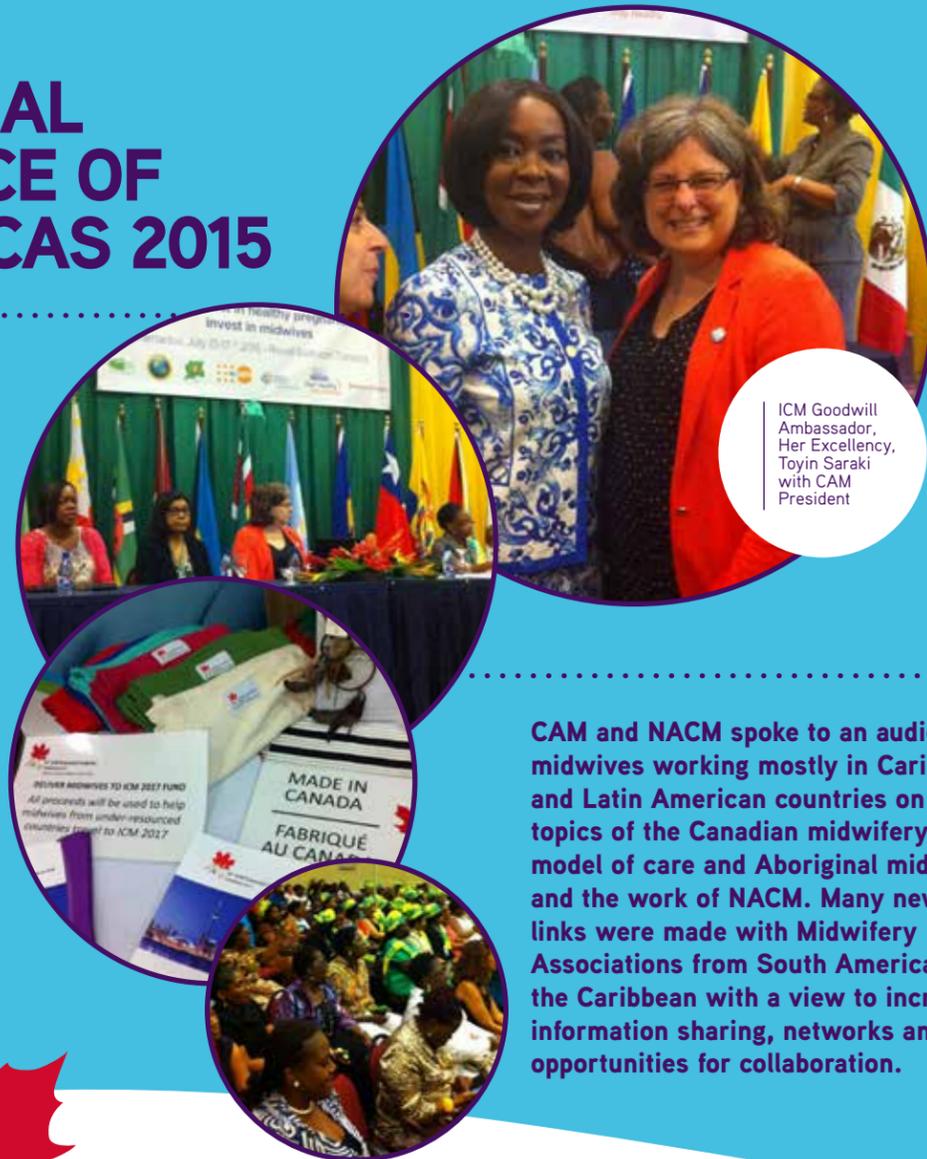
ASSOCIATION STRENGTHENING WORKSHOPS FOR MIDWIVES OF MALI

CAM was invited to organize and facilitate Association Strengthening Workshops for the Association des sages-femmes du Mali (ASFM). Topics of CAM's tailored Midwifery Association Workshop series include Advocacy, Governance, Leadership & Communication and a 2 day Strategic Planning session.



ICM REGIONAL CONFERENCE OF THE AMERICAS 2015

Earlier in 2015, the Suriname Midwives Association hosted the 5th ICM Americas Regional Conference in Paramaribo. Speakers from across the continent presented on the theme "Invest in Healthy Pregnancies: Invest in Midwives". Midwives from all over the Americas participated in the 3 day conference, which focused on improving midwifery practice, midwifery education and knowledge exchange.



