



Association of
Ontario **Midwives**
Delivering what matters.

Mother-daughter midwives Mary Ann Leslie (right) and Sarah Leslie after speaking at an AOM media conference. They expressed profound dismay that pay inequity for midwives has continued across two generations. On November 27, 2013, midwives filed a complaint with the Human Rights Tribunal of Ontario after expert reports stated midwifery, the most female-dominated profession, experiences a severe gender penalty on compensation.



Annual 2013 REPORT

Board of Directors



Standing, left to right: Christie Lockhart, Ana Maria Barillas, Esther Willms, Lisa M. Weston, Madeleine Clin. Seated, left to right: Jasmin Tecson, Elizabeth Brandeis, Nicole Roach, Jackie Whitehead, Kelly Graff, Rebecca Carson. Absent: Genia Stephen.

2013 Board of Directors

Lisa M. Weston, President
Elizabeth Brandeis, Vice-President
Madeleine Clin, Secretary
Jackie Whitehead, Treasurer
Ana Maria Barillas, South-West Region
Rebecca Carson, Member at Large
Kelly Graff, North Region
Christie Lockhart, Member at Large
Nicole Roach, West Region
Genia Stephen, East Region
Jasmin Tecson, South-East Region
Esther Willms, South-Central Region

Finished term in April 2013:
Tracy Franklin, South-Central Region

This year, the Board provided tremendous leadership regarding the rights of midwives to have a voice in their compensation and working conditions including contract negotiations and pay equity. Serving on the Board is a challenging and rewarding activity that requires a commitment of time, skill and expertise. Thank you to the 2013 Board for their unwavering dedication to members and to the profession of midwifery.

Your Association of Ontario Midwives (AOM) Board members are elected to be 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 the association's work and that members are well served by the AOM. To that end, the Board develops and regularly reviews a 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. In addition, Board members are active on the AOM's many committees and are often called upon as media spokespeople in their communities.

Thank you to the 2013 Board for the dedication and insight they have provided in furthering the work of the association.

Message from the President

“Together, we have transformed maternal and newborn care in this province.”

Lisa M. Weston, AOM President

Passion and Perseverance

This is a milestone year for midwifery. Milestones are a reminder to look back and acknowledge where our profession came from, stop and evaluate our progress so far and to look forward with a vision for how we want to continue to shape midwifery into the future.

In 1994, the Ontario government legislated midwifery as a health care profession, recognized the sovereign practice of Aboriginal midwives and extended public funding for midwifery care. Twenty years ago, midwives provided care to 1800 clients, but today, we serve more than ten times that. Last year, 24,000 families accessed midwifery care. In fact, over the last 20 years, midwives have attended more than 180,000 births!

Since 1994, midwifery has grown from 60 midwives in 20 practices to now almost 700 midwives in 100 clinics in urban, rural and remote communities.

Looking at this growth, I feel so proud and in awe of both the work midwives do and the number of people we have touched. And I am deeply grateful for those who worked relentlessly for decades to make midwifery what it is today. I think of all the days and months and years it took to not only work

towards recognition, but also to build a college, education programs and an association. I admire those trailblazers, midwives and allies alike, and I acknowledge that because of your efforts, I am able to practice midwifery today.

However, there are still many issues that need our continued effort and attention. Many Aboriginal women and families, for example, still lack access to midwifery care and many Aboriginal midwives cannot currently access funding to set up midwifery clinics. This must change. Aboriginal midwives are doing the vital work of keeping birth close to home and contributing to healing in communities where women must travel to give birth, separated from family and home. An exemplary model of care exists at Six Nations, where Aboriginal midwives care for approximately 100 families per year, about half of whom have their babies at home and the other half at the maternal and child centre, which also runs a training program for Aboriginal midwives.

I am very grateful for Aboriginal midwives, registered midwives, consumers and the allies who have stood, and continue to stand, beside us. Together, we have transformed maternal



*Lisa M. Weston, RM
AOM President*

and newborn care in this province. Together, we will continue to make the change that's needed to ensure every woman and family has a birth marked by excellence and dignity.

The work of transformation is not over. I speak with midwives often about the challenges before us: ensuring midwives have a voice in our compensation and working conditions, ensuring midwives are well integrated into hospitals, and nurturing the growth of our profession. We must continue, united and resolute, to strive for gains in these areas.

I feel fortunate to be a part of today's midwifery movement. As I look toward the next 20 years, I know that the passion and perseverance that got us to where we are today will be what carries our profession into the next chapter of our history.

