

THE PINARD

Newsletter of the Canadian
Association of Midwives

Choice. Access. Midwives.

CAM launches advocacy campaign to
promote access to midwifery care for
all women in Canada. PAGES 3 AND 6

VOLUME 2 • ISSUE 2 • JULY 2012

Take Action!



Canadian Association of Midwives
Association canadienne des sages-femmes

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PRESIDENT & DIRECTOR'S WELCOME



Anne Wilson, CAM President

IT IS TIME TO HOLD THE GOVERNMENT ACCOUNTABLE.

In 2010, CAM was encouraged by the Canadian government's commitment to reduce maternal and infant mortality around the world. At that time, CAM wrote to Prime Minister Harper and Minister Oda applauding the government's efforts, but also reminding them of the need to address issues of maternal and infant health within Canada.

Unfortunately, since that time, the government has shown little interest in maternal child health within our borders. Recent budget cuts specifically target programs aimed to promote the health of women and Aboriginal peoples, two groups that remain underserved in Canada. Cuts to Health Canada were disproportionately high within the First Nations Inuit Health Branch, eliminating the Maternal Child Health Division that has supported the work of NACM. The National Aboriginal Health Organization has been forced to close within three months due to loss of funding. This not only eliminates an invaluable group working to promote First Nations, Inuit and Métis health through research and public education, but the dramatically short timeline makes it nearly impossible to ensure continuity of this work through other organizations. Pauktuutit: Inuit Women of Canada, the Native Women's Association of Canada, the Assembly of First Nations, and many other groups have lost all or much of their health-related funding.

When taken together, the actions of the government over the past few years make it clear that maternal and child health are far from being a priority.

This is unacceptable. It is unacceptable that women in many parts of Canada are unable to choose midwifery care. In four jurisdictions and on almost all First Nations territories, regulated midwifery care is simply non-existent.

Since the Muskoka Initiative, CAM has become increasingly involved in global partnerships aimed at improving maternal child health, and strengthening midwifery in places such as Haiti and Tanzania. This work, though important, must in no way supersede the critically important work CAM must do to ensure that all women in Canada have the choice to access midwifery care.

And this is why we have launched a vital campaign that runs from the International Day of the Midwife to the CAM conference in October. A campaign that sends the message to Prime Minister Harper, Health Minister Aglukkaq, and many others that now is the time to support midwifery nationally.

To make this campaign a success, we need your help! We are asking every midwife in Canada to encourage 20 of their clients, friends and supporters to sign our e-letter (www.canadianmidwives.org). This would add up to 20,000 signatures from Canadian citizens! The government was elected to represent the voice of Canadians, let us make sure that they hear our voices loud and clear. *Choice. Access. Midwives!* ■



Tonia Occhionero,
CAM Executive Director



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CanadianMidwives](https://facebook.com/CanadianMidwives)

ADVOCACY AND INITIATIVES

Choice.
Access.
Midwives.

SUPPORT MIDWIFERY: SEND THE E-LETTER TO YOUR MP

If you have already signed CAM's e-letter, please also take the time to forward the letter to your local MP. Midwifery student Erin Armstrong, sent the letter to her MP, Carolyn Bennett, and was invited to an in-person meeting with Dr. Bennett! The meeting was attended by Erin along with representation from the CAM board and from NACM. Good work Erin for taking action; we hope to hear more stories like this! A list of all MP email addresses can be found at <http://www.parl.gc.ca/MembersOfParliament/MainMPs/CompleteList.aspx>.

CAM LAUNCHES CAMPAIGN TO INCREASE ACCESS TO MIDWIFERY CARE.

On the International Day of the Midwife, May 5th, 2012, CAM launched a campaign to draw attention to the lack of access to midwifery care faced by many Canadian women and families. This campaign highlights three specific issues surrounding access to midwifery care, namely, lack of access in unregulated provinces and territories, lack of access for Aboriginal communities, and lack of access for many families in rural and remote regions of Canada.

The main action of this campaign is to encourage all Canadians to sign an e-letter that highlights these issues of access and is sent directly to Prime Minister Harper and Health Minister Aglukkaq. The letter, which can be signed on CAM's website www.canadianmidwives.org, was signed by over 1000 people in the first month of the campaign. However, this is far from the goal of 20,000 signatures, which would represent 20 signatures for every midwife in Canada.