ICM Goodwill Ambassador, Her Excellency, Toyin Saraki with CAM President

CAM and NACM spoke to an audience of midwives working mostly in Caribbean and Latin American countries on the topics of the Canadian midwifery model of care and Aboriginal midwifery and the work of NACM. Many new links were made with Midwifery Associations from South America and the Caribbean with a view to increasing information sharing, networks and opportunities for collaboration.



31ST ICM Triennial Congress

TORONTO 2017

Midwives making a difference in the world

TORONTO 2017:

Planning for the ICM Triennial Congress 2017 in Canada continues...

find out all about the ICM Congress by visiting midwives2017.org.

MEMBERSHIP SERVICES

ACCESS TO EMERGENCY SKILLS WORKSHOP PROGRAM

CAM worked closely with the Association of Ontario Midwives and the Regroupement Les Sages-Femmes du Québec to ensure access to the ESW program for midwives across the country in both English and French.

The updated ESW Manual, the online exam and the Instructor's Manual are now available to all Canadians in French.



COMMUNICATION PRODUCTS

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

The CJMRP launched its new website!

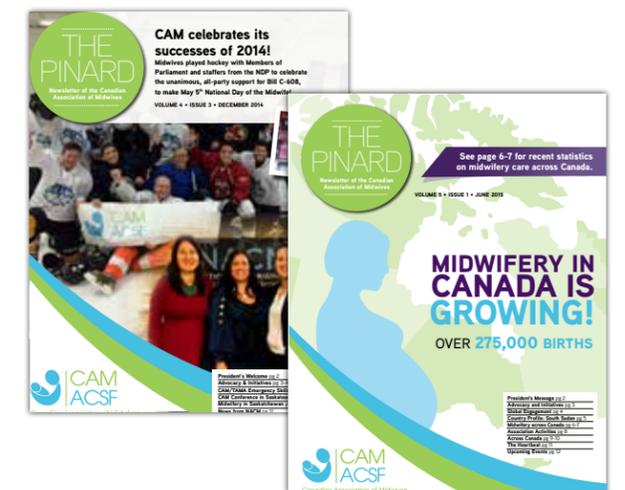
Visit cjmrp.com for up to date information.



- The Pinard, Member Newsletter

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

- Social Media



NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

OVERVIEW

NACM CO-CHAIRS



Kerry Bebee
(2011-2014)



Ellen Blais
(2013-present)



Evelyn Harney
(2014-present)

NACM Membership

The National Aboriginal Council of Midwives (NACM) represents the voices of First Nations, Inuit and Métis midwives and midwifery students in Canada. There are 58 regular members and 20 student members of NACM.

Supportive Membership

NACM has welcomed almost 20 new Supportive Members since November 2014! Supportive members are individuals who wish to support NACM's work and are part of a network of individuals committed to improving maternal-child health in First Nations, Inuit and Métis communities. To learn more, visit www.aboriginalmidwives.ca

ABORIGINAL MIDWIFERY IN CANADA

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

NACM core leader **Heather Heinrichs** is making headlines after attending the first planned birth in Hay River, NWT in over a decade. Heather and colleague **Toni Fehr** have been hard at work developing the new perinatal service since September, 2014 and attended their first birth February 25, 2015!

THE CORE LEADERSHIP CIRCLE OF 2014-2015

EVELYN HARNEY,
PENTICTON, BC
(CO-CHAIR)

AKINISIE QUMALUK,
PUVIRNITUQ,
QC

NATALIE PAMBRUN,
WINNIPEG, MB

MELISSA BROWN,
WINNIPEG, MB

CHERYLLEE BOURGEOIS,
TORONTO, ON

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

CLAIRE DION FLETCHER,
TORONTO, ON

CAROL COUCHIE,
NORTH BAY, ON

ELLEN BLAIS,
TORONTO, ON
(CO-CHAIR)

SHARON SMOKE,
SIX NATIONS, ON

HEATHER HEINRICHS,
HAY RIVER, NWT

MELANIE RAE MASON,
VANCOUVER, BC

JULIE WILSON,
SIX NATIONS, ON

NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

(Continued)

OVERVIEW

NACM GRADUATES

NACM is proud to have 5 students graduate this year, helping to grow the number of Aboriginal midwives practicing in a diversity of settings.

