

ONTARIO MIDWIVES

EXPERTS IN NORMAL PREGNANCY, BIRTH & NEWBORN CARE



2011/2012 Annual Report

Association of Ontario Midwives

365 Bloor Street E. Suite 301

Toronto, ON M4W 3L4

416-425-9974

Toll free: 1-866-418-3773

admin@aom.on.ca

www.aom.on.ca

Beliefs and Values

Mission Statement

The Association of Ontario Midwives represents and advocates on behalf of Registered Midwives. The AOM promotes the profession of midwifery in Ontario. We are committed to the growth of the profession and supporting midwives in the provision of optimal midwifery care that is responsive to the needs of women and their infants.

Vision Statement

Midwifery is central to the provision of maternal and newborn care in Ontario. Midwives participate fully in planning and policy development at all levels of the health care system.

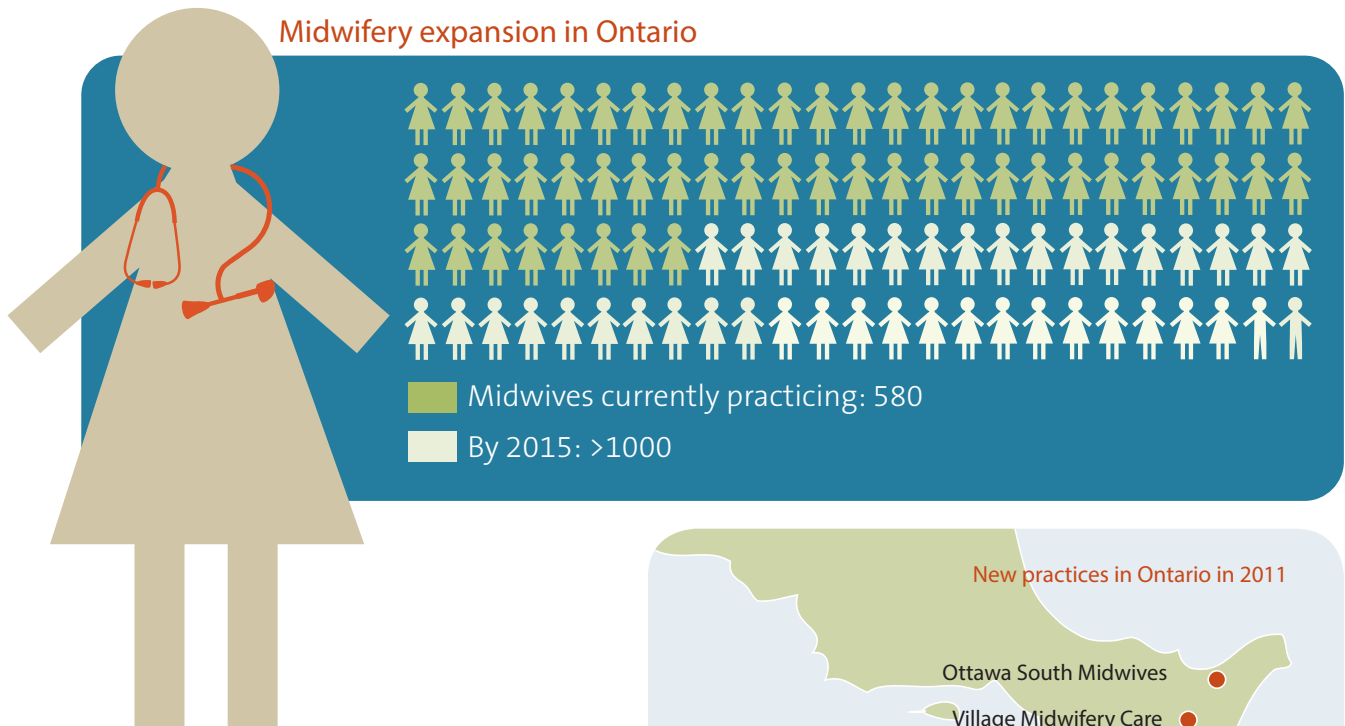
Cover: Midwife Cherylee Bourgeois, from Seventh Generation Midwives in Toronto, attends the birth centres funding announcement in March 2011 with her daughter Ayatisowin.

Beliefs and Values

The Association of Ontario Midwives believes that:

1. Pregnancy and childbirth are a profound time in a woman's life, imbued with a variety of personal and cultural meanings, and are best approached in a non-authoritarian manner, providing choice of birth-place, continuity of care, informed choice and recognizing the woman as the primary decision-maker.
2. Midwives are experts in the provision of primary care for women anticipating normal, low-risk pregnancy and birth.
3. Valuing and respecting diversity is integral to the provision of midwifery care.
4. Effective midwifery care is based on the best available evidence combined with knowledge of a woman and her circumstances.
5. Midwifery care must be accessible and fully funded for women in Ontario.
6. Midwifery should have a central role in the development and implementation of a Health Human Resource Plan for maternal and newborn care in Ontario.
7. We must value and embrace the principles of dignity and diversity in every facet of the work we undertake.
8. We must be member focused and work to establish accessible, appropriate and responsive services and support, which meet the needs of the membership, and the community at large.
9. We must advocate for members' rights to working conditions that promote longterm career satisfaction.
10. We promote the profession and enhance the potential of midwifery to contribute to the well-being of society.

