

SMAC/ACÉPS

edition no. 1



Brescia Nember-Reid



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Meet Your Interim SMAC/ACÉPS Team

Erin Armstrong

I'm a student at Ryerson, starting normal childbearing this summer (but I was in the part-time stream so I've been around for 4 years). I have a habit of getting involved. In 7th grade I won a "leadership" award for leaving class 15 minutes before lunch to make coffee in the staffroom. It's been downhill since then. I love SMAC and the women who are working so hard to make a positive change for midwifery students across the country.



Mélissa Boizot-Roche

Bonjour! I'm Mélissa and I'm a third year student in the French stream at Laurentian. When I'm not trying to remember the difference between respiratory and metabolic acidosis, I like to: try to do the splits, attempt to play the fiddle, take various dance classes, hike, explore, and daydream about one day completing my herbalism course. I am really interested in francophone issues as well as abortion rights and reproductive justice. I dream of one day combining all of that and becoming a super flexible, fiddle-playing, full spectrum midwife in a Francophone minority community.



Heidi Demers

Aloha! When I need a break from the stress and reality of the midwife life I go to Hawaii. Not literally obviously (although how fabulous would THAT be?)...but in other ways. I fell in love with all things Hawaiian during my honeymoon and since then I've learned to dance hula and play ukulele. To me, Hawaii represents the epitome of love, gratitude, and connection to the earth and other people and so when I need to relax all I have to do is turn on some Hawaiian music and I'm back on the beach!



Robyn Goldberg

In 2001, I graduated with a BA in Broadcast Journalism from Emerson College in Boston. Prior to having children, I worked as an on-air radio talk show host for a children's radio show in Boston. Soon after I moved back to my hometown of Toronto to start a family. My first two children were born at a hospital and I felt, with both experiences, that something was missing. When I became pregnant with my daughter in 2009, I chose midwifery care and had a beautiful, empowering VBAC birth, at a hospital,



surrounded by my midwives. My passion for women's rights and autonomy, especially surrounding childbirth, led me to the Ryerson Midwifery Education Program where I am now a senior student.

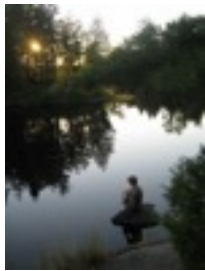
Debbi Hansen-Lange

While I have knit off and on for years, it was during my first clinical placement where I realized I needed a balm for my soul. The rhythmic knit one, purl one, gave my mind a peaceful place to rest. In life, I find that mastering a new skill or technique causes me anxiety. My approach to dealing with new skills is that I tend to put off learning the new technique. My procrastination response is no different be it learning how to put in an IV or turning a heel when knitting a sock. However, there are IVs to be placed and socks that need to be finished. I urge myself forward, rising to the challenge of pushing through my fears and knowing that I can always come back to knit one, purl one because almost every pattern needs a basic ribbing.



Erika Maaskant

I've been at this midwifery student thing for a little while now, with the dream of one day opening a rural practice in the farming county where I grew up. It occurred to me at some point in 2nd year that at some point I would have to read/do/think about something other than babies. Luckily, my partner and I had the good fortune of landing in Sudbury for my midwifery education which led to another kind of education for both of us - Northern Ontario, and our love of exploring it



together with our tiny little tent. We did this at any opportunity, any season (including winter), and now as we've relocated back to

Toronto, we continue to pack our car and make the long and gorgeous journey up Hwy 400 to 69, and beyond. Of course, I couldn't just enjoy it for the sake of it, and decided to set out on a new and exciting camping goal - to visit every designated Ontario Provincial Park and document it all in my blog - ontarioparkscamper.wordpress.com. So I would say my non-midwifery passion is exploring the outdoors and wrestling with my inconvenient and totally irrational fear of tiny, adorable black bears.

Chloé Markgraf

Avant d'entreprendre la formation de sage-femme, j'étais une femme inspirée et occupée, avec des activités diverses dans ma vie, un amour profond pour la nature, et pour l'action communautaire, ainsi que une passion pour la fertilité, et la santé des femmes. En m'engageant dans ce programme, on dirait que je suis devenue uniquement étudiante sage-femme, tout ce relie à ce métier, et tout ce présente en métaphore de maternité. D'abord, quand je tente de me décrocher j'aime me déguiser en caractère absurde... pour me retrouver comme autre chose qu'étudiante sage-femme.



Marita Obt

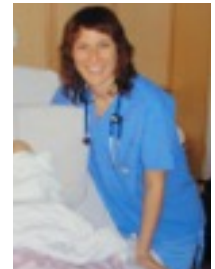
I love coffee. I love breakfast foods, especially for dinner. I love my dog, Wombat. I love reading contemporary fiction, and listening to spoken word poetry. I love to write – fiction, poetry, research papers, the whole spectrum. I love to travel, and have lived in Germany and Australia. I love approaching midwifery with a feminist lens, and thinking about what social justice means in birth work. I love people-watching in cafes, the smell of



sidewalks after it rains, the satisfying sound of a record starting, and the feel of clean sheets on a soft bed and a fluffy down blanket. I love being a student midwife, for so many reasons, but mostly because it lets me live my politics.

Lindsay Stevenson

New registrant in Manitoba working downtown Winnipeg. When I'm not working I am probably either taking a bath, at aquacize class with my old lady friends or cooking for the lunch club I started with my friends. Each week we cook food and get together to share lunch-sized portions for the week. This prevented me from living off of hot sauce on crackers and popcorn through midwifery school. I highly recommend starting a lunch club of your own!



Annette Cloutier

AND

You!

You can join SMAC/ACÉPS and be a part of our intern leadership committee. Check out our website: <http://www.smacaceps.com/>

Common Discomforts of Midwifery School



Don't stress out, you got this!