Lizzie Sakiagak,
Salluit Maternity,
Salluit, Nunavik, QC.

Saira Kakayuk,
Salluit Maternity,
Salluit, Nunavik, QC.

Mary Ittukallak,
Innultsivik Maternity,
Puvirnituq,
Nunavik, QC.

Leah Crawford,
Midwifery Education
Program at
Ryerson University,
Toronto, ON.

Janelle McLeod,
Midwifery program
at Mount Royal
University,
Calgary, AB.

MENTORSHIP INITIATIVE

NACM will continue its mentorship program, matching nearly 15 NACM member mentors with mentees. Mentorships offer support to Aboriginal student midwives, new registrants, as well as practicing Aboriginal midwives with various areas of focus, including assistance with job or school applications, establishing a community practice, inter-professional relations, strategic planning, and more.

2014 GATHERING HIGHLIGHTS



2014 NACM Gathering, Saskatoon, SK.



In November 2014, NACM held its annual Gathering at Wanuskewin Heritage Park in Saskatoon.

Members enjoyed a workshop with Native Youth Sexual Health Network (NYSHN) and a day spent with Elders Maria Campbell, Rose Richardson and Joseph Naytowhow.

During the Gathering, NACM identified priorities for the next year, including focusing on the internal governance of NACM, mentorship within NACM, teaching, visibility and advocacy.

GOVERNMENT RELATIONS AND ADVOCACY

NACM and CAM leadership jointly met with various government officials throughout 2014-2015 to share about the significance of midwifery and birthing in Indigenous communities and advocate for access to midwifery in all areas in Canada. Meetings took place with the Minister of Health, MPs, Privy Council, the Prime Minister's office, Aboriginal Affairs and Northern Development, Finance, Status of Women, and others.

In March, Ellen Blais presented as a witness for Bill C-608 to the House of Commons Standing Committee on Health in Ottawa. While Bill C-608 was not passed prior to the dissolution of Parliament, the process has been successful in raising the profile of NACM's work.



Student Toolkit Launch with NACM Co-chair Ellen Blais, Rosane Doré Lefebvre MP & NACM Co-chair Kerry Bebee.

NACM has also had several meetings with the First Nations and Inuit Health Branch, Health Canada and will receive funding to conduct a midwifery mapping project. The goal is to gather key information to better inform decisions and actions in support of improving access to midwifery.

NACM NEWS

In May 2015, NACM published its first Members newsletter, helping members stay connected through the year.

NACM REPRESENTATION

NACM continued to work closely with the Association of Ontario Midwives as part of the Coalition for Access to Aboriginal midwifery in Ontario. In the spring 2015, it was announced that Ontario's Aboriginal midwives have a funding commitment from the Ontario government. This new funding applies specifically to midwives working under the Ontario exemption clause.

NACM PARTICIPATION

- Indspire Soaring Career Conference in Calgary: February 2015
- SOGC's Annual Clinical Meeting & SOGC's Indigenous and Global Health Symposium in Quebec City: June 2015
- Working Group on Midwifery Services for Aboriginal Communities and Populations in Alberta: June 2015
- National Guidance and Implementation Committee on the Public Health Response to Family Violence Public Health Agency of Canada in Ottawa: June 2015.

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW

ALBERTA

Overview of Midwifery in Alberta: There are currently 94 Registered Midwives in Alberta. Over half are practicing in Calgary, while only 11 practice in rural areas. Workforce planning is underway through Alberta Health Services in conjunction with members of the Alberta Association of Midwives (AAM), physicians, nurses and other stakeholders. We continue to be the fastest growing health care profession in Alberta with an increase in practicing midwives of almost 11% since this time last year.

Education: There are now a total of 48 midwifery students in the Bachelor of Midwifery (B. Mid.) at Mount Royal University in Calgary. This is the only midwifery education program offered in Alberta, an important step in filling the growing demand for midwifery services. The first cohort of 8 midwives graduated this spring; however only 5 were able to secure work in Alberta due to lack of funding for new midwives. Three of our graduates are now practicing in British Columbia.