A handwritten signature in black ink that reads "Lisa M. Weston".

Greetings from the AOM Executive Director

This was an historic year for the AOM and Ontario midwives. On November 27, with the support of midwives across the province, the AOM filed an application with the Human Rights Tribunal of Ontario (HRTO) over the government's refusal to provide equitable pay for midwives.

This step was not taken lightly. For years the AOM has been advocating for pay equity for the province's midwives by providing the Ministry of Health with evidence of the gender penalty on midwives' compensation. While some gains were made in regards to home birth kits and rural supplements, the contract offer made by the Ministry in April 2013 did not include a plan to address pay equity. Following a discussion at the Annual General Meeting, midwives across the province voted in favour of a resolution directing the AOM to take legal action.

The AOM hired Mary Cornish, a lawyer recognized internationally for expertise in human rights and labour law, gender equality, and pay and employment equity. With her direction and leadership from the Board, AOM staff supported the application through research, interviews, writing and media work. The action struck a chord with midwifery clients who wrote hundreds of personal letters to Premier Kathleen Wynne outlining the ways that their lives were transformed by midwives.

The media took a keen interest in the campaign: the press conference held to announce the legal action generated dozens of print and broadcast stories reaching millions of people across Ontario and Canada, further raising awareness of the need for pay equity for all women. Midwives and supporters

also embraced Equal Pay Day in April, showcasing midwifery as an example of the gender penalty found in many female-dominated professions. Taking to Facebook and Twitter to show their support, midwives and supporters sent strong messages about the right for all women to be paid fairly and for women's work to be valued equitably.

Another focus for the association this year was work to expand access to midwifery care for Aboriginal families living on reserve. With support from NACM, Aboriginal leaders and health care organizations, the AOM wrote and submitted a proposal to the Ontario Midwifery Program (OMP) regarding how to improve access to care in Aboriginal communities by funding Aboriginal midwives. The AOM also made presentations to several Indigenous leadership councils about midwifery and its place in community health care as well as meeting with the government's Budget Committee and Finance Minister to discuss funding for Aboriginal midwifery.

Some of the other highlights of the year included:

- Redesigning the Emergency Skills Program by developing a new format for workshops, producing a manual with new content and biomedical illustrations, and introducing an online exam.
- Supporting Ontario's two new birth centres by reviewing protocols, developing a credentialing program and revising clinical record templates.



*Kelly Stadelbauer, RN, BScN, MBA
AOM Executive Director*

- Completing a new clinical practice guideline, *Group B Streptococcus: Prevention and Management in Labour*.
- Continuing to advocate for midwifery, build relationships and educate leaders in politics and health care through events such as our annual Queen's Park lobby day, a midwives vs. MPPs hockey game, and contribute to provincial-level maternal health policy such as the Health Quality Ontario C-section review.

Those are just a few of the many accomplishments we have achieved together this year. You'll find the other outcomes described in the pages of this annual report.

There is so much to be proud of. I'd like to thank all members for their hard work and ongoing commitment to midwifery. It is such a pleasure to work with and for you. I look forward to collaborating with you in 2014 to achieve the goals you've identified for your profession, your association and the women and families who receive care each and every day.

A handwritten signature in black ink that reads "Kelly Stadelbauer".

Committees and Work Groups

(January to December 2013)

While the Board is responsible for the overall governance of the association, committees and work groups provide specific direction and action in a particular area.

Through their dedication to committees and work groups, midwives were a positive and integral force in moving important association work forward. Top line accomplishments from 2013 are indicated on this page and more detailed highlights are included on pages 10-15.

None of these achievements would have been possible without the perseverance and thoughtfulness of members. On behalf of all the association members who benefit from your time and energy, thank you to each and every member of a committee or work group.

Policy Committee

- Queen's Park Day
- Elizabeth Brandeis, Chair
 Pauline Becker (student) Sept-Dec 2013
 Maryellen Boyes (student) Jan-Sept 2013
 Kelly Graff
 Lilly Martin Jan-Oct 2013
 Beth Murray Davis
 Mina Sharafbafy
 Sara Stainton
 Rebecca Weeks

Staff Support: Juana Berinstein, Sabina Hikel, Pauline Matthews

Hospital Integration Committee

- Hospital Integration Project grant
- Lisa M. Weston, Chair
 Deborah Bonser
 Melissa Coubrough
 Amelia Drydyn
 Jane Flindall
 Lynn Hendrick
 Brittany Orlando (student)
 Ann Robinson
 Amanda Sorbara
 Jackie Whitehead