Midwifery school is hard, but totally doable. It can be a lot to deal with, indeed, but there are tips that can help alleviate the discomforts most commonly experienced by students along the way. Here is a list that identifies a few of these complaints, what causes them, and how you can reduce their negative impact on your life

Stress and anxiety

It is very normal to experience stress when transitioning from average

person to midwife. Big changes are happening in your life and you are being faced with a whole new set of responsibilities and challenges. In addition, the lack of sleep, being on call, and other discomforts can add to the feeling of being out of control and out of touch with your previous self. While baby-catcher-blues are a common complaint, it is important to find ways that work for you to relax and de-stress regularly and make sure it doesn't escalate into more serious baby-catcher-burn-out. Taking warm baths with Epsom salts, reading a good book (not related to midwifery),

journaling, going to a yoga class or doing yoga at home, crafting or creating art, getting outdoors, and spending time with friends and family, may all be options for reducing stress throughout the week. It is important to continue doing the things that you enjoy as much as possible, even while on call. Being on call is a lesson in spontaneity, but that doesn't mean you have to put your whole life on hold to wait for that phone to ring. Practice sustainability. This is part of your life now, you have to make it work for you or you risk getting burnt out, so don't forget to have fun!

Remember, it isn't all bad. Beautiful births can give you a high that you can ride for days, so use that positive energy! In addition, some students find the spontaneous lifestyle of a midwife to be quite liberating. Allowing yourself to be present in the moment and unattached to plans can make coping easier, and may even bring you closer to that Zen state you always wanted to be in. On that note, meditation can be a very useful tool for the student as well as the practicing midwife. Taking a few off call days to go to a meditation center, or just taking 30 minutes each day to sit in silence, can rejuvenate you and allow your mind to process what you have been experiencing. In any case, always be sure to take your off call time to do something that you cannot normally do on call...whether that is going for a hike someplace with no cell reception, deliberately allowing your cellphone to die, drinking a glass (or more) of wine, or vacationing out of town. This allows you to step back from the situation and regroup, as well as regain some normalcy in your life.

Finally, there are tips that may allow you to feel less stress and anxiety while at clinic, a birth, or home visit with your preceptor. Use Rescue Remedy liberally (this is a flower essence that helps alleviate stress, anxiety, and adrenal fatigue). You may wish to make cheat sheets that allow you to look up step-by-step directions on how to do a skill (like a newborn exam list for example, since you are usually completely bagged by the time this one comes around), or go over certain procedures vocally with your preceptor before the time comes to actually do it. But remember, these things will soon become second nature to you, and the anxiety of being

in a new and unfamiliar situation every time will, for the most part, pass as you gain more experience. Just don't allow your anxious mind prevent you from truly learning and trying at each opportunity...you will have to do that first IV or PAP sometime, whether it is now or in 4th year, it doesn't much make a difference in how it feels, so jump in!

Fatigue and lack of sleep

This is a well-known discomfort of midwifery school caused by being on call for births, having assignments due, and insomnia due to stress. If you have children already, they can put more demands on your time and further contribute to the problem. Unfortunately, once you graduate, the demands are going to be much the same, so it is important to find ways to cope with and mitigate sleeplessness now. Some tips that may help include covering your windows with a thick curtain to block out daylight, taking regular naps (especially if you have a mama who is niggling), and going to bed early when you can. Some students find that sleeping after an all-nighter birth can be surprisingly difficult and returning to your regular pattern afterward is a lot like adjusting from jet lag. After a birth, it can help to have a personal ritual or routine that you can use to wind down before crashing on your bed in post-birth slumber, which, if in daylight hours, should be kept to a maximum of 4 hours to allow for an easier return to the regular nocturnal sleep schedule. Avoid caffeine unless you are sure you will need to be awake and chipper for the next 5 hours, and even so, it is best to save it for when you really need it for optimal effectiveness.

Headache

While not all student midwives experience headaches in their placement, it is a symptom that can sometimes occur in conjunction with lack of sleep and increased stress. Another contributor to headaches, is a poor diet and eating patterns, as well as dehydration. The hospital environment is very dry, and good food is hard to come by. Therefore, drink lots of water to combat the dryness and pack nutritious snacks in your birth bag or have them ready-to-grab from your fridge in your mad rush out the door. Some ideas include: trail mix with dried fruit and nuts, granola bars, raw veggie sticks, an apple, nori sheets, dehydrated tomatoes, crackers and peanut butter, instant oatmeal, smoothies, and other munchy things. Avoid candy and sugary foods, which can spike your blood sugar and cause it to drop just as quickly (see next symptom).

Fainting

Along with headache, this symptom is less common, but can occur to anyone. Fainting can sneak up on you while seeing a baby crowning, or watching your preceptor suture a mama's perineum. This is in large part due to low blood sugar, lack of sleep (adrenal fatigue), and simply being a weakling. Steps you can take to avoid getting to the point of losing consciousness and tumbling to the floor taking multiple instruments down with you in a distracting crash of embarrassing destruction, include: drink plenty of water, eat well and frequently, take Rescue Remedy when needed, breathe well (be conscious not to hold your breath out of commiseration for a pushing mama), sit down if you feel the need, and, if you are truly on the verge of passing

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out put your head between your knees and place pressure on your upper lip with the side of one finger and/or take a whiff of any nearby essential oil (peppermint or lavender works well).

Back pain and body aches

Surprisingly, these symptoms are fairly common among students and full-fledged midwives alike. Caused by reaching into birth tubs, repetitively doing a double-hip-squeeze, sympathy contractions/tension, or contorting into various positions to get the Doppler positioned just so, these discomforts can really take a toll. As with any activity, midwifery's physical challenges can be diminished by using proper body mechanics and paying attention to your body's signals. Avoid repetitive motions or standing/sitting in one position for long periods and take the time (if possible) to position yourself in a way that reduces strain. Try not to lug a giant bag of random stuff to every birth, bring only what is necessary (if you are a second-year student, you really only need a bit of food, your extra clothes can stay in the car). Recognize when your body is becoming tense and take steps to reduce the strain as much as possible: breathe deep, lighten up with some humour (when appropriate), and try progressive relaxation, just like you tell your mama to do. In addition, students often have the added burden of extended periods of desk/computer work. Try to look away from a book or screen every few minutes to avoid eyestrain, and take a short walk or do some stretches in between articles/chapters (about every 30 mins to an hour). Finally, it is important to keep your body moving in healthy ways. Whether you go outdoors for a walk, hit the gym, or attend a yoga class,

find some activity that you can do on a regular basis (3-4 times per week) to keep your body happy