Throughout the summer, CAM will continue to highlight statistics from across the country concerning the lack of access to midwifery care. In addition, CAM will be collaborating with Atlantic



From left to right: Anne Wilson, CAM President; Erin Armstrong, midwifery student; Dr. Carolyn Bennett, MP; Sara Wolfe, RM with Seventh Generation Midwives Toronto.

Provinces associations to arrange meetings with key players in the health sector of provincial government which in St. John's, NL, for the Annual Conference in October. St. John's was chosen as the site of this year's CAM conference in part because Newfoundland and Labrador remain one of the last jurisdictions to not regulate or support midwifery. The hope is that this campaign will bring to the attention of both federal and provincial government the current unacceptable state of access to midwifery care. It is time for every woman in Canada to have the choice to access midwifery care!

More information on the campaign to date and the state of midwifery in various jurisdictions in Canada can be found in the Association Activities section on pages 6-7.

CIDA HEALTH FORUM: CAM PRESENTS ON MIDWIFERY

CAM was invited by the Canadian International Development Agency (CIDA) to present at an internal Health Forum that regroups analysts, programmers, and health specialists of both bilateral and multi-lateral programming departments at CIDA. Anne Wilson and Bridget Lynch gave a two hour presentation that showcased midwifery in both Canada and around the world, and gave background on CAM's work and the work of ICM. Their presentation was well received by the attendees and stimulated an engaging discussion on the importance of midwives in international development. This meeting has >>>

ADVOCACY AND INITIATIVES CONTINUED



From left to right: Bridget Lynch, RM and ICM Past President; Bev Oda, former Minister for International Cooperation; and Anne Wilson, RM and CAM President.

» helped CAM to forge important linkages with staff at CIDA that are working on strengthening midwifery services in different countries, particularly in sub-Saharan Africa. For example, CIDA is currently working on a \$20 million contribution project on midwifery in South Sudan. Through this continued dialogue, CAM is working to ensure that the voice of Canadian midwives is included in Canada's international work surrounding maternal child health.

SUPPORTING MIDWIFERY IN HAITI

CAM continues to support the growth of midwifery in Haiti with its advocacy work and resource contributions on multiple levels. Recently, CAM brought together key stakeholders in

midwifery development in Haiti, namely midwifery educators, the CAM International Committee, and the Haitian midwifery association (AISFH) to discuss how best to contribute to midwifery education in Haiti, in a manner that best serves the self-identified needs of Haitian midwives. Representatives from CAM have also met with the Haiti Program Director at the Canadian International Development Agency (CIDA) to discuss the possible roles for CAM and Canadian midwives in supporting midwifery in Haiti through CIDA-funded projects.

In addition, CAM has been in close contact with the directors of the AISFH, who have clearly expressed specific areas in which CAM can be supportive. CAM feels strongly that the best support for Haitian midwives is in responding to their real, expressed needs and concerns. CAM has continued to facilitate ongoing peer support and mentoring to the AISFH to ensure that Haitian midwives are better equipped to represent the voices of midwives in policy development with the ministry of Health and among other MNCH health professionals. CAM also continues to contribute to the ICM membership fund in order to cover Haiti's membership fees to ICM. This insures that Haitian midwives can join their sisters and colleagues at the global midwifery table.

TWINNING: CANADA-TANZANIA

ICM is funding a third in-person meeting of the four sets of twins at the ICM regional Pacific Conference in Hanoi, Vietnam at the end of July. CAM, represented by Anne Wilson, Katrina Kilroy and Emmanuelle Hébert, will be meeting with representatives from the Tanzania Registered Midwives Association (TAMA). Over the past few months, the Twinning Steering Committee has developed a strategic plan and a work plan that is already underway. CAM has submitted a funding proposal to the International Development Research Centre (IDRC) to fund the TAMA midwives to come to the CAM conference in October. This will be a wonderful way for Canadian midwives to meet our Tanzanian colleagues, and learn more about the project at a plenary session. As part of this project, there will be the twinning of 25 sets of midwives (25 Canadian midwives and 25 Tanzanian midwives) for individual peer mentoring and sharing of knowledge. The Steering committee is currently developing the criteria for this individual twinning project; stay tuned for more information if you are interested in participating! ■

COMMITTEE UPDATES



Almaida Augustin, midwife and AISFH President

GFF

The Ghislaine Francoeur Fund was recently used to support the advocacy efforts of the Association des Infirmières Sages-Femmes d'Haiti (AISFH, the professional association of midwives in Haiti) through an event they held for the International Day of the Midwife. In addition, the GFF committee raised money at the Association of Ontario Midwives Annual Conference in May through the Blue Ribbon Campaign, an initiative in partnership with HIROC.