Staff Support: Juana Berinstein, Vivian Lee, Sabina Hikel, Pauline Matthews

Eye Prophylaxis Sub-Committee (of Policy)

- Developed Q & A for future campaigns

- Liz Darling, Chair
 Stephanie Aghajani
 Hedrey Chu
 Devi Krieger
 Beverly Langlois
 Sarah Redfearn
 Rebecca Weeks

Staff Support: Tasha MacDonald, Juana Berinstein, Julie Toole, Heather Harding, Pauline Matthews

Insurance & Risk Management Program Committee

- Risk assessment tools and templates
- Three issues of *The Bulletin*

- Lisa M. Weston
 Sara Chambers
 Abigail Corbin
 Kim Cloutier Holtz
 Stephanie Gingerich
 Navjot Lidder
 Dianne Smith

Staff Support: Bobbi Soderstrom, Allyson Booth, Cara Wilkie, Brigitte Balle, Mary-K Dunn

Negotiations Committee

- 2013-14 contract with MOHLTC

- Lisa M. Weston, Chair
 Elizabeth Brandeis
 Madeleine Clin
 Tracy Franklin

- Nicole Roach
 Genia Stephen
 Jackie Whitehead
 Anne Wilson

Staff Support: Kelly Stadelbauer, Juana Berinstein, Sabina Hikel, Brigitte Balle

Leadership Development Committee

- Two tribute awards
- Developed awards program

- Elizabeth Brandeis, Chair
 Lisa M. Weston
 Remi Ejjunmi
 Elana Johnson
 Esther Willms

Staff Support: Kelly Stadelbauer, Diana MacNab, Brigitte Balle

Audit Committee

- Prepare and review annual financial audit

- Jackie Whitehead, Chair
 Anne Wilson
 Claudette Leduc
 Jane Erdman
 Tracy Franklin

Staff Support: Kelly Stadelbauer, Arnie Levitan, Brigitte Balle

Clinical Practice Guidelines Committee

- Group B Streptococcus: Postpartum Management of the Neonate guideline, summary and client resource
- Integration of Aboriginal midwives and consumers to CPG work

- Liz Darling, Chair
 Cheryllee Bourgeois
 Shelley-Ann Clarke-Dolby
 Meagan Furnivall
 Jenni Huntley
 Danielle Longfield (student)
 Linda Ngo
 Paula Salehi
 Genia Stephen
 Joyce Totton
 Rhea Wilson

Staff Support: Tasha MacDonald, Anna Meuser, Jenny Gilbert, Melanie Kurzfield-Bryan

PPH CPG Work Group

- Ongoing work to update CPG

- Jenni Huntly, Chair
 Zuzana Betkova
 Sara Chambers
 Kim Cleland
 Lynne-Marie Culliton
 Phyllis Hill (AM)
 Cathy Kipp
 Natalie Kirby
 Danielle Longfield
 Amy McGee
 Leanne McInall
 Sarah McNiven-Scott (consumer)
 Catherine Pestl (consumer)
 Stacey Ritz (consumer)
 Cynthia Rebong
 Christine Sandor
 Dianne Smith
 Genia Stephen
 Trish Steele
 Sarilyn Zimmerman

Staff Support: Tasha MacDonald, Anna Meuser, Jenny Gilbert, Melanie Kurzfield-Bryan

Postpartum GBS Work Group

- Group B Streptococcus: Postpartum Management of the Neonate guideline, summary and client resource

- Cheryllee Bourgeois, Chair
 Shâde Chatrath
 Janis Dalacker
 Alanna Kibbe
 Margo Seymour (student)

Staff Support: Tasha MacDonald, Anna Meuser, Jenny Gilbert, Melanie Kurzfield-Bryan

Emergency Skills Work Group

- Development and launch of a revised ESW program

- Esther Willms, Chair
 Kerstin Helen
 Mary Ann Leslie
 Linda Moscovitch
 Leslie Viets
 Sarilyn Zimmerman

Staff Support: Sarah Knox, Melanie Hartzell, Kristina Mullen, Melanie Kurzfield-Bryan

Committees and Work Groups, cont...