Relationship tension

Being on call and swamped with homework is enough. If you are in an intimate relationship and/or have children at home, it can feel like doing 4 jobs at once. Partners can often feel like they are getting the short end of the stick when their loved ones choose midwifery as a career path,



and it is easy to give in to guilt when your 3 year old is screaming for you to not go to that birth and take her to the park instead. However, it is important to remember that this is a transition period for the whole family and that some of this tension will pass as things become more familiar. In the mean time, it is a good idea to develop some ways to improve the bonds you have with your family by making it a priority to spend quality time with them whenever possible, being careful to not make promises you can't keep, and bribing them with candy (just kidding, that doesn't work). What does work, is explaining your situation, expressing your love and appreciation, and listening to the needs of your partner and kids—engaging them to find solutions to potential feelings of neglect and abandonment. That may mean including them in your

adventures (try telling birth stories to your kids before bed), or maybe the opposite is needed: leaving work at work as much as possible and finding other activities to do at home. Either way, it is you they need more of, and though you may feel stretched to the limit already, not spending the time to invest in your family is a trap that is too easy to fall into...you need their support as much as they need your presence and your future self will thank you for keeping those relationships strong. The same goes for friends. It is easy to say, "I can't, I'm on call" or "things are just too busy right now, sorry," but that will soon create a distance that is hard to bridge. By cultivating your bonds, however, you are helping your loved ones feel secure and important, avoiding the long-term effects of neglect, and, at the same time, reconnecting with your family and friends is a way to stay sane in the crazy world of midwifery.

So there you go: midwifery school is hard, but totally doable. It may feel overwhelming at times, but the truth is, the good outweighs the bad. Never lose sight of the reason you are pursuing this path: to help families grow and flourish and make a difference in maternity care for the sake of humankind. All in all, that is a cause that is worth it...at least I believe it is. So chin up, baby-catcher-to-be! Your sacrifices are leading you on the fulfilling path to greatness!

Carissa Murray is a third year midwifery student at Mount Royal University

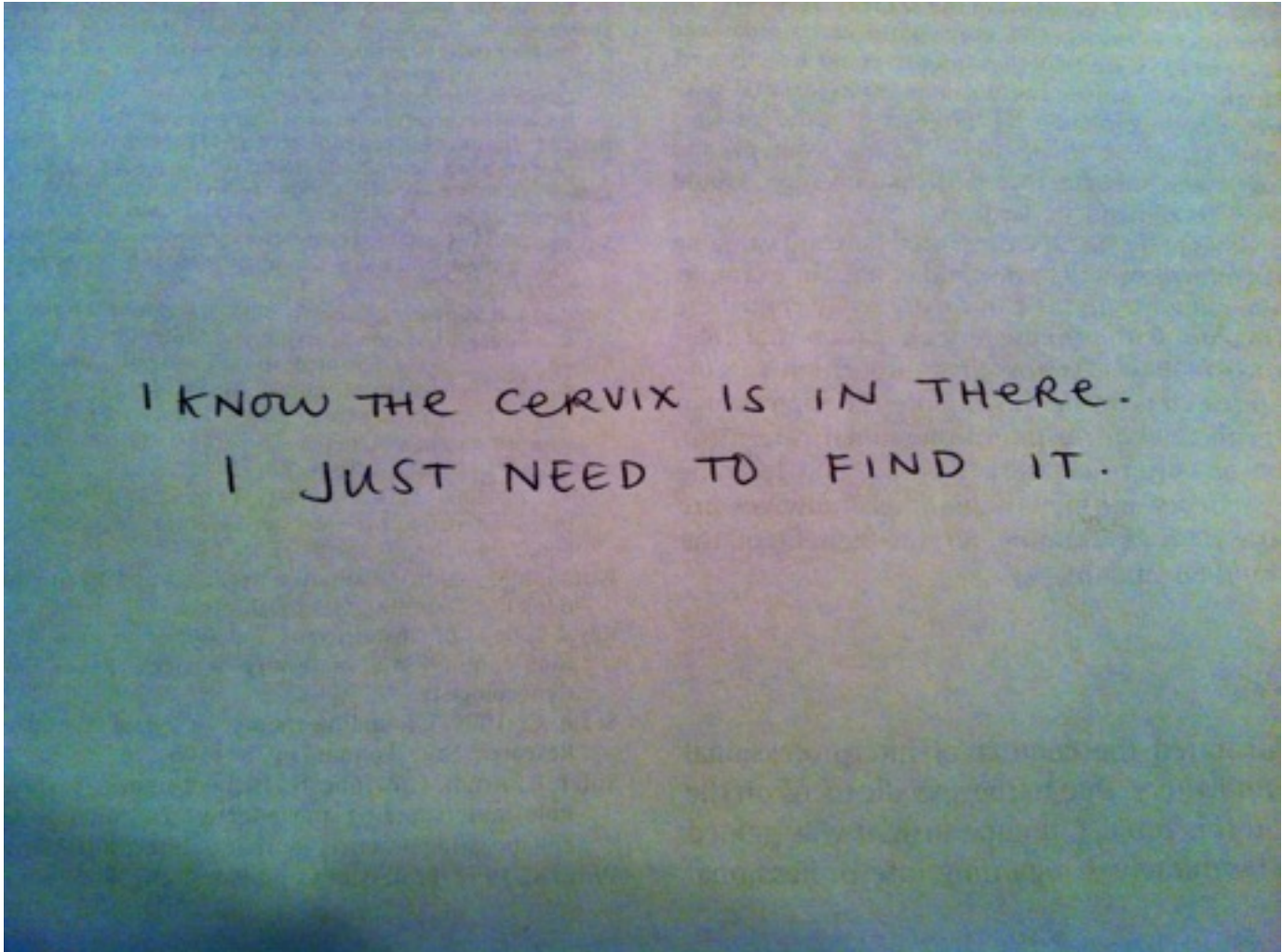
La maison de naissance



À la maison de naissance les femmes accouchent. C'est là où la femme s'ouvre à l'univers en sécurité, sans crainte, avec anticipation de la beauté qui vient. La maison de naissance c'est le lieu des naissances, non seulement des bébés, nus et frais, mais aussi des mamans, en leur pouvoir, en confiance; des papa, larmes aux yeux, avec un tel regard épanoui, de sa femme, de son enfant, les deux, belles, magiques. C'est aussi où se naissent les sages-femmes, à travers les étudiantEs qui se remplacent d'un stage à l'autre. C'est où les étudiantEs sages-femmes accouchent de leurs compétences, leurs habilités, souvent à travers d'énormes défis, parfois à vivre des difficultés complexes. Mais avec tout cela, il ne faut pas oublier, la maison de naissance c'est le lieu où naît un potentiel communautaire énorme, des changements dans la manière d'être avec nous-même, et d'être ensemble, un changement qui provoquera des vagues dans le monde entier. Ici, la naissance atteint une profondeur extraordinaire. La maison de naissance naît tout cela, et le contient, et nous le vivons avec privilège.