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

Accomplishments: The AAM welcomed our new CEO, Lolly de Jonge, PhD, to our team in January. Under Lolly's executive leadership, the Association is embarking upon an exciting new phase of advancing our strategic goals of advocacy, growth and sustainability. We also welcomed a new President, Nicole Matheson, in May as well as new Board members who are eager to assist with attaining the AAM's vision. We are grateful for the many years of contribution by Past President JoanMargaret Laine.

The AAM continues to progress with Communications Strategies and liaise with consumer groups, other maternity care practitioners, and government representatives. The AAM has produced an infographic regarding the value of midwifery in Alberta. This infographic was distributed to all MLAs and spread quickly across social media sites and has been well received.

Government of Relations: Our funding agreement expired on March 31, 2015 and an interim agreement was developed prior to the Alberta provincial election. However, due to a change in government, we expect increased support for midwifery. Our President and our CEO had a promising meeting with the Minister of Health Sarah Hoffman in June. We anticipate that negotiations for the next funding agreement will be fruitful and will continue to accelerate the growth of midwifery to meet the demands of consumers for midwifery care.

www.abmidwives.ca



BRITISH COLUMBIA

Overview of Midwifery in BC: As of March 31, 2015 there were 230 practicing Registered Midwives in BC. Midwives are autonomous self employed care givers currently attending 19% of the province's births.

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

Education: The Midwifery Education Programme at The University of British Columbia (UBC) continues to admit 20 new students annually.

Regulations: The College of Midwives of British Columbia (CMBC) has been the regulatory body for the profession since 1998. This year we welcomed a new registrar Louise Aerts to the CMBC. Midwifery services in BC continue to be funded through the BC Medical Services Plan.

Accomplishments: This year we celebrated the culmination of our most difficult round of negotiations. We give thanks to our amazing negotiations team, Shannon Norberg, Kelly Hayes and Ganga Jolicoeur for their perseverance and finesse. This is the crowning achievement of our outgoing President Shannon Norberg who will be sorely missed. This year we welcomed our inaugural Elaine Carty Visiting Scholar, Dr Soo Downe, who gave a week of lectures to the public and UBC students. UBC Global placement instructor Cathy Ellis and 3 students were in Nepal during the earthquake. The students had to return home but Cathy and her partner Mickey, a family physician, stayed on to provide care to those affected.

Professional Development: Expanded scope of practice certifications programs continue to be developed- this year we saw the first midwives certify in caesarean section first assist. We have also approved a budget line to fund UBC to develop an online certification in narcotic prescription and administration. Nearly 100 midwives have taken on online Indigenous Cultural Competency training offered free through our new Midwifery Master Agreement.

Government Relations: In February we signed a new Midwifery Master Agreement which spans 5 years, our longest contract ever. Highlights include a new Midwifery Homebirth Supplies & Medications Program that will allow midwives to stock their homebirth bags at the hospital, a new Fee Advisory Committee for advanced scope items, increased CME funding, reduced malpractice insurance fees, increased funding for rural midwives and hospital integration and payment for preceptors.

Research: Vancouver Foundation grant research project lead by UBC entitled 'Changing Childbirth In BC' which explored issues of demand, access and consumer choice with regards to midwifery care in BC, has moved onto Phase II, presenting its findings to the public, policy makers and stakeholders.

www.bcmidwives.com



MANITOBA

Overview of Midwifery in MB: Midwifery has been regulated in Manitoba since June 2000. The Midwives Association of Manitoba (MAM) is currently working with Canadian Union of Public Employees (CUPE) on a strategic approach to 'Growing MB Midwifery' assisting our Association to strategically advocate for midwifery relating to education and workforce. Membership with MAM continues to be voluntary. There are currently 52 practicing midwives and 17 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 2 different unions (Manitoba Association of Health Care Professionals (MAHCP) and CUPE) in the province. Four out of five RHA's provide midwifery services.

Association: MAM has about 26 full members and 9 associate including 3 student members. MAM continues to offer Emergency Skills Workshops for midwives and facilitates continuing education sessions. Recently Andrew Kotaska MD presented a session on the ethics of informed decision making at our AGM. The mini-conference was well attended by a multidisciplinary audience. Members of MAM also receive supplemental liability insurance through HIROC.