Genetic Screening Task Force

- Published position statement

Chris Sternberg, Chair
Nadya Burton
Erin Calder
Aoife Chamberlaine
Sabrina Connor
Vanessa Dixon (student)
Diane Page
Genia Stephen

Staff Support: Tasha MacDonald, Julie Toole, Melanie Kurzfield-Bryan

Clinical and Professional Development Work Group

- Full-year educational programming
- Conference theme and abstract selection

Sara Stainton, Chair
Madeleine Clin

Abigail Corbin
Annita Damsma-Young
Manavi Handa
Annette Robinson

Staff support: Melanie Hartzell, Kristina Mullen, Melanie Kurzfield-Bryan

Diversity Work Group

- Worked to rescind IFHP cuts

Manavi Handa, Chair
Janette Batacharya
Erin Calder
Shâdé Chatrath
Mico Devos
Jay MacGillivray
Nicole Romeiko
Wendy Wong

Staff Support: Juana Berinstein, Vivian Lee, Pauline Matthews

Work Life Balance Task Force

- Strategized activities to support work/life balance

Isabelle Milot, Chair
Melissa Boizot-Rioche (student)
Andrea Cassidy
Jasmine Chatelain
Jackie Klan
Amanda Kocheff
Michelle Kryzanuaskas
Leslee Larsen
Andrea Luciuk
Lisa Morgan
Andrea Roberson
Lisa M. Weston
Karline Wilson-Mitchell

Staff support: Kelly Stadelbauer, Brigitte Balle

Ethics Work Group

- Established goals for ethics education

Julie Corey, Chair
Tahereh Barmi
Maryellen Boyes (student)
Caroline Donni
Manavi Handa
Andrea Robertson
Cindy Soulliere
Edan Thomas

Staff Support: Tasha MacDonald, Julie Toole, Melanie Kurzfield-Bryan

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

Joint Risk Management Work Group

Lisa M. Weston
Remi Ejiwunmi
Bobbi Soderstrom
Kelly Stadelbauer

Staff Support: Brigitte Balle

AOM/Midwifery Education Program Liaison Work Group

Lisa M. Weston
Kelly Stadelbauer
Juana Berinstein
Bobbi Soderstrom

Staff Support: Brigitte Balle

Hospital Integration of Midwifery Work Group

Lisa M. Weston
Elizabeth Brandeis
Kelly Stadelbauer
Juana Berinstein

Enhanced Ontario Antenatal Records PCMCH/BORN Work Group

Allyson Booth

Midwifery Contracts and Funding Advisory Committee

Lisa M. Weston
Kelly Stadelbauer
Juana Berinstein
Elizabeth Brandeis

Staff Support: Pauline Matthews

Canadian Association of Midwives

Lisa Weston, AOM Representative

BORN Evaluation Team

Bobbi Soderstrom

ICM Host Congress Planning Committee

Katrina Kilroy
Kelly Stadelbauer

Staff Support: Brigitte Balle

Birth Centre Evaluation Project Work Group

Bobbi Soderstrom

HIROC Risk Management Committee

Remi Ejiwunmi

Champlain Maternal Newborn Regional Network

Bobbi Soderstrom

AOM Benefits Trust

Chair, Karin Terpstra
Elected Trustees:
Diana Doe
Debbie Doiron
Kelly Gascoigne
Andrea Mills
Melinda Soares

MOHLTC Drug Shortage Health Stakeholders Group

Allyson Booth
Liz Darling

Ontario Midwifery Reference Group

Lisa M. Weston
Kelly Stadelbauer
Juana Berinstein
Tasha MacDonald
Bobbi Soderstrom

Staff Support: Brigitte Balle

Public Health and Primary Health Care Conference 2014 – Planning Committee (AOHC)

Juana Berinstein
Julie Toole

Neonatal Hyperbilirubinemia PCMCH Work Group

Allyson Booth

Coalition of Regulated Health Professional Associations

Kelly Stadelbauer

Thirty years of milestones

In January, 1994, Anita Rutherford gave birth to her fourth child, a daughter named Rebecca. Her birth was remarkable not only to her family, but also for what she represented: the renewal of midwifery. Rebecca, now 20, was the first baby born in hospital attended by midwives following the government's recognition and funding of midwifery.

The infographic on the next two pages highlights milestones over the past 30 years, from the formation of the AOM in 1984 to the opening of two new birth centres in early 2014.

The timeline paints a picture of successes for women and families including, for example, the government's announcement of plans to integrate midwifery into the health care system in 1986, regulating and funding midwifery services in 1994, and the expansion of the Midwifery Education Program in 2007.