À travers mes expériences dans les maisons de naissances, je les perçois différemment. En étant reconnaissant du fait que le domicile est un endroit autant sacrée, et idéale pour la rencontre d'une nouvelle famille, la maison de naissance est un endroit habité par tous pour promouvoir la physiologie et mettre en vigueur la beauté de la naissance, afin de bâtir une communauté résiliente. Dans ces maisons les chambres de naissance parlent des années de naissances passées; ces maisons sont vivantes. Quand je quitte, après une longue journée, en me retournant vers la maison, je ne vois pas un bâtiment, mais un endroit où tout est possible...

Chloe Markgraf, étudiante sage-femme 3e année, UQTR

A photograph of a textured, light-colored surface, possibly a wall or a piece of paper, with two lines of handwritten text in black ink. The text is centered and reads: "I KNOW THE CERVIX IS IN THERE." followed by "I JUST NEED TO FIND IT." on the next line. The background has a mottled appearance with shades of light blue, green, and beige.

I KNOW THE CERVIX IS IN THERE.
I JUST NEED TO FIND IT.

Brescia Nember-Reid is a queer multifaceted artist, senior year midwifery student, and placenta enthusiast.

Balance Within Transformation

I am three years old. I live on a lake in Minnesota. The water is part of my life, like breath.

One sunny, summer day my mother puts an orange life vest around my neck and ties a bow. She does the same for my little sister as my father slides our canoe into the water. My parents place me in the middle of the boat. “Now sit still, or we'll tip over,” says my dad. I'm small, my movements do not affect the canoe much, but I remember being still and careful as we talk about what would happen if we did tip over, the importance of life vests, swimming lessons, water temperature. Actions, consequences, responsibility. Then we are sliding through the water that flows in my veins, perfectly balanced between the lake and the sky.

I don't remember learning how to balance in a canoe. I am three years old, and I am balance itself. Easily I launch the canoe through the water, throughout my youth. At least once a week in the summers, I adeptly paddle and never tip. Did I ever have to learn balance? I just did it.

I grow. I move away. I have babies and go to school and have more babies. I do not paddle a canoe for years but I find balance in my life. Many days the seas are rough and I fear that I may capsize. I learn there are times I must dock the canoe, times I must ask for a tow from my neighbour, times when I cannot do it on my own. I take time to breathe and centre my body. I practice mindfulness. I play with my children. I am strong and capable. I do the work.

We learn to balance by balancing. And balance I do, sometimes with grace, and other times with white knuckles. As I begin my work as a doula, the balance I have learned in the rough seas of motherhood

and life and mindful meditation makes entering the birth space easy. Over time I attend more than 100 births, and each time I find my centre, easily, like breathing, and support others through the chop created in the waters of birth.

I am thirty-five years old. Home to Minnesota for my sister's wedding, I stand at the lakeside in the autumn, more than 30 years after that first canoe ride. The air is crisp and cold like apples ripe on the trees. The skies are bright blue, the fire red, and orange leaves fringe the bright, beckoning lake. I look down at the canoe beside me. The shore has changed, now rocky and deep, the canoe an entirely different vessel. But I know how to do this. I am strong and capable as I glide the bow of the canoe into the water, step in and push off. It is shaky; I have to force balance. The stern end swings out where I did not intend it to go. But I know how to correct. I reach back with my paddle and confidently pull the water, bringing the stern toward the shore, the bow pointing forward—

Instead, I pull myself directly into the shockingly cold water. I am a turtle flailing on its back. Water burns in my sinuses, stopping my breath. The canoe follows me and fills with water. Silently the lake says, “I'm quite certain that is not what you were supposed to do, Abigail,” and I sputter and struggle, angry and humiliated. I find my feet, manage the canoe to shore and dump out the water. Soaked, freezing and mad at myself, I put on a dry sweater and proceed more cautiously. I will not fail a task I know like breathing.

I canoe across the lake. There is no ease, no silent slicing paddle through silky water, only a constant struggle for balance. But I do it. I learn to balance by balancing.

I enter Midwifery School after many long years of knowing I would become a midwife, and after several years of working as a doula. I know birth. I know school, and I am confident as I push off into the first weeks of the semester.

Around me are 14 of the smartest people I know. It is strange being in a group of women as amazing as they are. And while I find I do know a lot, I also find myself flailing and sputtering. In the first hands-on clinical class, I catch a baby out of a model pelvis. My baby's umbilical cord detaches, and rather than clamp the baby's umbilicus area, I clamp the cord. I am informed my baby is bleeding out. I am confounded. I've seen this a hundred times, I know what to do, why did I do the wrong thing?

“Why is this so hard?”

“Because now you are doing it,” replies Patrice, my clinical instructor.

And it hits me. I am an upended turtle once again. Armchair midwifery is not midwifery. I am in a new canoe in a new body of water, and around me is only a constant struggle for balance. But each draw of the paddle brings more ease. I am excited, exhilarated, frustrated and annoyed. I breathe and notice. I am learning midwifery.

The seas are rough. I spill IV fluid when I learn to prime IV lines. I cause hemorrhage and “suck out veins” as I learn my first blood draws, and uncontrolled tears stream down my face. I don't get my empathic response right on the first try in counselling class. I force balance; I bail water. But I do

it. I have to include myself in that group of amazing women. My place here is not a mistake.

It is hard to stand out when so many people are shining so brightly. It is so much easier to see my weaknesses than my strengths, easier to accept them until they burn my sinuses like water, but I have to accept my strengths as well. Performance on a test does not equal ability or worth. I'm learning to shine in the mirror. I belong here, and day by day, each draw of blood will come with more ease. Each IV line I prime will spill less fluid. And I will learn to celebrate my successes: the day when I find palpating pregnant bellies easier than I thought, the day when I find the baby's heartbeat with a fetoscope. The day when I'm able to shine, strong and confident.