Workforce: Historically, Manitoba has struggled to fill all vacant midwifery positions. It is noteworthy, however, that currently, there are very few open positions across the province. This may be due to a slow increase in funded positions in the province. Midwives are finding innovative ways to increase positions. Brandon midwives are working on a process with their RHA to secure increased funding for EFT's (Equivalent of Full-Time) as demand increases. Currently 51 midwives have EFT's and are actively working. In 2014 Manitoba had its first cohort of 7 graduates from the Bachelor of Midwifery Program at University College of the North. MAM actively lobbied the Manitoba Government to create new positions to accommodate the new graduates and others seeking midwifery employment. As a result of MAM's persistent advocacy work, term positions were created. The 6 graduates of 2014 are now in permanent positions. Unfortunately, there were 6 recent Internationally Educated Midwives (IEM's) who have been unable to secure employment in the province. With a number of vacancies, it is likely that most IEM's will find employment, however, we are still a long way from a workforce of 200 midwives that was initially envisioned in 2000.

Education: For the 2015/16 academic school year, the University College of the North has accepted 13 midwifery students into their Bachelor of Midwifery Program. The program will be physically delivered at the University of Manitoba. Currently, both universities are working together to develop a joint bachelor of midwifery program. Approval processes will need to take place at the Senate level at both Universities. Additionally, the government will have to approve funding for the four-year joint bachelor of midwifery program. If the joint program is approved by the universities and the government, the joint program is slated to commence for the 2016/17 academic school year. The proposal includes an annual intake of 12 students with emphasis



on recruiting Northern Aboriginal students. The stakeholders involved are committed to increasing capacity for midwifery services in the Northern communities of Manitoba.

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

Accomplishments: Manitoba was able to register 6 internationally educated midwives this year through the Transitional Assessment and Gap Training (TAGT) program and will be assessing another group this fall. This program is currently in its last year of funding with permanent funding still pending.

NEW BRUNSWICK

Overview of Midwifery in NB: In New Brunswick, midwifery legislation exists and the New Brunswick Midwifery Council is moving towards regulating midwives to practice. The Liberal government, elected in September 2014, committed to funding midwifery in their mandate.

Association: The Midwives Association of New Brunswick (MANB) membership includes 4 Registered Midwives currently working in other provinces and 5 students.

Accomplishments: MANB is optimistic about the future of midwifery in the province, after a successful year growing consumer support and improving relationships with government. During the run-up to the fall 2014 provincial election, MANB worked to move midwifery into the spotlight, and the NDP, Greens and Liberals all included the introduction of publicly funded, regulated midwifery in their platforms. The Liberals won in September 2014, and in October 2014, CAM President Joanna Nemrava, along with two MANB members, met with new Health Minister Victor Boudreau, who indicated a willingness to move forward. This led to an invitation for MANB to attend two sessions of New Brunswick's Strategic Program Review in January and May 2015, where members built support for their vision of midwifery in the province with key stakeholders.

MANB continued to strengthen relationships with the consumer group *Familles pour les sages-femmes au NB / NB Families for Midwives* (famillesNBfamilies@gmail.com). The group has closely aligned its goals with MANB and is working hard to push for regulated midwifery through meetings with government, education sessions, public forums, and social media.

The Midwives Association of New Brunswick is active on social media and their Facebook page, [facebook.com/NewBrunswickMidwives](https://www.facebook.com/NewBrunswickMidwives), currently has over 1,000 supporters.



PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (Continued)

NEWFOUNDLAND & LABRADOR



Overview of Midwifery in NL: Midwifery is still not regulated in Newfoundland & Labrador however, work is progressing to finalize regulations in the province.

Association: The Association of Midwives of Newfoundland and Labrador (AMNL) has 15 members who come from the province as well as across the country. We continue to undertake recruitment of potential members, through our website and targeted emails.

Accomplishments: AMNL is working hard with the Newfoundland and Labrador Council of Health Professionals (NLCHP) to prepare for when regulations are proclaimed and the College of Midwifery of Newfoundland and Labrador will have to be up and running. We have also set up a Transitional Leadership for the College with the goal of seeing that completion of required "College" policies and that processes are in place when the regulations are proclaimed.