NATIONAL COMMITTEE FOR EMERGENCY SKILLS

The ES committee was recently given a detailed presentation by committee member Kim Campbell, about the pilot of the Midwifery Emergency Skills Program in BC. This program combines online participation with in-person workshops, and is intended to fulfill College requirements for ongoing certification while being also low-cost and accessible by those midwives in more rural and remote areas. The pilot program was a success, and discussions on developing a national program continue between CAM and all provinces.



The Blue Ribbon campaign to support midwifery education in Haiti is launched by HIROC and the GFF at the AOM conference in May. From left to right: Peter Flattery, HIROC CEO, Elana Johnson, Insurance and Risk Management Committee, Association of Ontario Midwives (AOM), Katrina Kilroy, outgoing AOM President, Bobbi Soderstrom, Director of Insurance and Risk Management, AOM and Kelly Stadelbauer, Executive Director, AOM.

ICM HOST CONGRESS PLANNING COMMITTEE

The HCPC has been working on determining the theme and the logo for the ICM-2017 Congress in Toronto. The committee will be presenting three theme and logo ideas to the ICM Congress Manager in September 2012. In addition, a Call for interest for the Marketing and Promotion sub-committee has been sent to all CAM members and that committee will begin meeting in the Fall of 2012. Additional committees will be struck within the coming year; if you are interested in participating, let us know. Email director@canadianmidwives.org.

CIC

The "Global Midwifery" questionnaire has elicited amazing response from CAM members! Over 160 members have responded to share with CAM their global work and volunteer experiences. We have learned that CAM members have worked in many countries, including Sierra Leone, Mali, Malawi, Indonesia, Bangladesh, Afghanistan, Haiti, Zambia, Mexico, and the list goes on! The collection of this data will help better inform CAM in its efforts to develop global partnerships in the coming years. Thank you to all who have contributed your information. ■

ASSOCIATION ACTIVITIES

Choice.
Access.
Midwives.

"Mr. Speaker... I rise in the House today to acknowledge the role of midwives as key partners in efforts to tackle maternal, newborn and infant mortality world-wide and here at home. Canada and the world need midwives now more than ever. ... Midwives provide a safe, effective and low-cost solution to the challenges still faced by women in rural, remote and particularly Aboriginal communities across Canada. In the lead up to the International Day of the Midwife, I [Peggy Nash] join women and their families in recognizing the contributions of midwives to building healthy communities, and celebrate the potential to build on this success for all women in Canada."

IDM 2012: CAM ADVOCATES FOR ACCESS TO MIDWIFERY CARE FOR ALL

The International Day of the Midwife, May 5th, 2012, was marked by the launch of CAM's campaign "Choice. Access. Midwives." which aims to draw attention to the lack of access to midwifery care faced by many women and families in Canada. Despite the tremendous growth of the profession since the first province legislated midwifery in 1991, there remain significant barriers to access to care for many women in Canada. This campaign will close at the CAM Annual Conference in St. John's, NL in October, by which time we hope to have collected 20,000 signatures of the e-letter.

International Day of the Midwife events were held in many provinces and territories, from B.C. to P.E.I. Photos of these events can be found on page 7, and description on page 8. ■



Peggy Nash, MP for the Parkdale-High Park riding in Toronto, made a statement in the House of Commons in honour of May 5th, International Day of the Midwife. Her statement, reproduced here (left column), received a standing ovation in the House.

ACCESS TO MIDWIFERY CARE IN CANADA: DID YOU KNOW?

With only 10 practicing midwives, many women in **Saskatchewan** travel two hours or more to access midwifery care and many women cannot access midwifery care at all.

A recent survey indicated that 26% of women in **Quebec** would choose out of hospital birth, either at home or in a birth centre, if given the choice. However, currently only 1.7% of births in Quebec are out of hospital, a choice available only with midwifery care. If midwives were to provide care for 10% of birthing women in Quebec, Quebec would need the equivalent of 140 more full-time midwives.