The Maternal Care Centre at Six Nations of the Grand River Territory opened its doors in 1996 and established an education program for Aboriginal midwives in 2000. The centre has grown from 13 births in its first year to serving over 100 families in 2013. In 2006, Seventh Generation Midwives Toronto opened with the vision of providing culturally appropriate care to urban Aboriginal families by incorporating traditional teachings and ceremonies. And as of 2012, families in Attawapiskat can now be cared for by a midwife. Neepeeshowan Midwives has eliminated



Rebecca Rutherford (age 15 in this photo), midwife Carol Cameron and Anita Rutherford hold copies of the Toronto Star from January, 1994. Rebecca was the first baby born in an Ontario hospital under midwifery care.

the routine evacuation of pregnant women from Attawapiskat – a practice journalist Elizabeth Payne has referred to as “the residential schools of medicine”.

As the numbers of Ontario midwives increased from 60 to close to 700, so too did clients served. Year over year, total birth numbers are growing and midwives now attend 12% of all provincial births. There are now 85 midwifery practices plus an additional 16 satellite locations. Midwives hold privileges at 77 of 98 Ontario hospitals that offer birth services.

Along with the successes of the past 30 years, midwifery continues to experience challenges. Not all women and families have access to the midwifery care needed. While registered midwives have a process to apply for funding to set up and grow midwifery for example, Aboriginal midwives do not. The AOM is working with stakeholders, such as Chiefs of Ontario, to advocate for a parallel funding process that Aboriginal midwives can access to open practices and care for families in their communities.

A survey conducted by government in 2011 found that 36% of midwifery practice groups are prevented from growing due to hospital privileges being denied or capped. Half of hospitals that grant privileges to midwives limit

scope of practice. The AOM, alongside stakeholders like the Ontario Hospital Association, continues to advocate for midwifery integration in hospitals and the health system and for midwives to maintain primary care as best practice. However, restrictions remain a barrier to further expanding and improving access to midwifery care.

Rallies calling for midwives to be fairly compensated for their important work were held in 2004 and in 2011. An online campaign in 2012 calling for renewed negotiations (stalled because of government refusal to address pay equity), saw an outpouring of support from women and families through social media. In 2013 midwives took the major step of filing a complaint with the Human Rights Tribunal of Ontario.

The AOM has responded and continues to respond to challenges by supporting midwives and by advocating and organizing campaigns provincially.

Thirty years of milestones tell the story of a midwifery movement that has transformed health care for women and families in Ontario. That movement is still very much alive: thriving and continuing to realize the vision of making midwifery central to the provision of maternal and newborn care in Ontario.



Midwifery Milestones: 1984-2014

Government announcement to integrate midwifery into health care system



Toronto Island home birth inquest

Appointment of the Interim Regulatory Council for Midwives

Task Force on the Implementation of Midwifery report

Government begins public funding for midwifery services



AOM secures liability insurance for midwives including home births



January 29th first hospital birth attended by midwife (Markham Stouffville Hospital)

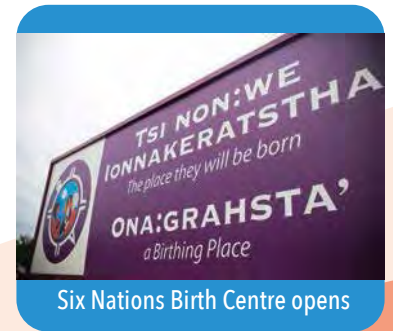


Midwives secure hospital privileges

Creation of the College of Midwives of Ontario



Storks don't deliver babies!



Six Nations Birth Centre opens

1,800

702

5,03

1,46

1984

1989

1994

1999

Merger of OAM and ONMA to create the Association of Ontario Midwives

In 1994 there were 68 registered midwives



= 100

30 years of AOM presidents:



Rena Porteous 1985-87



Elana Johnson 1988-89



Bobbi Soderstrom 1990-91



Jane Kilthei 1992-93



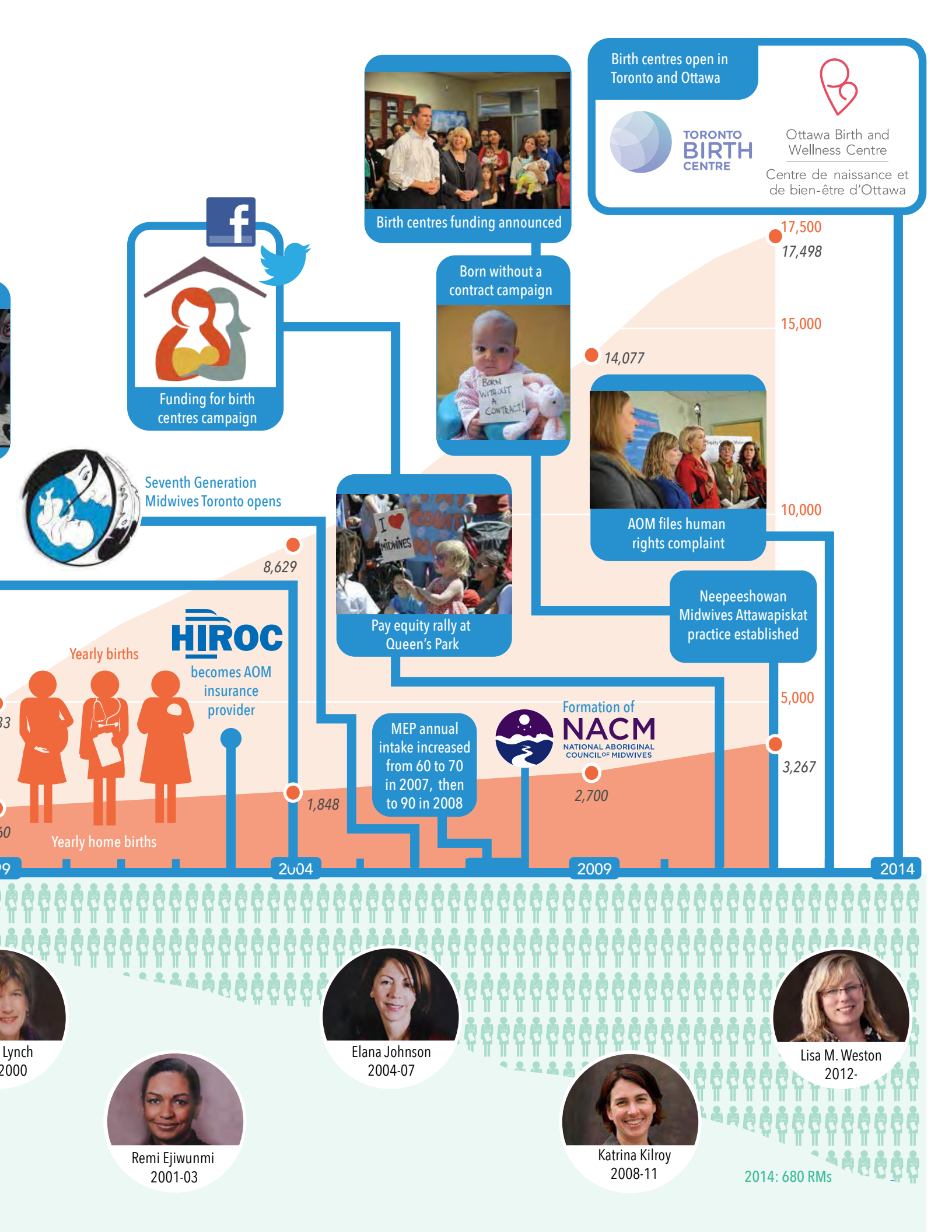
Eileen Hutton 1994-95



Carol Cameron 1996-97



Bridget 1998-



Strategic Plan: Goals and Accomplishments

This year, 2013, marked the beginning of the AOM's new three-year strategic plan. The plan consists of six main goals:

- Support normal birth
- Make midwifery central to the provision of maternal and newborn care
- Support the successful growth of midwifery
- Support excellence in clinical practice
- Support excellence in practice management
- Strengthen the AOM to maximize responsiveness to member needs

Significant gains were made in each of these areas and a detailed report was submitted to the Board of Directors in November 2013. This annual report highlights the key accomplishments that were achieved in each of these categories in the past year.

Support normal birth

Execute a robust government relations program to lobby for systemic changes

Sixty MPPs and their staff members learned about the care midwifery clients receive during the AOM'S third annual lobby day at Queen's Park in March. Midwives and clients answered politicians' questions at educational stations that highlighted various aspects of the midwifery model of care. In advance of Queen's Park Day, midwives met individually with 10 MPPs in their ridings to discuss the quality and value of midwifery.

Promote home birth

More than 100 paramedics participated in Emergency Skills Workshops that were held in Toronto, Brampton and Perth County. The webinar "How to Talk

to Health Care Providers about Home Birth" attracted 42 participants. Midwives used the AOM presentation *Home Birth: Facts, Biases and Liability* to educate their interprofessional colleagues about the safety of home birth. Midwives used the presentation to lead discussions on home birth at five hospitals in the province.