As in life, there are moments of grace and moments of white knuckles. We learn to balance by balancing. I am learning midwifery.

-Abby Mikkelson is in UBC's graduating class of 2016

- 2½ Cups Flour
- 3 eggs
- 2 tsp. Baking powder
- ½ Cup oil
- 1 tsp. Baking soda
- ½ Cup orange juice
- 2 tsp. Cinnamon
- ¼ Cup molasses
- ½ tsp. Ground cloves
- 1⅓ Cups sugar
- 1½ cups apple (grated, no skin)
- 1 tsp. Almond extract

THE GROANING CAKE



Rebecca Geddes and Juan Cisneros - Rebecca is a first year student of Midwifery at UBC. My partner and I are both artists and passionate about midwifery.

The Bathtub

I cried for two weeks, mostly in my bathtub.

The water would go cold and I would drain some out and put in more hot water and I would sob. Big, loud, wracked with inadequacy sobs of fear and hurt and anger. Sobs that would scare and worry my partner.

I cried because of the work of a student midwife, and the judging, critical eyes of preceptors that swept over my unsatisfactory work. I cried because I was sleep deprived, food deprived, bathroom deprived, friend deprived and family deprived. I cried because I believed I was weak and that I couldn't face the rigour of the profession. I cried because it is a hard, and an imperfect way to learn.

I cried until I was paged and needed to get out of the bath and ice my puffy face on the way to the hospital. I cried until I was exhausted and would slip into a fitful sleep. I cried until my voice would go hoarse. I cried until I ran out of tears.

My judging and critical eye sees me in my imperfection and inadequacies, and recognizes that extraordinary circumstances pushed me and I faltered initially. I cried for two weeks, then I rose out of my bathtub, drained my tears and went to do the work I chose to do. I cried, but I am not weak. I cried and it is okay if you cry too.

-Debbi Hansen-Lange is a senior student at McMaster

Let's start
an

i.v.

What you
need:



Hand sanitizer



Small stack of gauze



Micro-pore tape (or paper)



Gloves (non-sterile)



I.V. catheter



I.V. bandage



alcohol wipe



tourniquet

and also...



Bag of fluid



Something to hang the fluids. Maybe a door knob!

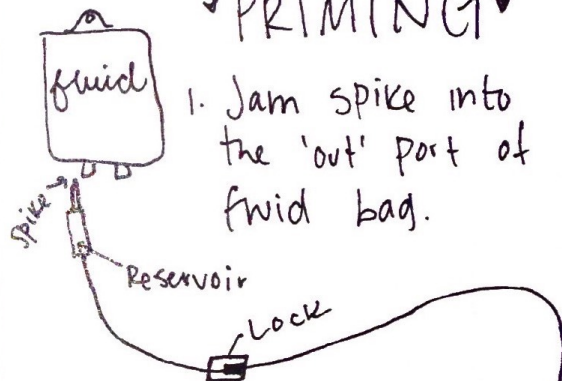


Package of I.V. tubing

And now we have to prime the line!

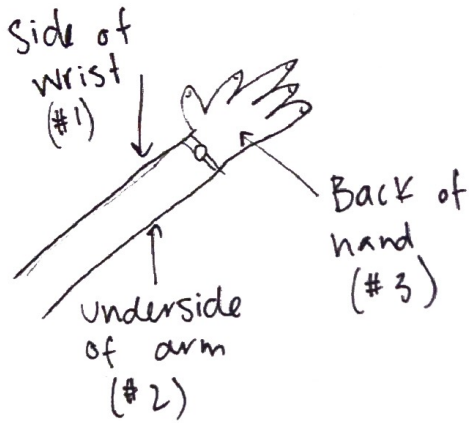
(Why? so there's no air in the I.V. tubing!)

PRIMING

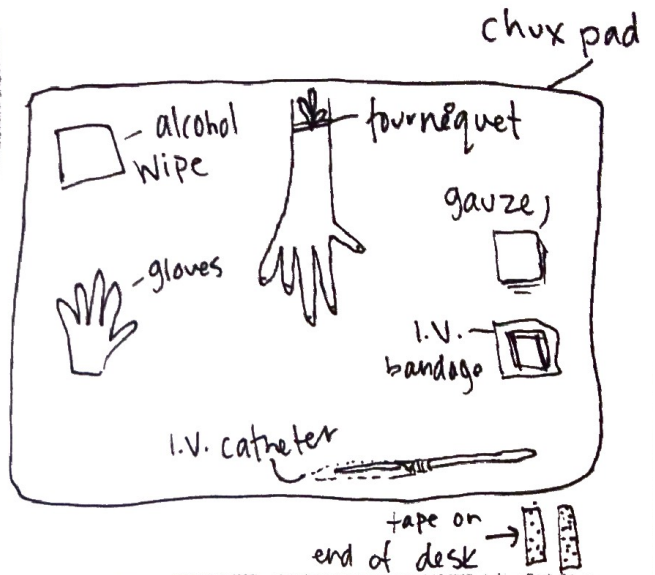


1. Jam spike into the 'out' port of fluid bag.
2. Squeeze the reservoir a few times (til about 1/2 full).
3. Put the end in a bag, garbage etc + open the lock so fluid comes out the end.

✓ Preferable Spots ✓



Prepping your Space:



- Wash yer [💡] paws!
- Tourniquet on to Palpate vein
- Look for long, straight + no valves.
- Alcohol wipe for 30 sec. in circular motion; wait to dry.
- Can landmark vein with the edge of the wipe!

... for example ...



♥ gettin' er done ♥

1. Unsheath I.V. catheter
2. Quick jab in vein (30°)
3. Watch for flashback in chamber of I.V. catheter
4. Lower the catheter's angle to ~ 10° and slowly advance the catheter only (not the needle.)

5. Release the tourniquet
6. Apply pressure to the vein.
7. Retract the needle.
8. Attach to your primed line.
9. Release pressure from the vein.
10. Open the line up!

* - Dressing! - *

1. I.V. dressing only over catheter (not on tubing port).
2. "tenting" tape or gauze under the port so it doesn't bend down.
3. Tape tubing down, making sure it doesn't kink or flop around.

WAY to GO !!!!

- Say nice things to your client. ♥
- Say nice things to yourself. ♥

YOU ARE A GREAT MIDWIFE!!!