Midwives provide care to 14% of birthing women in **British Columbia**, but women in many rural and remote communities either must travel long distances to access midwifery care, or are unable to access midwifery care.

Midwifery remains unlegislated and unfunded in the Yukon, Prince Edward Island, and Newfoundland and Labrador.

Though legislated since 2010, **New Brunswick** has yet to grant a license to practice to any midwives, thereby making access to regulated care in that province non-existent.

Aboriginal women and their infants have a **two to four times higher morbidity and mortality** rate than the average Canadian. However, the profession "midwife" has yet to be recognized within the Federal Treasury Board, thereby making it impossible for a midwife to be hired directly by the Federal government.

Four in ten women in **Ontario** that seek midwifery care are unable to receive it. This is despite nearly 600 practicing midwives in Ontario. ■

ASSOCIATION ACTIVITIES CONTINUED



See photos of ICM at:
facebook.com/CanadianMidwives



Moms and midwives stage a flash mob in Vancouver on May 5th, in honour of IDM.



The MABC and the BC Government held a joint press conference on May 4th to announce the expansion of the UBC education program.



Midwifery supporters held a rally outside the legislature in Charlottetown, PEI on May 5th.



Pregnant women in PEI call for midwifery care to be legislated in the province.



Ontario politicians hold babies at the AOM's annual Lobby Day on May 2nd.



ACROSS CANADA

NORTHWEST TERRITORIES

A report released in April 2012, and commissioned by the Department of Health of the Northwest Territories, recommends that the territory start midwifery programs with two midwives each in Hay River, Inuvik, Behchoko, and Yellowknife. The report indicated that not only would women benefit from being able to give birth in their own communities, but that cost-savings would also result from the midwifery programs. Currently, the report is being reviewed by the Government, but no funding for new midwifery programs is in this year's budget, so any program is still years away.

BRITISH COLUMBIA

Midwifery in BC advances with investments from the provincial government

By working with the Department of Advanced Education and the Department of Health, UBC's midwifery education program will be more able to meet the growing demand from BC families for increased access to midwifery services. With \$1.9 million in one-time funding and an increase of over \$800,000 towards ongoing operations, the program, now in its tenth year, will expand from the current 10 first-year spaces to 20.

Additionally, the MABC reached an agreement with the Department of Health that provides \$500,000 in new funding towards increasing homebirths in BC, and to help rural midwives establish practices in communities currently lacking access to care.

PRINCE EDWARD ISLAND

PEI's consumer advocacy group, BORN (Birth Options Research Network), lobbied for midwifery legislation, regulation and funding in front of the Legislative Building on May 5th. This event was followed by their second "Red Tent Event" at a nearby church hall. Families were invited to engage in making clay pregnancy pendants, henna painting, yoga, sharing of birth stories, and a reflection maze. A play area for children was also offered. MLAs & the Premier were invited to address the gathering at Province House. A press release was issued.

ONTARIO

Government announced funding to pilot two midwifery-led birth centres in Ontario. The announcement came following an intense, year-long campaign by AOM members, clients and supporters which included a strong social media action. Thank you to Quebec midwives for all your support in these efforts. In May, Ontario midwives met with MPPs during a lobby day at Queen's Park

to discuss issues related to growing the profession, including wage parity. Also in May, the AOM AGM and conference, titled Strength in Numbers, continued the theme of growth. Membership is expected to reach 1 000 midwives in Ontario by 2015. For more information on the AOM, visit ontariomidwives.ca or join us on Twitter and Facebook.

NACM

The National Aboriginal Council of Midwives has spent the last six months focused on promoting the practice of Aboriginal midwifery, financed by the Aboriginal Health Human Resources Initiative of Health Canada. The first part of the campaign consists of the development of printed, video and web material geared towards communities and youth interested in the career of midwife. NACM released two of the three short videos on Aboriginal midwifery on May 5th, as part of CAM's recent advocacy campaign. All three videos can be viewed at <http://www.isuma.tv/lo/en/national-aboriginal-council-of-midwives>.