Support increased access to midwifery care for Aboriginal communities

In collaboration with NACM, the AOM formed a coalition of stakeholders to explore the most effective ways to make culturally appropriate, provincially funded midwifery care available to Aboriginal families across the province. The AOM also met with Aboriginal leaders and health-care organizations, as well as the Ministry of Health. Key initiatives included: writing a proposal for the Ontario Midwifery Program on how to improve access to care in Aboriginal communities and facilitating discussions between HIROC and Aboriginal midwives to pursue professional liability insurance in the Aboriginal midwifery setting.

Support positive maternal-newborn outcomes with a focus on equity

The AOM, along with community health centres, hospitals and community organizations was a key informant to a Board of Health report that advocated for the elimination of the three-month OHIP waiting period that was approved by Toronto City Council. This report, which was submitted to the federal and provincial governments, also called for the rescinding of cuts to the Interim Federal Health Program and increased funding for health-care professions, including midwifery, that serve uninsured populations.

Make midwifery central to the provision of maternal and newborn care

Advocate for a strong midwifery voice in all government and other initiatives that impact maternal and newborn care

The AOM provided midwifery perspectives on the following provincial work groups: Neonatal Hyperbilirubinemia Screening; BORN Birth Centre Evaluation; and Antenatal Records 1 and 2. The AOM also shared its expertise on reducing C-sections by providing a written response to recommendations drafted by Health Quality Ontario. Members of the Insurance and Risk Management Program (IRMP) and Clinical Practice Guidelines (CPG) committees provided feedback to the College of Midwives of Ontario regarding a new *Indications for Discussion, Consultation, and Transfer of Care Standards of Practice* document. Midwives on the AOM's Genetic Screening Task Force developed a position statement on prenatal genetic testing.

Work with stakeholders to strengthen interprofessional collaboration and recognition of midwives as primary care providers

The AOM collaborated with the Ontario Hospital Association (OHA) on a special issue of *OHA Today* (that association's online newsletter), focused on maternal-newborn health. The AOM contributed 12 articles that highlighted examples of successful hospital integration and the issue was distributed to more than 100,000 subscribers in October.



Midwife Manavi Handa speaks with MPP Jagmeet Singh at the 2013 Queen's Park Day. This annual event includes a press conference, a lunch and educational events about midwifery for provincial politicians.

Support member communication needs

Midwives were interviewed by media outlets across the province on topics ranging from pay equity to breastfeeding. The AOM supported 10 practices by preparing press releases, pitching stories to local journalists and coaching midwives before interviews. AOM staff continued to develop relationships with journalists and to promote midwives as expert spokespeople.

The implementation of a social media plan led to an increase in followers on Facebook (from 3,200 to 4,250 followers) and Twitter (from 2,200 to nearly 3,000).

Support the successful growth of midwifery

Improve compensation, working conditions of Ontario midwives and midwifery infrastructure

Almost two years passed – from May 2011 to April 2013 – before negotiations were held between the Ministry of Health and the AOM. In April 2013, the government gave the AOM an offer that included funding for the continuation

of grant programs like the professional development fund and the locum program that are administered by the AOM on behalf of midwives, supplies for home birth clients and \$20,000 for small practice group administration. The offer did not include a plan to address pay equity. In order to continue to provide care to pregnant clients, midwives agreed to accept this offer while telling the government that, in doing so, they would be pursuing a legal challenge regarding the failure to provide equitable compensation. With strong leadership from the AOM's Board of Directors and the Negotiations Committee, 87% of midwives voted to take legal action on pay equity and to fund the action through a special levy. On November 27, the AOM filed an application with the Human Rights Tribunal of Ontario (HRTO) over the government's refusal to provide equitable pay for midwives.

The AOM retained lawyer and pay equity expert Mary Cornish and, with her guidance, AOM staff drafted a thorough application that covered the

20 years that the profession has been regulated. In addition to conducting research, staff developed key messages and campaign plans to engage the public, government and midwives. The fall 2013 issue of *Ontario Midwife*, which focused on midwives and pay equity, was widely distributed. Midwives played an important role in the campaign by educating their clients and interprofessional colleagues about the issues, sharing their testimonials for the 'Injury to Dignity' section of the HRTO application and providing media interviews. The press conference on November 27 generated dozens of media stories, reaching millions of people across the country.

Advocate for midwives who are challenged to obtain hospital privileges or face privilege restrictions

Throughout the year, the AOM provided support to individual midwives and practices experiencing challenges ranging from new registrant privileges to expanding caps on permanent privileges. In one case, the AOM worked



Midwives wearing red for Equal Pay Day April 2013: Midwives of York Region, Community Midwives of Kingston, Womancare Midwives in London.

collaboratively with multiple practices who practice at the same hospital to develop an effective centralized privileging strategy. The AOM also worked to bring about changes at a system level by participating in a Ministry of Health-led initiative that brought the AOM, the OHA and the Ontario Medical Association together for joint meetings. The first of these meetings was held in December.