Oser rêver l'avenir de notre profession



À l'automne 2014 avait lieu un cercle de paroles que les étudiantes sages-femmes du Québec se sont offert collectivement, pour échanger sur l'avenir de la profession sage-femme.

L'occasion permettait à chacune présente (soit environ 50 étudiantes) de s'exprimer sur ses rêves, ses craintes, ses impressions, ses passions, ses visions et ses expériences. Nous avons voulu créer un espace représentatif de notre diversité, qui puisse reconnaître la richesse de nos différences et l'apport de chacune. Nous invitons les lectrices qui n'étaient pas présentes à aborder ce texte avec cette même intention, soit celle d'accueillir les différents points de vue avec respect, reconnaissance et ouverture d'esprit. La solidarité qui s'est dégagée de cette mise en commun, comme un souffle de vie nécessaire, est notre plus belle victoire.

Le fil conducteur résonnait de lui-même, faire évoluer la pratique vers son essence humaine, féministe, inclusive, communautaire et holistique. Nous sommes extrêmement reconnaissantes du travail que nos prédécesseuses ont accompli pour permettre à notre pratique d'être ce qu'elle est aujourd'hui et espérons être à la hauteur de tout ce qu'elles ont pu accomplir.

L'impression générale est que la sage-femme québécoise arrive à un tournant avec sa popularité et son nombre croissant de pratiquantes. Avec la conjoncture politique actuelle, nous sentons cependant que l'autonomie de chacune, que l'espace vocationnel et que l'espace créatif s'amointrissent à mesure que la technocratisation de la pratique s'opère. L'on s'est demandées comment, en tant que communauté, trouver des solutions et des façons de pratiquer qui puissent continuer de répondre aux valeurs inhérentes à notre pratique.

Dans cette optique, plusieurs idées ont été exprimées dans le cercle de paroles :

Nous voyons les maisons de naissance comme un lieu communautaire, telles qu'elles ont été pensées au départ. Un espace où les familles se sentent à l'aise de venir passer du temps, où les comités de parents sont présents et valorisés et où chacun(e) peut apporter du sien pour créer un espace accueillant, dynamique, chaleureux et vivant. La vocation du lieu, c'est-à-dire accompagner des femmes et des familles en bonne santé, devrait permettre un assouplissement des règlements entourant la gestion et l'organisation du milieu. Alors que la professionnalisation de la pratique est redevable aux mouvements féministes et communautaires, nous sentons qu'un écart s'est lentement fait sentir entre les services sages-femmes et leurs principales intéressées. Nous croyons qu'il est essentiel de réinvestir le champ du communautaire, et d'assurer que les liens entretenus avec les groupes de femmes demeurent présents, dynamiques et forts. Maintenir l'équilibre délicat entre notre imputabilité et notre implication auprès des femmes, la réalité sage-femme et nos obligations envers le ministère de la santé, demande réflexion, et sans doute un peu de créativité et d'innovation qui puissent permettre de nouveaux modèles de gestion et de collaboration avec le MSSS! Plusieurs

étudiantes se voyaient dans des milieux plus naturels, plus familiers et plus petits. D'autres, se voyaient davantage dans des centres périnataux multidisciplinaires, proposant des



<https://www.flickr.com/photos/tonythemisfit/>

espaces partagés avec d'autres professionnels de la santé partageant les valeurs et les approches féministes du milieu. Nous voyons pas ces deux visions comme étant opposées, mais plutôt complémentaires. Nous espérons que le développement de la pratique permettra l'émergence de modèles de maisons de naissance variés, qui tout en demeurant fidèles aux valeurs qui soutiennent la profession, auront à nouveau le pouvoir d'inclure les opinions des familles qui en reçoivent les services et des sages-femmes qui l'opèrent!

D'une façon plus concrète et plus imagée, voici quelques exemples qui sont ressortis du cercle de parole qui rejoignent ces valeurs :

- Pouvoir choisir un village et s'ouvrir une maison de naissance avec deux ou trois consœurs, une maison pluridisciplinaire, avec un ostéopathe, un kinésithérapeute, en collaboration avec des gens ayant une approche alternatives, tel avec du travail énergétique, des gens qui font du Reiki, de la méditation, de la préparation holistique à l'accouchement, avec de l'art-thérapie, un jardin, de la permaculture, avec accès aux plantes médicinales.
- Un endroit où on prendrait le temps de faire des cercles de femmes, des cercles de paroles, des cercles de lunes.
- Un village où on pourrait se présenter chez la femme et toquer à la porte, lui dire bonjour et continuer sa route.
- Développer des services sages-femmes adaptés à des communautés particulières : régions éloignées, immigrantes, autochtones. Pourquoi pas un modèle roulant?
- Une maison de naissance près du St-Laurent qui lie périnatalité et présence de baleines, de dauphins.
- Une maison pour les femmes qui vivent une détresse, un endroit d'accueil et de bienveillance, où on prendrait soin de leurs besoins.
- Cette maison pourrait aussi accueillir les femmes qui vivent un avortement, car ce serait un espace propice pour vivre son deuil comme on a besoin de le vivre, à son propre rythme. Dans l'humanité, la compréhension de ce qu'un évènement pareil peut représenter pour une femme.

De plus, nous croyons que les sages-femmes devraient élargir leur champ de pratique à la santé des femmes en général. La contraception, l'interruption volontaire de grossesse et la santé gynécologique des femmes méritent à notre sens la même attention que la maternité et la naissance. Les sages-femmes sont des expertes de première ligne pour la santé reproductive des femmes et nous sommes persuadées de la pertinence d'un investissement plus large de ce domaine. Par rapport à l'IVG, des services à domiciles pourraient être offerts dans une perspective holistique par exemple, prenant en considération les aspects émotionnels, sociaux et spirituels d'un tel événement.

De plus, nous voyons dans ces différents modèles de pratique un avantage non-négligeable permettant aux sages-femmes de vivre selon un horaire moins éclectique, pour celles qui en ressentent le besoin.

Nous croyons également que les sages-femmes pourraient investir les champs de l'éducation, notamment en ce qui concerne les cours de sexualité offerts au secondaire et les divers programmes de prévention en matière de santé des femmes.

- Mélanie Bergeron Blais is a student in 2nd year at UQTR and an active member of the students association.



Brescia Nember-Reid

To be continued...