In addition, NACM will be launching its new website within the next month at www.aboriginalmidwives.ca, along with three brochures and a series of ten posters. The brochures detail the education pathways open to Aboriginal youth interested in becoming midwives, as well as the history, scope of practice, and community context of Aboriginal midwifery. The ten posters showcase portraits of ten different NACM members and the ten NACM core values. The core values themselves will also be published in the Summer issue of the Canadian Journal of Midwifery Research and Practice.

The second part of the promotional campaign focused on providing direct support to numerous Aboriginal communities across Canada that are working towards reviving midwifery care. This direct support came in the form of community consultations and workshops that were facilitated by NACM midwives over a period of three weeks in April and May.



ACROSS CANADA CONTINUED



NACM midwives Nathalie Pambrun, Darlene Birch and Evelyn Harney in a small plane on their way to Black Lake, a remote community in northern Saskatchewan.

»» The first week was held in Akwesasne and Tyendinaga, two Mohawk communities in southern Ontario. A two day consultation with Akwesasne community members was facilitated by midwives Lesley Paulette, Laurie Jacobs and Nathalie Pambrun in collaboration with Jasmine Benedict and Joyce Leaf, midwives from Akwesasne. This was followed by a two day workshop that brought together program implementers, elders, and midwives from Akwesasne, Tyendinaga as well as Grassy Narrows, a community near Kenora Ontario, to collectively strategize and share knowledge about how to take steps to implement midwifery programs in each of these communities. The week finished with a day of community consultation in Tyendinaga, in collaboration with midwife Dorothy Green. Discussions around the role of the Aboriginal midwife as defined by the community within the context of practice under the Ontario exemption clause helped to build significant momentum within both communities.

The second week was held on Haida Gwaii, an island archipelago off the coast of British Columbia. Cherylle Bourgeois and Nathalie Pambrun led community consultations and workshops with members of both the Skidegate and Old Massett Haida communities. In addition, representatives from the St'at'imc Nation of mainland BC, were able to attend the strategic workshops, along with representatives from the First Nations Health Authority. With the Tripartite Agreement and Health transfer currently underway in BC, this gathering created an incredible opportunity for change in reproductive health care delivery in First Nations communities.

The third and final week of consultations was led by Darlene Birch, Evelyn Harney and Nathalie Pambrun in collaboration with the Athabasca Health Authority (AHA) in northern Saskatchewan. The midwives visited the Stony Rapids, Black Lake and Fond du Lac communities. This week of consultations was focused on

discussions with health providers, community members and the AHA board of Directors around the next steps to implementing midwifery.

Together, these consultations have shown the important need for continued support to Aboriginal communities seeking to access midwifery care. The barriers faced by each community differ, but in each community NACM midwives recognized a passion and strength that is essential to the oftentimes long process of bringing birth back. NACM looks forward to continuing to provide support to these and many other Aboriginal communities. ■

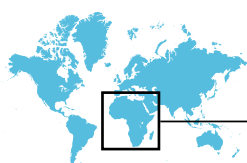


Saka Pembleton speaks about midwifery at the workshop in Akwesasne.



Participants gather in a circle at the consultation in Tyendinaga.

AROUND THE WORLD



Ugandan and Canadian midwives stand together behind a banner for ICM 2011 in Durban.



Ellis, second from right, with midwives and physician in Bangladesh.



Ellis, centre, with student and new mom in Uganda.



Ellis teaching midwife trainers in Zambia.



Ellis examining twins after delivery.

INTERVIEW WITH CATHY ELLIS, RM

Where in the world are you at the moment?

I am in Masaka, Uganda working at the Regional Referral Hospital, which receives 25-30 mothers a day. I am currently supervising four UBC students for the UBC Midwifery Global Maternal Infant Health practicum. We are working with the Ugandan midwife Prossy Musoke and my partner Dr Mickey Rostoker.

Yesterday was a typical day here. We attended around 7 deliveries, one complicated by HIV, and resuscitated four babies successfully. A premature baby whom we attended a day or so earlier passed away. We worked with a local senior obstetrician to assist a young woman with severe sepsis who was in obstructed labour.

During the 6 weeks we spend in Uganda every summer, we conduct midwifery updates in four hospitals. We train trainers who teach topics such as the WHO partograph, PPH, and neonatal resuscitation.

How did your global midwifery career begin?

I began my midwifery career in Mexico in a small health care center. There I learned about the effects of poverty and lack of resources on maternal infant health, and the benefits of strong community engagement for tackling these problems. I was inspired

by volunteering there and saw birth as a very normal physiological process, made easier by good nutrition, good prenatal care and compassionate attendants.