Midwifery expansion in Ontario



In 2011, four new practices opened in the province. There are now 90 midwifery clinics and satellite offices in Ontario.





An excerpt from the President's remarks at the Opening Ceremonies at the 2012 Conference

Katrina Kilroy, RM
AOM President

MIDWIVES FIND STRENGTH IN NUMBERS

The theme of the conference this year is "Strength in Numbers: Supporting the Growth of Midwifery." This theme is particularly apt because this month the first cohort from the expanded Midwifery Education Program will be graduating, pushing the number of registered midwives well past the 600 mark. Strength in numbers indeed.

Midwives have fought incredibly hard on a number of fronts over the year: we fought for pay equity, we fought for birth centres and we have continued to fight for better integration into Ontario's hospitals. And in some respects, we have succeeded.

But supporting the growth of midwifery—in a real, sustained, sustainable way—is going to require something more than this. It is going to require a close examination of what exactly is holding us back.

For example, we need to talk about what the costs are when medically unnecessary transfers of care take place. What are the costs not just to the health care system, but to women and to families? And what are the interprofessional costs to midwives?

We need to talk about restrictions on scope, how they get put into place and by whom, and what the systems response to that needs to be.

And we also need to talk about the role of self-interest in these systems and structures that hold us back.

We need to prioritize solutions that will allow the physicians we work with—most importantly the obstetricians—to be paid appropriately for doing the critically important work they are trained to do as specialists and consultants. And at the same time, we have to take a systems approach to allow midwives to have equitable access to hospitals, to do the work we're trained to do.

And of course, the midwifery system cannot grow and thrive without a significant move forward to provide the structural support

that midwives need to play a central role in maternity and newborn care in this province.

My experience as a participant on the joint steering committee for the Midwives Compensation report contracted by the Ministry of Health and Long-Term Care in 2010 affected me deeply. We, the AOM and the Ministry, spent many hours telling the story of midwifery in Ontario: people were interviewed, reports were studied, numbers were crunched.

At the end of it all, the independent third-party consultants presented their findings. I was greatly moved by that meeting because when people who knew nothing about midwifery to begin with paid attention and uncovered the facts, their conclusion was that midwives provide excellent value to the health care system in Ontario and that they have not been treated fairly by that system.

And though we have not yet seen an appropriate response to those recommendations, I am hopeful that the conclusion that was so evident to those consultants will eventually be shared by others.

So when I say we need appropriate structural support, I mean that we need access to secure and up-to-date information technology, we need safe and adequate clinic spaces and we need a fair contract that reflects that excellent value that midwives bring to the health care system in Ontario.

It's been an extraordinary four years for me, serving on the board as President. Thank you for giving me the opportunity to help shape the profession we all love so much.

Greetings from Lisa Weston, incoming AOM President



Lisa Weston, RM
AOM President-Elect

It is a great pleasure to begin my term as the AOM's 10th president and an honour to be following in the footsteps of the nine remarkable women who held this position before me – their wisdom and commitment is nothing short of inspirational. I'd like to thank these visionary leaders for the incredible contributions they have made to advancing midwifery in Ontario.

As I begin my term as president I'm also entering my 10th year as a midwife. I'm one of the founding partners of Sages-Femmes Rouge Valley Midwives, a designated francophone practice in Scarborough that also provides care in Spanish. Our practice serves youth, newcomers and uninsured clients. I've been involved

with midwifery since the late 1980s – as a consumer, public educator and doula. I volunteered with the midwifery consumer network and advocated for the regulation of the profession. Prior to regulation, I had a home birth with a midwife with my third child and after regulation, another home birth with my fourth. Over the years, many midwives have supported me personally, academically and professionally; their mentoring helped give me the confidence to take on this new role.

This is an exciting time for Ontario midwives – we are continuing to grow and we are being increasingly recognized as drivers of health care innovation and quality care. We continue to make ourselves heard and exercise our political strength in Ontario. Through the Canadian Association of Midwives and the International Confederation of Midwives we're building relationships and supporting midwifery across the country and around the world. I'm very proud of how far midwifery has come.

But there's still a lot of work to do.

Midwives have been chronically undervalued and underpaid. We have been working without a contract since March 2011. The AOM is committed to achieving pay equity for midwives and working toward that end is an ongoing priority. Hospital integration, caps on numbers of births, and restricting scope of practice also continue to be issues that demand attention and action. I am committed to continuing to work on these issues.

All midwives are united by a passion for maternal and child health, human rights, dignity and equity. When Bridget Lynch, past president of the International Confederation of Midwives (ICM), spoke at last year's CAM/MANA conference, I was struck by the fact that midwives around the world are reaching out to each other in new and exciting ways. AOM members will get an even greater sense of the worldwide community of midwives and the difference we are making on a global scale when ICM holds its conference here in Toronto in 2017.

Over the next two years, I look forward to meeting as many AOM members as possible. I believe that in order to set a clear course for the profession we need to include the passion for midwifery care that is held not only by each and every member, but also by the thousands of families who we care for every year. If you aren't actively involved in the association, I invite you to consider joining a committee or work group. Your energy, enthusiasm and ideas can help us build on the strong foundation laid by the province's original midwives. Please join us on the journey – there are exciting days ahead!