Born in the car at 3am... a logic puzzle

		baby name					time					location				
		Florian (boy)	Gabriel (boy)	Hélène (girl)	Irma (girl)	Jordan (boy)	1 am	2 am	3 am	4 am	5 am	hospital bed	car	birth stool	squatting at home	birth centre tub
mother	Amina															X
	Brigid	X	X			X						X	X	X	•	X
	Camille														X	
	Danielle														X	
	Elwenn														X	
location	hospital bed															
	car															
	birth stool															
	squatting at home	X	X			X										
	birth centre tub															
time	1 am															
	2 am															
	3 am															
	4 am															
	5 am															

① Brigid had a baby girl Squatting at home.

② The baby born at 3 am was born in the car.

③ Danielle did not give birth in the car or on a birth stool. Her baby, Jordan, was born 2 hours before Amina's.

④ Florian was born at 2 am.

⑤ Elwenn gave birth in the birth centre tub at 4 am. She named her baby Hélène.

⑥ the baby born in the hospital was born at 1 am.

How to solve this puzzle:

Each woman chose a different name and gave birth in a different location at a different time.

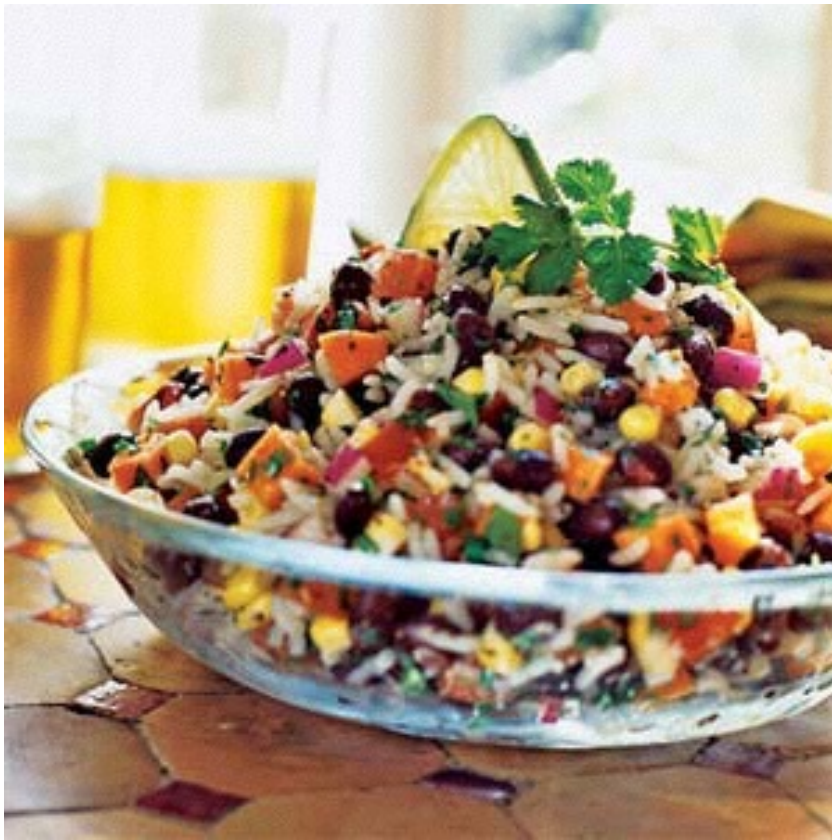
I completed the first clue for you: we know that Brigid had a girl, so we can deduce that she did not name her baby Florian, Gabriel or Jordan. I put an X in all those boxes.

We know that she had her baby squatting at home, so I put a • in that box, then used Xs to show that she did not have her baby in any other location, and that no one else had a baby squatting at home.

Finally, it follows that the baby born squatting at home was a girl, so again I put Xs to show that the baby born squatting at home was not named Florian, Gabriel or Jordan.

Don't forget to fill in as many boxes as possible, using all subgrids. You may need to go through the hints more than once!

Melissa Boizat-Rocha



Midwife Marinated Rice Salad

It's "lunch" time and you have three and half minutes to eat... what do you reach for? That granola bar you've been carting around in your birth bag for the last two years? A baggie of almonds, or if you were on the ball some cut up veggies? Yawn!

I know I'm not alone. I cannot for the life of me find energy or motivation to create healthy well-balanced meals as a midwifery student in placement. Ha!

Balance? What does that even mean anymore? The concept has lost all meaning through the years in this program. So if you're like me and need a quick, yummy but relatively brainless go-to recipe that can be made in a large batch so that I only have to cook once a week. Meet my Marinated Rice Salad!! It allows for an endless number of ingredient combinations to fit your palate or special dietary needs and is delicious hot or cold! One part carb, one part protein, one part healthy fats, as many veggies as you'd like and plenty of flavour this dish really does have it going on.

Step #1: Pick a carb! 1 cup uncooked
...but then cook it according to it's package.

Rice (basmati, brown, wild, mixed) is the staple for this recipe but don't let that hold you back. Don't like rice or suck at cooking it properly? Try lentils, quinoa, couscous or some other grain you find fascinating.

Step #2: Pick a protein! Or proteinS! Diced and cooked Chicken breast is a safe go-to here, but again, don't be afraid to get creative. Lean pork, mini shrimps, chickpeas, black beans, red beans, even steak if you've got the budget.

Step #3: Avocado! Cube it!

This is a non-negotiable part of this recipe. And I have yet to meet a midwifery student who doesn't appreciate the avocado in all it's glory.

Step #4: Veg it up! Dice em' as small as you like.

I like red pepper, green onion, and cherry tomatoes. But you could just as easily use green pepper,

SMAC/ACÉPS

red onion, marinated artichoke, and olives. Or get weird and add green apple, daikon, kale, mango or sweet potato. Sky's the limit here ladies!

Step #5: Marinade!

Olive oil is your base and carries the flavour of the marinade. Then you need an equal part of acid (think lime/lemon juice or balsamic/apple cider vinegar). Next is your flavour, a generous pinch (think mustard, garlic, soy sauce, sea salt, herbs or taco seasoning mix). Finally something sweet to balance it all (think honey, sugar, or apple juice). And if you like spice, this is also the place to throw it in (red chilli flakes never fail). Feeling SUPER lazy or pressed for time? Get a bottle of Kraft Italian salad dressing. If that was all a bit too MEP'y and not structured enough for you here's a few directions you could take this in.