Describe a typical year in your life, as you balance work in many places.

This year I worked in Bangladesh for a few weeks during the winter in a CIDA sponsored project: "Interrupting Pathways to Maternal, Infant and Child Sepsis" and will return there in August. I taught full time at UBC, including a new theoretical course in Maternal Infant Global Health.

In April I travelled to Nepal, where we have been working since 2008 with our partner, the Midwifery Society of Nepal (MIDSON). I supervised students in a remote district hospital. With MIDSON, and Dr Mickey Rostoker, we conducted an emergency skills course for 22 midwives, some of whom travelled 3 days by foot to attend.

What is your favorite part of your job?

I love working with students. Through teaching and attending births with them, I hope to contribute to their understanding of the realities of women's reproductive care in other countries. I also like the fact that although slow, we can see improvements in maternity care in the places where we work.



Cathy Ellis, left, with midwifery student in Nepal.

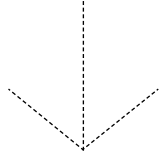
Can you offer any words of wisdom to midwifery students?

Most global midwifery work is not just about catching babies. More often it involves developing antenatal education, improving nutrition, teaching emergency obstetrical skills, monitoring and evaluation.

Making any kind of change to maternity systems globally requires long term commitments, as changes happen slowly. It is important to stay healthy, and to keep an open mind and heart. There are many sad stories, but also many stories of caring and strength.

We gratefully acknowledge the MABC, and all the midwives and other individuals who have generously become part of the global work for Safe Motherhood by giving funds for materials and equipment to assist our work. ■

THE HEARTBEAT



WHAT IS IT?

The Heartbeat is a place for CAM members to place an announcement that will be seen by all CAM members. Anyone in your practice having a baby? Has a midwife in your community recently won an award? Did you have a wonderful experience with a preceptor and want to thank her? Want to welcome a new practice member or congratulate a retiring practice member? The Heartbeat is the place to announce any of these occasions and more!

We will also place job postings here if we have space, though the CAM website is still the best place for all job related news.

Please send title, location, and announcement to eheller@canadianmidwives.org.

Announcements longer than 50 words will be accommodated if space permits.

Deadline for next issue: November 15th, 2012.



Welcome Pauline Bondy!

The CAM board and staff would like to welcome Pauline Bondy as the new CAM Grants and Partnership Advisor. Pauline has extensive experience in writing and coordinating grants in the international health sector. Her position is a new one at CAM, and we look forward to expanding our work with Pauline on the team!

Many thanks to Outgoing CAM Board members

CAM would like to extend our heartfelt thanks to Megan Wilton, Kay Matthews, and Jessica Coleman for their time spent as representatives to the CAM Board. We will miss you!

Congratulations to a new midwife!

Congratulations Rachel Dennis on graduating from Ryerson! You make your mother proud!-Carol Couchie

Thank you AHHRI consultants!

The National Aboriginal Council of Midwives would like to send a very large THANK YOU to all the members of the AHHRI committee and especially the midwife consultants who took time away from their families and busy practices to share their knowledge with various communities to see midwifery

grow in rural, remote, Aboriginal communities. NACM would also like to thank all the community members that participated in Akwesasne, Tyendinaga, Haida Gwaii (Skidegate and Old Massett) and Athabasca for making these community consultations a productive learning experience for all. We look forward to announcing the birth of new midwifery practices in your communities some day in the future!

New remote practice!

Congratulations to Christine Roy and Carol Couchie on their new practice Neepeshowinn Midwives in Attawapiskat, Ontario. This will be only the second practice on reserve in Ontario, and the first remote practice. One more step towards making sure that all women have access to midwifery care!



Ontario Midwives welcome new president and board members

Lisa Weston is the new president of the Association of Ontario Midwives. Lisa began practice as a midwife in 2003 and has served on the AOM board since 2005. Lisa lives in Durham. Welcome to

new board members Rebecca Carson (Guelph), Christie Kavaratzis (Toronto), Ana Maria Maxwell (Stoney Creek), Genia Stephen (Scarbot Lake), Jasmin Tecson (Scarborough) and Jackie Whitehead (Ottawa). Welcome back to returning board members Elizabeth Brandeis (Toronto), Madeleine Clin (Milverton), Tracy Franklin (Toronto), Kelly Graff (Kenora) and Esther Willms (Toronto).