Lisa Weston

President, Association of Ontario Midwives

2011 BOARD OF DIRECTORS

Katrina Kilroy, President
Lisa Weston, President-Elect
Elizabeth Brandeis, Vice President
Esther Willms, Secretary
Allyson Booth, Treasurer
Sara Stainton, South-East Region
Kelly Graff, Member at Large
Jane Erdman, Member at Large
Tracy Franklin, South-Central Region
Jane Somerville, East Region
Kelly Gascoigne, South-West Region
Shelley-Ann Clarke-Dolby, North Region
Madeleine Clin, West Region

The AOM Board of Directors is an elected body that is responsible for the governance and strategic decisions of the AOM. In addition, Board Members have important legal and fiduciary responsibilities.

The Board ensures that the mission of the AOM is articulated in all of the Association's work and that members are well served and represented by the Association. To that end, the Board develops and regularly reviews the strategic plan.

The Board provides financial oversight, including the approval of an annual budget (which reflects the resources needed to

implement the strategic plan) and ensures that proper financial controls are in place. The Board recruits and orients new Board Members and assesses Board performance. In addition, Board Members are active on the AOM's many committees.

Serving on the Board is a challenging and rewarding activity that requires a commitment of time, skill and expertise. Thank you to the Members of the 2011 Board for the dedication and insight they have provided in furthering the work of the Association.

Committees and Work Groups (at April 2012)

Policy Committee

Elizabeth Brandeis, Chair
Kelly Graff
Leah Klein (student)
Lilly Martin
Beth Murray Davis
Mina Sharafbafy
Sara Stainton
Rebecca Weeks
Staff Support: Juana Berinstein, Sabina Hikel, Pauline Matthews

Insurance & Risk Management Program Committee

Remi Ejiwunmi, Chair
Elana Johnson
Lisa Weston
Abigail Corbin
Kim Cloutier-Holtz
Dianne Smith
Staff Support: Bobbi Soderstrom, Cindy Hutchinson, Cara Wilkie, Maryellen Boyes

Hospital Integration Committee

Jane Somerville, Chair
Ren Barrett
Melissa Coubrough (student)
Jane Flindall
Lynn Hendrick (student)
Ann Robinson
Jackie Whitehead
Staff Support: Juana Berinstein, Sabina Hikel, Vivian Lee, Pauline Matthews

Emergency Skills Working Group

Esther Willms, Chair
Mary Sharpe
Sarilyn Zimmerman
Leslie Viets
Linda Moscovitch
Mary Ann Leslie
Kerstin Helen-Thompson
Maggie Fioravanti
Staff Support: Melanie Hartzell, Deborah Horner, Kristina Mullen

Birth Centres Working Group

Tracy Franklin, Chair
Kelly Dobbin
Connie Fetterly
Tiffany Fung
Geneviève Gagnon
Jerren Helwig
Rachel Rapaport Beck
Ann Robinson
Judy Rogers
Inge Roorda
Mary Sharpe
Carla Sorbara
Chris Sternberg
Sara Wolfe
Staff Support: Juana Berinstein, Sabina Hikel, Pauline Matthews

Negotiations Committee

Katrina Kilroy, Chair
Lisa Weston
Anne Wilson
Madeleine Clin
Tracy Franklin
Esther Willms
Staff Support: Kelly Stadelbauer, Juana Berinstein, Vivian Lee, Sabine Hikel, Maryellen Boyes

Clinical Practice Guidelines Committee

Liz Darling, Chair
Shelley-Ann Clarke-Dolby
Cheryllee Bourgeois
Corinne Hare
Jenni Huntley
Lisa Weston
Lynlee Spencer
Paula Salehi
Rhea Wilson
Danielle Longfield (student)
Staff Support: Tasha MacDonald, Suzannah Bennett, Anna Meuser, Deborah Horner

Hypertensive Disorders of Pregnancy CPG Working Group

Elizabeth Darling, Chair
Cheryllee Bourgeois
Andrea Cassidy
Tracy Franklin
Corinne Hare
Jenni Huntly
Paula Salehi
Lynlee Spencer,
Nicole Versaevl
Vicki Van Wagner
Lisa M. Weston
Rhea Wilson
Staff Support: Tasha MacDonald, Anna Meuser, Suzannah Bennett, Deborah Horner

VBAC CPG Working Group

Elizabeth Darling, Chair
Cheryllee Bourgeois
Manavi Handa
Corinne Hare
Jenni Huntly
Devi Krieger
Paula Salehi
Lynlee Spencer
Chris Sternberg
Vicki Van Wagner
Lisa M. Weston
Rhea Wilson
Staff Support: Tasha MacDonald, Anna Meuser, Suzannah Bennett, Deborah Horner

Post Partum GBS Working Group

Cheryllee Bourgeois (Chair)
Alanna Kibbe
Janis Dalacker



Shâdé Chatrath
Margo Seymour
Kathleen Saurette
Staff Support: Tasha MacDonald, Anna Meuser, Suzannah Bennett, Deborah Horner

Genetic Screening Task Force

Chris Sternberg, Chair
Erin Calder
Aoife Chamberlaine (student)
Sabrina Connor
Kristen Dennis
Sarah Donnelly-Hyde (student)
Diane Page
Genia Stephen
Staff Support: Tasha MacDonald, Julie Toole, Deborah Horner

Eye Prophylaxis Sub-Committee

Liz Darling, Chair
Stephanie Aghajani
Hedrey Chu
Devi Krieger
Beverly Langlois
Sarah Redfearn
Rebecca Weeks
Staff Support: Juana Berinstein, Tasha MacDonald, Sabina Hikel, Julie Toole, Pauline Matthews