We are also looking at fundraising events to help us maintain our Association website as well as meet other financial requirements in the future.

Something we have undertaken this year is to encourage supporters to contact their Member of the House of Assembly and Minister of Health and Community Services to lobby for publicly funded midwifery. The Association has also written to the Minister of Health and the Leaders of the Liberal and NDP parties expressing our support for publicly funded midwifery.

Our biggest accomplishment to date is we are progressing regulations and the government has been diligent in including the Association members as much as possible in reviewing the draft regulations. We are cautiously optimistic that things will progress this year.

And finally there is a Midwifery Implementation Committee that includes one AMNL member and a midwife from Alberta as well as representatives from the Regional Health Authorities and other relevant stakeholders. This committee is working toward the processes, model of service etc. that can be recommended to government.

www.amnl.ca

NOVA SCOTIA



Overview of Midwifery in NS: There are 10 midwives working in Nova Scotia within three different sites: Antigonish (2), Halifax (6) and the South Shore (2).

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, the Association of Nova Scotia Midwives (ANSM) supports the growth and sustainability of midwifery in the province. The Nova Scotia Department of Health and Wellness has shown commitment to midwifery. The ANSM hopes to see this support continue, and to see expansion into regions that are currently without midwives. The Association is in the process of finalising its new website.

Accomplishments: An external assessment was requested by the Department of Health and Wellness to provide advice about Nova Scotia's midwifery program in general as well as site specific recommendations. The report, *Midwifery in Nova Scotia: Report of the external assessment team*, was published in July 2011. Following its release, a Midwifery Action Plan was announced by the Minister of Health and Wellness in the House of Assembly on December 7, 2011. A key action of the plan was the establishment of a Provincial Midwifery Practice Specialist, and this position was filled from March 2013 to January 2015. The report also recommended the hiring of second attendants immediately, and the hiring of 20 full-time midwifery positions by 2017. Since October 2014, registered nurses have acted as second attendants for home births in the Halifax area. However, no second attendants are yet available in the two rural sites. As of yet there are no plans for further increases to the number of employed midwives in Nova Scotia.

Government Relations: The ANSM was grateful to receive the support of CAM President Joanna Nemrava who visited Nova Scotia in the fall of 2014. She met with the Deputy Minister and other key politicians accompanied by ANSM and CAM Board representative Leslie Niblett. Since April 2015 nine Nova Scotia Health Districts have merged into one and this effects responsibilities and plans for expansion of midwifery. Since the Provincial Midwifery Practice Specialist left her position and the new health district is establishing leadership roles, government relations are in flux.

ONTARIO



Valuing the labour of midwives – struggle for pay equity continues: The Association of Ontario Midwives (AOM) filed an Application regarding pay equity with the Human Rights Tribunal of Ontario (HRTO) in Nov 2013. In August 2014, Ontario midwives celebrated an important first victory when they successfully won the right to have the entire application (representing over 20 years of history) heard by the Tribunal. Over the past year, the Association has appeared at numerous pre-hearings. Evidentiary hearings are scheduled to begin in the fall of 2015.

Contract negotiations: The AOM negotiated a contract with the Ontario Ministry of Health and Long-Term Care for the fiscal year 2014/2015 which was ratified by members on December 28, 2014. That contract was extended for one-year to 2015-2016. Negotiations are currently underway for a new contract.

Expanding Aboriginal midwifery: Ontario's Liberal government made a commitment to fund Aboriginal midwives working under the exemption clause in the *Midwifery Act*.

On June 22, the AOM hosted a consultation with Aboriginal midwives and stakeholders with the support of the Ministry of Health and Long-Term Care regarding the principles that should inform the expansion of funding for Aboriginal midwives.

Supporting quality of care: The AOM continues to provide risk management and quality of care support to members, including through a 24/7 phone service midwives can access that offers risk management support and guidance through critical incidents.

Clinical resources for clients: A number of new resources have been created to give clients greater knowledge of the clinical aspects of midwifery care. A video called *Not What We Planned: Two stories of birth and postpartum hemorrhage*, explores the experiences that two families had with PPH and provides factual, evidence-based information. Other knowledge translation resources include handouts on *Pregnancy beyond 40 and Induction of Labour* and *Normal Newborn Behaviour*.