Job Posting: Nunavut

The government of Nunavut is looking for a midwife to fill the position of Manager of Maternal and Newborn Services, within the Department of Health and Social Services, in Rankin Inlet, Nunavut. If interested, contact Department of Health and Social Services, Phone: (867) 645-2171 Fax: (867) 645-2176 E-mail: chidalgo@gov.nu.ca.

JOB OPENING

South Delta Midwifery in British Columbia is looking for one midwife to join our team for a one year locum, beginning December 2012, fulltime or part-time. There is a possibility of this turning into a permanent position and dates are negotiable. You would work in a fun, supportive team of three midwives, allowing for about 14 days off work per month, in a fabulously supportive hospital along with a good homebirth rate.

For more information, please call Barbara Barta RM at 778 968 3010 or email barbarapbarta@gmail.com. www.southdeltamidwifery.ca.

UPCOMING EVENTS

JULY

ICM Asia Pacific Regional Conference
 HANOI 24-26 JULY, 2012
<http://www.vam.org.vn/conference2012/c35/about-us.html>



SEPTEMBER

Midwives Alliance of North America 2012
 SEPTEMBER 27-30, 2012
 Asilomar, California
www.mana.org/mana2012



Union of Risk Management for Preventive Medicine (URMPM) World Congress for Health and Safety
 SEPTEMBER 8-9, 2012
 University of London, UK
<http://www.urmpm.org/UWC2012/>



Ontario Student Midwives Conference
 SEPTEMBER 21-22, 2012
 CALL FOR PRESENTERS!
 Hosted by the Association of Ryerson Midwifery Students (ARMS) Submit presentation abstract online: <http://www.surveymonkey.com/s/XH62JHM>
 Questions? Please email arms@ryerson.ca or visit www.ryersonarms.weebly.com

Birth and Beyond Conference-2012
 SEPTEMBER 20-23, 2012
 Four Points Sheraton London
 London, ON
<http://birthandbeyondconference.ca/>



Vancouver Island Baby Fair-2012
 SEPT. 29 -30, 2012
 Parkes Recreation Centre in Victoria, BC
<http://www.vancouverislandbabyfair.com/index1.cfm>

OCTOBER



Canadian Association of Midwives / Association canadienne des sages-femmes 12th Annual Conference and Exhibit
 OCTOBER 17-19, 2012
 St. John's, Newfoundland and Labrador
<http://www.canadianmidwives.org/conference/>

CAPWHN's 2nd National Conference
 OCTOBER 18-20, 2012
 Hilton Saint John/Saint John Trade and Convention Centre
 Saint John, New Brunswick
http://www.capwhn.ca/en/capwhn/2012_Conference_p2699.html



Normal Labour and Birth: 7th International Research Conference
 OCTOBER 26-28, 2012
 Hangzhou, China
<http://2012hlhy.hznu.edu.cn/en/>

NOVEMBER

HealthAchieve
 NOVEMBER 5, 6, 7 2012
 Metro Toronto Convention Center
<http://www.healthachieve.com>

Family Medicine Forum, 2012
 NOVEMBER 15-17, 2012
 Metro Toronto Convention Centre
 Toronto, ON
<http://fmf.cfpc.ca/>

Association pour la santé public du Québec Conférence
 26 NOVEMBRE 2011
 Événement de formation
 Conférence annuelle de l'ASPQ - Regard sur la discrimination et les préjugés à l'égard du poids

FUTURE YEARS

Women Deliver
 MAY 28-30, 2012
 Kuala Lumpur, Malaysia
 Deadline for all scholarships April 15, 2012 (12pm EST)
<http://www.womendeliver.org/>

CAM/ACSF 13th Annual Conference and Exhibit
 NOVEMBER 6-8, 2013
 Marriott Hotel
 Ottawa, Ontario

The 3rd National CAPWHN Conference
 NOVEMBER 21-23, 2013
 Sheraton on the Falls in Niagara Falls, Ontario.

ICM Triennial Congress
 JUNE 1-5, 2014
 Prague, Czech Republic
<http://www.midwives2014.org>



More info on events at:
facebook.com/CanadianMidwives