Clinical and Professional Development Working Group

Sara Stainton, Chair
Annita Damsma-Young

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Committees and Work Groups, from page 5

Abigail Corbin
Jane Somerville
Madeleine Clin
Manavi Handa
Staff Support: Melanie Hartzell, Kristina Mullen, Deborah Horner

Audit Committee

Allyson Booth, Chair
Jane Erdman
Anne Wilson
Claudette Leduc
Tracy Franklin
Staff Support: Kelly Stadelbauer, Colleen Vandeyck

Leadership Development Committee

Elizabeth Brandeis, Chair
Lisa Weston
Remi Ejiwunmi
Elana Johnson
Esther Willms
Staff Support: Kelly Stadelbauer, Maryellen Boyes

Diversity Working Group

Manavi Handa, Chair
Janette Batacharya
Erin Calder
Shâdé Chatrath
Mico Devos
Jay MacGillivray
Nicole Romeiko
Wendy Wong
Staff Support: Juana Berinstein, Sabina Hikel, Vivian Lee, Pauline Matthew

In addition to internal committees and work groups, AOM representatives also serve on the following external committees:

Benefits Trust

Karin Terpstra, Chair
Esther Willms
Kelly Gascoigne
Rebekah Bradshaw
Kristen Stevens
Kelly Stadelbauer
Debbie Doiron
Diana Doe
Staff Support: Nancy Hanley, Eva Tentere

Joint Midwifery Advisory Committee

Katrina Kilroy
Lisa Weston
Mary Ann Leslie
Kelly Stadelbauer
Juana Berinstein
Staff Support: Maryellen Boyes
Note: JMAC did not meet in 2011 due to suspension of negotiations.

BORN Database Working Group

Liz Darling
Eileen Hutton
Susan James
Katrina Kilroy
Andrea Lennox
Ann Montgomery
Mary Sharpe
Angela Reitsma
Vicki Van Wagner
Staff Support: Sabina Hikel, Julie Toole

AOM/Ontario Medical Association Liaison Working Group

Katrina Kilroy
Lisa Weston
Mary Ann Leslie
Elizabeth Brandeis
Kelly Stadelbauer
Juana Berinstein
Staff Support: Maryellen Boyes

Ontario Midwifery Reference Group

Katrina Kilroy
Kelly Stadelbauer
Juana Berinstein
Staff Support: Maryellen Boyes

AOM/Midwifery Education Program Liaison Working Group

Katrina Kilroy
Lisa Weston
Kelly Stadelbauer
Juana Berinstein
Staff Support: Maryellen Boyes

AOM/College of Midwives of Ontario Liaison Working Group

Katrina Kilroy
Lisa Weston
Kelly Stadelbauer
Juana Berinstein
Bobbi Soderstrom
Staff Support: Maryellen Boyes

ICM Host Congress Planning Committee

Katrina Kilroy
Kelly Stadelbauer
Remi Ejiwunmi
Staff Support: Sabina Hikel

HIROC Risk Management Committee

Remi Ejiwunmi, AOM Representative

Breastfeeding Services & Support Work Group Meeting, Provincial Council for Maternal and Child Health

Bobbi Soderstrom, AOM Representative

Champlain Maternal Newborn Regional Program

Bobbi Soderstrom, AOM Representative

Canadian Association of Midwives, Board of Directors

Katrina Kilroy, Secretary
Lisa Weston, AOM Representative

ICM WHO Patient Safety Working Group

Bobbi Soderstrom, AOM Representative



Two young supporters participate in a pay equity rally in Ottawa in June, 2011.

Greetings from Kelly Stadelbauer, AOM Executive Director



Kelly Stadelbauer, RN, BScN, MBA
AOM Executive Director

Dear Members,

As we look back on another ambitious and productive year for the association, it is my pleasure to present a summary of the accomplishments we achieved together.

2011 marked the second year of AOM's three-year strategic plan. The plan consists of five main goals:

- Support Normal Birth
- Make Midwifery Central to the Provision of Maternal and Newborn Care in Ontario
- Support the Successful Growth of Midwifery
- Support Members in Clinical and Practice Risk Management Issues
- Support the Successful Growth of the Association

As you read the highlights of our accomplishments you'll notice that four strong themes emerge: political advocacy; ongoing efforts to provide the most effective support and professional development for midwives; the active engagement and involvement of AOM members; and tremendous support from consumers and supporters. The association hosted our first-ever lobby day at Queen's Park on May 5, 2011 – International Day of the Midwife. The overwhelming success of this day was also a launch, in effect, of a year of political action including the mobilization of tremendous support from members and supporters at two pay equity rallies in the spring and an extensive provincial election campaign in the fall.

Fiscal restraint and political uncertainty in the province meant that we were unable to realize one of our key goals, achieving wage parity for midwives. In spite of our best efforts, we were not successful in getting the government back to the negotiating table.

The Compensation Review of Midwifery commissioned by the Ministry of Health and Long Term Care in 2010 found that between 1994 and 2010, increases for midwives fell well below those of comparable providers over the same period. The report also stated that intermittent and irregular negotiations between the midwifery profession and the Ministry have hurt the compensation of midwives. According to the report, continuing a pattern of regular negotiations is "critical." In 2012 the AOM will continue to focus on negotiating fair compensation that recognizes midwives' skills, education, working conditions and responsibilities.