Classic: Rice, 1-2 chicken breasts, 1 can red kidney beans, 1 avocado, ½ cup each red pepper, green onion, cherry tomatoes. Marinade: equal parts olive oil and white or dark balsamic vinegar, one crushed clove of garlic, pinch oregano and red chilli flakes and sea salt and honey to taste.

Mexican: Rice, steak, 1 can black beans, 1 avocado, ½ cup each corn, jalapeno pepper, red pepper, and onion. Marinade: equal parts olive oil and lime juice, part (definitely not all) package of taco seasoning or salsa, sea salt and sugar to taste.

Vegetarian: Quinoa, chickpeas, black beans, avocado, marinated artichoke and all the freaking veggies you like! Marinade: Olive oil, lemon juice, splash of apple juice and honey and a generous squeeze of Dijon mustard to taste.



INSTRUCTIONS

Cook the brown rice according to the package. Once the rice is cooked, drain well and allow it to cool.

While the rice is cooking, heat 1 tbsp oil in a pan over a high heat and sauté the chicken/protein/beans till tender and done. If you've picked a meat make sure it is cooked through. If

you're using more than one throw them all in the pan together.

To make the marinade, combine the oil, vinegar and seasonings in a bowl. **KEY TIP:** You **MUST** taste this as you create it, do not just throw things together in a bowl and assume it will taste good when the dish is done. If the marinade isn't yummy on it's own, it won't be better with the rice. Add extra salt, pepper or sugar as you like. Start with the oil and acid and slowly add the others to taste. In a large bowl (or the pan you cooked your meat in), combine cooked rice, cooked meat, diced avocado and veggies. Pour the dressing over this mess and toss lightly.

Pack into mason jars or Tupperware and eat! Eat! Eat!

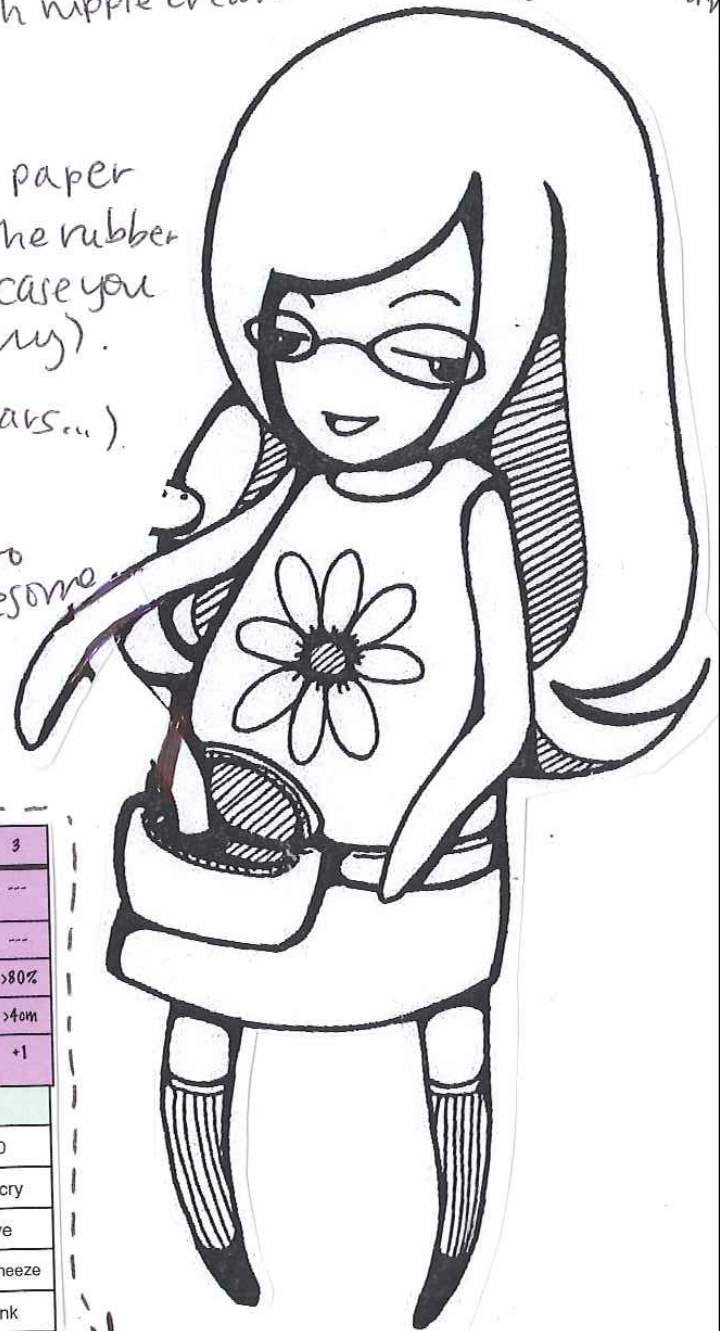
BONUS: Get extra flavor by adding toppings such as feta cheese, dried fruit, roasted nuts or fresh herbs.

-Heidi Demers, senior student at
Laurentian University

WHAT'S IN YOUR FANNY PACK?

May I recommend a fanny pack in your life? purses are nice... but this STRAPS to your waist + you can get rad ones from thrift stores for \$2! Here's what I keep in mine for OBS shifts, hosp + home births + placements:

- lip balm (lansinoh nipple cream works if you run out)
- gum
- chocolate
- pens + scraps of paper
- hair elastic (use the rubber ring off of gloves in case you don't have any).
- cheat sheets
- snacks (granola bars...)
- pager/phone
- notes to myself to remember I'm awesome
- ID badge
- deodorant
- eye drops



BISHOP	0	1	2	3
POSITION	Posterior	Midposition	Anterior	---
CONSISTENCY	Firm	Medium	Soft	---
EFFACEMENT	0-30%	40-50%	60-70%	>80%
DILATION	Closed	1-2cm	3-4cm	>4cm
STATION	-3	-2	-1	+1
APGAR	0	1	2	
HR	absent	<100	>100	
RESP	Absent	Weak/gasp	Good cry	
tone	Flaccid	Flexed	Active	
REFLEX	None	grimace	Cough/sneeze	
COLOR	Pale/blue	acrocyanosis	All pink	