Making midwifery safe and welcoming for LGBTIQ clients and families: In honour of Pride 2015, the AOM has produced a new full-colour poster intended for midwives to post in clinics and birth centres to declare midwifery safe and welcoming for LGBTIQ clients and families.

Birth centre anniversaries: The Toronto Birth Centre and the Ottawa Birth and Wellness Centre celebrated their first anniversaries in January 2015. Tsi Non:we lonnakeratstha Ona:grahsta', the Maternal and Child Centre located on the Six Nations of the Grand River Territory, is Ontario's first birth centre. It opened in 1996.

Professional development: The AOM's annual conference, live events and webinars are well-attended by members. In 2014, professional development topics included: a new quality based procedure (QBP) for hyperbilirubinemia; current evidence and practice for supporting the pelvic floor; ethical considerations with non-invasive prenatal testing; managing pregnancy beyond 41 weeks; late maternal age; human rights in midwifery practice; and working with clients living in poverty.

OntarioMidwives.ca
aom.on.ca

PRINCE EDWARD ISLAND



Overview of Midwifery in PEI: The Prince Edward Island Midwives Association (PEIMA) has 5 members. Midwifery is not regulated and there are no practicing midwives in Prince Edward Island (PEI).

Accomplishments: After meeting with our local Member of Parliament, also a lawyer, we felt more assured that the discipline process, as outlined in the Act, would not disadvantage registered midwives, and in September 2014, with the financial support of CAM, we submitted our application for regulation under the Prince Edward Island Health

Professions Act. Since then we have been advised that there was still some disagreement within the Department of Health related to the discipline of midwives. More recently we have been advised that they are still working toward the regulation of midwifery; however, due to the estimated few midwives who would initially be practicing they have not determined under which college the registry for midwives could be located.

The PEIMA has requested further meetings with the Deputy Minister of Health and Premier.

QUÉBEC



Overview of midwifery in Quebec: In Quebec, midwives provide comprehensive maternity care within the birth centres (Maisons de Naissance). Women can choose to give birth in one of three settings: in the birthing centres (about 80%), at home (about 15 to 20%) or in hospital (about 2%).

There are presently 13 birthing centres and midwifery services established in Quebec which tend to 3% of all births. According to two surveys carried out in 2005 (SOM) and 2010 (CROP), 25% of Quebec women would prefer the option to give birth outside of the hospital setting. There is still much to be done to respond to the needs of women and families in the province. Two Montréal region development projects were submitted to the Ministry of Health and Social Services (known as the MSSS) in 2014. One of these birthing centre initiatives is set to move forward in 2015, while two additional feasibility studies will be conducted over the course of the year. Demand is high, and a number of projects advanced by parents' committees are under development across Quebec and supported by a development officer from the Association of Quebec Midwives (Regroupement les sages-femmes du Québec (RSFQ)).

Midwives in Quebec are self-employed professionals under service contracts within new integrated Health and Social Services Centres (CIUSSSs/CISSSs) that were established in April 2015. They are remunerated on a salary basis and enjoy employee benefits such as paid leave (vacation, sickness, holiday and maternity) and a retirement plan. The most recent agreement was signed on April 1, 2014, and negotiations will soon resume once again in the summer of 2015 against a backdrop of austerity.

Nunavik: The practice of midwifery in Nunavik is unique in the province. Midwifery services were initiated there in 1986, years before they were legalized in Quebec in 1999. There are currently four midwives in Kuujuaq (Ungava Bay) who are RSFQ members. A training program in place there is modelled on the program offered in the Hudson Bay area. In that area, midwives currently work out of three different locations, with 11 Inuit midwives (eight of whom are now practising) trained under the community-based program and midwives from other locations travelling north regularly to provide support. There are currently 9 students enrolled in this training program.

PROVINCIAL/TERRITORIAL ASSOCIATIONS OVERVIEW (Continued)

Education: The province offers one four-and-a-half year Bachelor of Midwifery Education Program at the Université du Québec à Trois-Rivières (www.uqtr.ca). There are currently 77 students enrolled in the program, including 22 new admissions. Since 2008, UQTR also offers a 30-credit certificate for internationally trained midwives who wish to practise in Quebec. Since 2009, midwives trained in France benefit from a mutual recognition arrangement (MRA) adopted by France and Quebec. In 2015, 19 new midwives will graduate from the program.