During the provincial election, the AOM decided to put the birth centres campaign on the back burner to focus on wage parity. However, the government began to see

the benefits of birth centres from a quality and cost perspective, and birth centres struck a chord with consumers. Thanks to the support of midwives and the public, in March the government announced funding for two birth centre pilot projects. This is a major success for the profession.

For years, the AOM has been highlighting and working to resolve hospital integration issues and these efforts continued in 2011. Hospital privileges, medically unnecessary transfers of care, barriers to practicing to full scope and lack of wage parity between health-care professions will continue to occupy the AOM in the coming year.

Over the past year, the AOM continued to increase professional development opportunities for midwives. Members were consistently positive in their feedback regarding workshops, webinars and guest speakers.

Members continue to benefit from risk management support through the PLEASE phone line offering service 24 hours a day, 7 days a week. The AOM also advocated for process changes to the CMO Specified Continuing Education and Remediation Programs (SCERP) which took place this year.

As always, one of the greatest rewards of the past year has been working with the dedicated AOM members, Board and staff who contributed so much to the many projects and initiatives underway.

Thank you for your contributions and your commitment to advancing midwifery. I look forward to working with you to achieve our goals in the coming year.

Kelly Stadelbauer, RN, BScN, MBA
Executive Director

The Association of Ontario Midwives is the professional organization representing midwives and the profession of midwifery in Ontario.

Contact the AOM:

365 Bloor St. E., Suite 301
Toronto, ON M4W 3L4
phone: 416-425-9974
toll-free: 1-866-418-3773
fax: 416-425-6905
www.aom.on.ca
www.ontariomidwives.ca

Kelly Stadelbauer
Executive Director
416-425-9974, Ext. 2230
executivedirector@aom.on.ca

Juana Berinstein
Director of Policy & Communications
416-425-9974, Ext. 2229
directorpolicy@aom.on.ca

Tasha MacDonald, RM
Director of Clinical Practice Guidelines
416-425-9974, ext. 2219
cpgdirector@aom.on.ca

Melanie Hartzell, RM
Acting Director of Clinical &
Professional Development
416-425-9974, Ext. 2224
cpddirector@aom.on.ca

Bobbi Soderstrom, RM
Director of Insurance & Risk Management
416-425-9974, Ext. 2418
riskmanagement@aom.on.ca

Strategic Plan: Goals & Accomplishments

2012 is the final year of the AOM's three-year strategic plan, which began in 2010. The plan consisted of five main goals:

- Promote the growth of midwifery
- Support normal birth
- Support members in clinical and practice risk management
- Make midwifery central to the provision of maternal and newborn care
- Support the successful growth of the Association

PROMOTE THE GROWTH OF MIDWIFERY

Negotiations

During the current negotiations process, wage parity continues to be a central issue.

The Association was able to leverage its strong Facebook and Twitter following to increase awareness among midwifery supporters about the issue of pay equity. Two rallies – one at Queen's Park that was attended by more than 600 clients, midwives and supporters and a second event at Primer Dalton McGuinty's constituency office in Ottawa attended by more than 100 people – successfully put pay equity in the spotlight.

During the fall provincial election campaign in September 2011, Premier Dalton McGuinty sent a letter to the AOM which stated, "We believe that midwives should be fairly compensated for the important work they do. We support recognizing midwives and their compensation relative to other health care professionals."

Despite this assurance, the AOM has made no headway on the issue of pay equity and no commitment has been made by government to return to the negotiations table. In the absence of an ongoing negotiations process, meetings among the Joint Midwifery Advisory Council (JMAC) have also been suspended. Midwives are currently working under an expired contract, which lapsed in March 2011. The AOM continues to engage with government officials and the negotiations committee in an effort to reopen negotiations and settle a contract that includes wage parity for midwives.

Hospital Integration

The AOM continued to support hospital integration in a number of ways this year. Policy and IRMP staff provided support to midwives and practice groups facing hospital integration challenges at over 25 hospitals across the province, assisting them with

securing privileges, facing caps on births, facing caps on the number of privileged midwives, and limitations on scope of practice. Assistance was provided in a number of ways, including strategizing, letter writing, mobilizing media, working with TPAs and developing presentations. In addition, a number of new resources were developed and added to the AOM's Hospital Integration Toolkit (available on aom.on.ca), including template letters to hospital administrators, two slide decks on scope expansion, a tip sheet on the Excellent Care for All Act (ECFAA), and a flowchart to walk midwives through common hospital integration problems. The AOM also hosted a conference session in May 2011 called "Patient Centred, Cost-Effective, Evidence-Based: What Midwives Need to Know About the ECFAA".

Staff assisted midwives with bringing in representatives from CMPA and HIROC to their hospitals, and AOM President Katrina Kilroy also presented home birth rounds at Humber River Regional Hospital, Mount Sinai and Brampton Civic Hospital. The AOM's Opening Doors presentation was given by the President, as well as other midwives, in a number of communities including Hanover, Smiths Falls and Belleville.

The AOM provided input to the Ontario Hospital Association's (OHA) Professional Staff Credentialing Toolkit, which, among other things, among other things, provides support for equitable treatment of midwives regarding the credentialing process. Staff were part of the conference planning committee for the OHA's Maternal and Newborn Care conference, which focused on evidence-based decision-making at clinical, institutional and health system planning levels. And midwives presented at the conference, addressing issues such as interprofessional collaboration aimed at reducing c-sections. The AOM hosted discussions between midwives and Policy and Hospital Integration Committees in an effort to increase midwifery representation in Local Health Integration Networks (LHIN).

Provincial election

The AOM carried out a variety of activities during the provincial election to raise awareness about the value that midwives provide to the health care system. Midwives met with campaigning MPPs, and supporters were encouraged to ask canvassers and candidates what their plans were to sustain and grow midwifery in the province. Candidates were invited to midwifery

practice picnics which were taking place in the fall, and midwives and clients took this opportunity to discuss important midwifery issues such as pay equity.

The AOM sent a survey to all four political parties and received a response from three of them, and their answers were sent out in a press release in September 2011. Midwives invited candidates from all parties to attend open houses at their practices during the campaign, and many candidates signed pledges declaring their support for midwifery.

Supporting rural and remote midwives

The Locum Program continues to be a success with demand for locum midwives at its highest since the program began. More than 20 midwives have registered to serve as locums and 14 locum placements were made in 2011.

Supporting the Canadian Association of Midwives (CAM)

The AOM provided CAM with support with the bid to host the 2017 International Confederation of Midwives in Toronto. The proposal put together by CAM was an exciting one, and CAM learned at the 2011 Triennial Congress that their bid was successful on the first ballot. Having this conference in Canada will be a great opportunity for members to share the successes of local midwifery and to attend and learn from international colleagues. Fundraising efforts are already under way to assist international midwives who would not be able to attend the conference in Toronto without support.

SUPPORT NORMAL BIRTH

Birth centres

On May 5, 2011, the International Day of the Midwife, the AOM held a lobby day at Queen's Park to launch a campaign for freestanding, midwifery-led birth centres. Katrina Kilroy, AOM president, Vicki Van Wagner, RM and member of the Provincial Council for Maternal and Child Health, and Julie Maher, Provincial Director, Ontario Women's Health Network, addressed an enthusiastic crowd of MPPs, midwifery consumers and supporters. The well-attended event kicked off a ten-month effort to persuade the Ontario government to support a vision of freestanding, midwifery-led birth centres and include funding for a pilot project in the 2012 budget. The interactive campaign engaged



Premier Dalton McGuinty and Health Minister Deb Matthews meet clients' babies at the birth centres funding announcement on March 20, 2012.

midwives and consumers in educating politicians, the media and the general public about the health benefits and cost-effectiveness of birth centres.

The Birth Centre Working Group and lead midwives from each practice helped to advance the campaign by providing valuable input and advice to the AOM's executive and policy staff. The AOM presented to the Standing Committee on Social Policy and the Minister of Finance. BCWG members and birth centres practice leads held meetings with MPPs, circulated postcards and got the word out in their own communities. The communications department developed an online strategy to leverage the AOM's public-oriented website, OntarioMidwives.ca, and led a Facebook and Twitter campaign that resulted in 10,000 e-postcards being sent to Premier Dalton McGuinty and MPPs in support of birth centres. Photos from supporters were featured in two birth centres videos produced by the AOM that were viewed a combined 8,500 times. The campaign generated interest from media outlets across the province including the Toronto Star, the Hamilton Spectator and CBC TV. Links to these stories are available on our media page, bit.ly/AOMmedia.

The birth centres campaign culminated in an historic announcement at Ryerson University on March 20, 2012. In a room packed with parents, babies, midwives, faculty and students from the midwifery program, Premier Dalton McGuinty and Health Minister Deb Matthews announced that the province had earmarked funds to develop two birth centre pilot projects. The AOM congratulates all those who contributed to the

success of this campaign, and would like to recognize the inspiration provided by Tsi Non:We Ionnakeratstha Ona: Grahsta, the birth centre at Six Nations of the Grand River Territory, established in 1996. This birth centre, led by Aboriginal midwives, provides excellent care to women and babies in a context which strengthens the whole community.

Promoting home birth

Throughout 2011, the AOM promoted home birth by providing educational opportunities for midwives and other health care providers and sharing research evidence with consumers, government and the media. Two webinars, "Waterbirth: Considerations for Midwife and Client" and "VBAC and Homebirth: Research, Practice and Politics," were designed to increase midwives' knowledge, skills and confidence regarding home birth. Eight practices played an important role in educating their local hospitals and communities about home birth by working with the AOM to develop presentations tailored to address local questions and concerns.

Traditional and social media proved to be effective tools for educating the general public about the safety of home births. An AOM article published by Hospital News generated interest among other media outlets and led to coverage in Toronto on CityTV's Breakfast Television and CBC Radio's Metro Morning. AOM communications staff regularly posted articles about home birth and normal birth on Twitter and Facebook. In February 2012, the rising rates of c-sections was picked up by media. The AOM responded with a press release on the importance of supporting normal birth, and media interviewed several midwives as experts on normal birth.

Supporting Midwives in the Provision Care of Care to Diverse Communities

Supporting positive outcomes for diverse communities is a priority for the Association. This year, the AOM built relationships that will better position midwives to advocate for the needs of women without health insurance, lesbian, gay, bisexual and transgender clients (LGBT). The AOM advocated for the elimination of Ontario's three-month waiting period for health insurance by endorsing a campaign on the issue and including the topic in the survey that was distributed to all parties during the provincial election campaign. As a member of Women's College Hospital's network on uninsured clients, the AOM participated in the development of policy recommendations that called for an end to the three-month wait.