Association: The RSFQ has 189 midwife members and 2 student-midwife members. The RSFQ team is made up of a Coordinator, a Board of Directors, one Labour Relations Officer and one Development Officer. We are pleased to report that Gabrielle Pesant became our new Coordinator in the winter of 2015!

Accomplishments: The MSSS published the Cadre de référence pour le déploiement des services de sage-femme au Québec, a long-awaited tool that will support the development of new midwifery services and birthing centres. The various midwifery regulatory authorities (RSFQ, OSFQ, UQTR, Coalition) were highly involved in the development of this reference framework.

Our campaign titled Pas de sage-femme? Faites-vous entendre! ("No midwives? Make Your Voice Heard!") to highlight the lack of access to Birth Centres and Midwifery Services remains ongoing.

www.rsfq.qc.ca

SASKATCHEWAN

Overview of Midwifery in SK: Midwifery continues to be available in three of 13 health regions, and at the All Nations' Healing Hospital in Fort Qu'Appelle. There are currently 13 full practicing midwives in the province. Three student midwife licenses were issued this year. We were sad to see several midwives move on to different positions, but are thrilled to have two Saskatchewan born midwives return to the province. There are currently three vacancies between the Regina Qu'Appelle Health Region and Cypress Health Regions.

Association: We were honoured to host the 2014 Canadian Association of Midwives conference in Saskatoon. We want to thank all of the participants, speakers, and members of government that joined us. Negotiations have continued on the unionization agreement with the Health Sciences Association. We will be holding our AGM in September, and will be bringing in a strategic planner, to help guide the future development of midwifery in Saskatchewan.

Education: Details of a Saskatchewan-based education program continue to be worked on. Various avenues are being investigated, including the possibility of a post-graduate degree. Holiday Tyson presented to the Association and all interested parties assessing the needs and perspectives for future educational routes. The development of a program to help increase the number of Aboriginal Midwives, continues to be an important focus.

Regulation: All practicing midwives are currently employed by health regions or hospital, and must be licensed with the Saskatchewan College of Midwives. There are currently no practicing independent midwives.

Accomplishments: Saskatoon and Regina each welcomed new midwives. Water birth is now currently being offered at all facilities to midwifery clients. The birth centre in Fort Qu'Appelle has welcomed 27 babies as of June 2015 in its first year of operation. Families are responding positively to having the choice of birthing close to home returned to their community.

www.saskatchewanmidwives.com

YUKON

Overview of Midwifery in YT: Midwifery remains an unregulated profession and therefore not funded in the Yukon Territory.

Association: The Community Midwives Association Yukon (CMAY) was founded in January 2015. Community Midwives Association Yukon has a Board of Directors made up of 10 members: 8 members from Whitehorse and 2 members from Dawson City.

Accomplishments: The CMAY Board has had great success since its first AGM in January 2015. May 5th was a significant day for progress towards regulation and funding of midwifery in the territory. A motion was put forward in legislature by the current Minister of Health to form a midwifery working group lead by Yukon's Health and Social Services. The working group began its work in June 2015 with an end point of June 2016.

NUNAVUT & NORTHWEST TERRITORIES

There was no representation on the CAM Board of Directors from these jurisdictions in 2014-2015.

YOUR MEMBERSHIP IS IMPORTANT

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

BENEFITS OF MEMBERSHIP

- Members receive the *Canadian Journal of Midwifery Research and Practice (CJMRP)*, Canada's only peer-reviewed midwifery Journal 3 times/year.
- Members receive *The Pinard*, CAM's E-newsletter published in both English and French 2 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. **Student membership:** you are automatically a member of CAM if you are enrolled in a recognized midwifery education program and are a student member of a provincial or territorial midwifery association or of the National Aboriginal Council of Midwives. Student memberships are non-voting memberships.
3. **Allied membership:** you are not a midwife but wish to support the vision of CAM. Allied memberships are non-voting memberships.
4. **Honorary membership:** individuals may be granted an honorary membership at the discretion of the CAM Board of Directors.



HOW TO BECOME A CAM MEMBER

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

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CAM
ACSF

Canadian Association of Midwives
Association canadienne des sages-femmes