The AOM provided a number of professional development opportunities to familiarize midwives with best practices for caring for special populations. During the past year, two new, half-day workshops – "Providing Perinatal Care for Lesbian, Bisexual and Queer Women and their Families" and "Providing Perinatal Care for Trans-Masculine Clients and their Families," along with accompany tip sheets. Serving clients with language barriers was addressed in a webinar entitled "Best Practices when Working with Interpreters in a Health Care Setting" (facilitated by Access Alliance) and a session at the annual conference that was developed and facilitated by members of the Diversity Work Group.

During the past year, the AOM conducted focus groups with aboriginal midwives to gain a better understanding of the various challenges that their clients experience. Providing culturally appropriate care to aboriginal clients was also explored in a session at the annual conference entitled "Toronto's Aboriginal communities: Indigenous Identity and Responsible Research." We also strengthened our relationship with midwives working under the Aboriginal exemption clause in the Midwifery Act.

SUPPORT MEMBERS IN CLINICAL AND PRACTICE RISK MANAGEMENT

The Insurance and Risk Management Program (IRMP) had a busy and productive year focused on responding to members' needs. Throughout the year, the PLEASE Line provided 24 hour, 7 day a week support to midwives and practices. Most of the calls were



A delegation of Canadian midwives in Durban during the ICM Triennial.

related to clinical questions, but it was also common for members to seek advice about practice group administration and business challenges.

The Bulletin, the IRMP's publication for members, continues to inform and educate midwives by providing relevant, timely articles on quality of care and risk management issues. Two issues of the Bulletin were published in 2011 and featured articles on topics ranging from the importance of policies, procedures and protocols to recommendations following review of the 5th and 6th Annual Reports of the Maternal and Perinatal Death Review Committee.

AOM held eight dynamic, interactive RMSAM (Risk Management Self-Appraisal Modules) team meetings to learn more about members' risk management needs. After collaborating with practice colleagues to complete survey questions about clinical and business risks, representatives from practices across the province were invited to attend regional meetings to discuss their answers, share best practices and identify information gaps. AOM will use the data collected at the meetings to develop new risk management resources for members.

As part of ongoing efforts to provide comprehensive professional development for members, this year the AOM surveyed members to get a clear idea of their educational needs. Over 250 members completed an online survey and 15 more participated in telephone interviews. The findings gave the AOM a clearer picture of members' educational priorities and led to the development of a new live workshop on the Pelvic Floor that has been held

twice since the last AGM and has proved very popular with members.

In 2011, the AOM held eight live events, two more than in 2010, with a total attendance of over 240 midwives. Education days were held on the following topics: New Practice Orientation, The AOM Business Practice Guide, The Pelvic Floor-State of the Evidence and Suturing Workshop, Putting the Evidence into Practice: A Midwife-Led, Evidence Based Approach to Reducing the C-Section Rate in Ontario. In addition, 10 Emergency Skills Workshops were held for midwives across the province.

The AOM almost doubled its number of free webinars this year, and they were well-attended, with over 200 attendees in total. In 2011, the webinars included "Information Security and Social Media," "Professional Social Media," "Healthy Practice Culture," "Assessing the Risk: Benefit-ratio for Mothers Requiring Medication while Lactating." The AOM also put together an online learning resource on the Accessibility for Ontarians with Disabilities Act (AODA). In order to help all members comply with new legislative requirements, the AOM provided a complete learning package which can be accessed at any time for free.

Midwives accessed all of the Professional Development funding from the AOM in 2011-2012 grant cycle.

It was an exciting year for the Clinical Practice Guidelines (CPG) Program. Two CPGs, Management of Pre-labour Rupture of Membranes at Term and Vaginal Birth After Previous Low-Segment Caesarean Section, were published. The AOM would like to thank the dedicated members of the two working groups for the time, effort and expertise they put into collaborating with CPG staff to develop the guidelines.

The CPG program had an opportunity to share information about the CPG development process at two conferences, in addition to presenting at AOM webinars and live events. CPG staff presented at the Registered Nurses' Association of Ontario's conference, Excellent Care For All: Evidence-Based Practice and Quality Improvement, in October 2011 as well as at the Canadian Association of Midwives/Midwives Alliance of North America conference in November.

As well this year, the CPG program received a grant from Canadian Institutes of Health Research (CIHR) to develop mobile applications for midwives and plain language documents for clients. In the future,

midwives and clients will be able to use new tools to access CPG-based knowledge.

MAKE MIDWIFERY CENTRAL TO THE PROVISION OF MATERNAL AND NEWBORN CARE

Building Strong Relationships with Government/Stakeholders

The AOM's continued efforts to advocate for a strong midwifery voice in government planning and initiatives made impressive headway this year, with on-going meetings with political and bureaucratic staff at the Ministry of Health.

The AOM continued to reach out to stakeholders to encourage greater knowledge and understanding of midwifery care. Workshops for Emergency Medical Services (EMS), which the AOM began offering in 2010, continued to be booked to capacity. In 2011, midwives delivered four sessions at Sunnybrook Osler Centre in Toronto and one at Niagara EMS Training and Education Centre in St. Catharines, reaching 144 paramedics in total.

Police and firefighters also benefited from the Association's interprofessional educational initiatives. Collaborating with the Ontario Association of Chiefs of Police and staff at the Ontario Police College resulted in an opportunity to educate police about midwifery and identify barriers that can exist when police and midwives interact. The AOM also worked closely with the Ontario Professional Firefighters Association to develop a presentation on homebirth and midwifery for members of their Executive Board. AOM president Katrina Kilroy also gave a webinar about midwifery care to the Ontario Association of Children's Aid Societies.

At the Ontario Ministry of Health and Long-Term Care, the new Better Outcomes Registry Network (BORN) database has replaced the previous Ontario Perinatal Surveillance System (OPSS) and was officially launched to midwives at the beginning of April 2012. The AOM was involved throughout the BORN rollout process, participating in stakeholder meetings that included the College of Midwives of Ontario and the Midwifery Education Program to provide input into midwifery data collection and midwifery-specific aspects of BORN. Midwives also had the opportunity to test a pilot of the new database.

The AOM collaborated with the Ontario Hospital Association on the launch of the

Strategic Plan: Goals & Accomplishments

OHA Hospital Credentialing Toolkit, as well as the OHA's second Maternal Newborn Care Conference. The AOM also garnered support for birth centres from both the OHA and the Ontario Women's Health Network.

SUPPORT THE SUCCESSFUL GROWTH OF THE ASSOCIATION

Social media

Social media, such as Facebook and Twitter, became a key part of the AOM's communications strategy this year. Maintaining a presence on these sites gives the AOM an opportunity to connect with midwives, supporters and media in new and exciting ways.

In May 2011, the AOM launched a new public website, OntarioMidwives.ca, which allows the public to more easily access information about midwifery care in the province. The site gives the AOM a platform to share information and videos while encouraging clients and supporters to reach out to government to show their support of midwifery care. It features a blog by the AOM President, which has high-

lighted important issues such as pay equity and support for rural and remote midwives.

Twitter and Facebook accounts (twitter.com/OntarioMidwives and facebook.com/OntarioMidwives) allowed the Association to reach out to members and supporters about events and rallies in support of pay equity, hospital integration and birth centres. These events received coverage in media such as the CBC, the Toronto Star and the Globe and Mail. In just one year, these social media pages have a combined reach of over 3,500 users – all of whom receive news and updates from the AOM almost every day. As social media grows in importance, the AOM hosted webinars on "Social Media 101" and "Professional and Ethical Use of Social Media" to help members understand and navigate these new tools.

The AOM has set up a CafePress store (cafePress.ca/ontariomidwives) which sells merchandise promoting midwifery with no overhead to the AOM.

Member support

Practices also continued to receive

communications support, for assistance in writing local press releases, using social media and setting up websites. The AOM also hosted two webinars regarding how to effectively and professionally make use of social media.

The AOM continues to support practices with printed materials, and mailed out almost 4,000 brochures, posters and other materials to practices in 2011. The AOM also produced three newsletters, one with a focus on wage parity, one about birth centres and primary care, and one with a focus on hospital integration issues.

Membership had another busy year, serving members' needs related to their insurance coverage as they join the profession and take leave. This year, online membership was introduced, along with the option of purchasing membership with a credit card. The Board developed a policy for Compassionate Consideration, to assist members experiencing exceptional life circumstance with maintaining membership and continuing to access benefits.

Resolution Report Back

In addition to the strategic plan, member resolutions help direct the priorities and work of the AOM. Resolutions from members are welcomed and encouraged. According to the AOM constitution, the approval of resolutions directs the Board to consider the will of members and to make decisions about how to move forward.

Two resolutions were passed, and the Board directed the following action:

Reproductive choice

The first resolution was to develop a policy statement about reproductive choice. The Board directed the Policy Committee to draft a statement. An AOM Statement on Reproductive Choice was drafted and passed by the Board of Directors and is available on the AOM website (bit.ly/J3Ue5b).

Wage equity

The second resolution passed at the 2011 AGM centered around the compensation of midwives and a recognition of the wage gap that was identified in the September 2010 Compensation Report by the Courtyard Group. Several

measures were then taken in response to the resolution:

- within two weeks of the AGM, more than 600 supporters attended a rally on pay equity for midwives was organized at Queen's Park
- a smaller rally in the Premier's constituency office in Ottawa also drew about 100 midwives and supporters
- the Board undertook a survey of midwifery practices' commitment to job action on the pay equity issue and discussed the results at fall regional meetings with members
- the AOM conducted a campaign to raise awareness of midwifery issues during the provincial election, which included many tactics:
 - » supporting midwives with engaging clients, media and politicians at practice and community events
 - » helping midwives and supporters meet with candidates, write letters, ask questions about pay equity at all-candidates debates across the province;

- » sending a questionnaire to all four major political parties and receiving a commitment to explore fair compensation for midwives from 3 of 4 parties surveyed;
- » midwives across the province invited local candidates to visit local midwifery practices to sign a pledge in support of midwives and fair compensation, resulting in several candidates from various parties signing the pledge and posing for photos with midwives, mothers, and babies
- the AOM made creative use of social media to mobilize supporters and also received extensive media coverage.

The advocacy efforts over the election campaign resulted in not only consumer and public support for midwives and pay equity but also of a greater awareness of midwifery in general. Efforts continue to have pay equity addressed in the AOM negotiations with the Ministry of Health.

MIDWIVES MOBILIZE: THE SOCIAL MEDIA CONNECTION