Support the growth of rural and remote practice groups

The AOM Locum Program helps keep birth close to home by enabling midwives working in rural and remote communities to take time off. In 2013, the AOM's advocacy efforts resulted in the Ministry of Health increasing the amount of locum funding to \$150,000, which allowed funding for Neepeeshowan Midwives, a practice in Attawapiskat, a remote First Nations community in northern Ontario. In total, this fund supported 16 locums in rural and remote communities.

Increase the potential for excellent, long-term retention rates within the midwifery profession

The Professional Development (PD) Fund is administered by the AOM and funded by the Ministry of Health and Long-Term Care. The fund is used to reimburse professional development activities for midwives in order to

enhance skill, knowledge, practice and quality of care. The objective of the PD Fund is to support positive perinatal and maternal clinical outcomes by funding midwives to attend conferences and courses that are directly relevant to midwifery practice and to support interprofessional collaboration between midwives and other health professionals by increasing the opportunity to interact at educational functions.

In 2012-2013, there was a 22% increase in the number of midwives who requested reimbursement for professional development activities over 2011-2012.

Increase the likelihood of success of new midwives, new practices and birth centres

IRMP staff and committee members supported Ontario's two new birth centres by reviewing protocols, developing their credentialing program and providing input into the revision of clinical record forms. The new clinical record forms will be piloted by midwives and students attending births at the birth centres and a modified version of the forms will be piloted by all practice groups.

In June, a full-day new practice orientation live event and webinar was well-attended by midwives and midwifery students.

Include Aboriginal midwives working under the exemption in the Midwifery Act as members

At the 2013 Annual General Meeting, AOM members voted unanimously to change the constitution in order for Aboriginal midwives practicing under the exemption clause in the *Midwifery Act* to become full voting members of the AOM as of 2014. NACM and the AOM's Constitutional Task Force developed new membership categories for active and inactive Aboriginal midwives.

Support the strengthening of the governance, infrastructure and policy initiatives of the Canadian Association of Midwives (CAM)

The AOM actively supports the work of CAM by providing strong representation on the Board of Directors and committees, and collaborating on policy, campaign and media initiatives. The AOM funded a grant advisor position at CAM which strengthened partnerships with midwives in Tanzania through a twinning project, and resulted in funding for projects that supported the National Aboriginal Council of Midwives (NACM).

In 2017, CAM will host the International Council of Midwives (ICM) conference in Toronto. The AOM is active on the ICM Host Committee, including work on the International Access Subcommittee.

Support excellence in clinical practice

Enhance skills and knowledge required to maintain positive perinatal outcomes and/or participate in collaborative maternity care teams

The AOM 2013 annual conference at Hockley Valley Resort attracted a record number of midwives with 161 members attending. The theme of the conference was work/life balance and a number of workshops addressed this topic. Conference sessions on themes such as clinical and leadership development, practice management and trends in risk management were also well-attended.

The AOM offered a variety of live events and webinars for members throughout the year that were designed to help midwives enhance their skills. Professional development topics included: current evidence and practice for support of the pelvic floor; managing pregnancy beyond 41+0 weeks; AOM CPGs in action – new tools to help midwives and clients make evidence-based decisions; BORN: A quality management process; advocating for midwifery standards in a hospital setting; and documentation skills.

Strengthen the ESW Program

In response to members' needs and recommendations, the AOM introduced new quality enhancements to the

Emergency Skills Workshop (ESW) program in 2013. The program was redesigned by developing new content for the workshops and producing a professionally bound workbook with new biomedical illustrations. ESW participants now complete the exam online before attending in-person, which means workshop time can be devoted to active learning through role playing and discussions with the midwife instructors. Policies related to the program were updated: the ESW Instructor Policy, the ESW Instructor Code of Conduct and the ESW Service Delivery and Accommodation policy. Instructors were oriented to the new program through a series of retraining sessions. Members also asked for increased access to ESW recertification and the AOM delivered by holding 13 new workshops in 2013, which was an increase of 39 spaces over 2012.

Continue to provide a comprehensive Clinical Practice Guidelines (CPG) program

A new clinical practice guideline, *Group B Streptococcus: Prevention and Management in Labour* was developed this year. This is the first CPG to use the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to guideline development. GRADE allows AOM work group members and staff to be transparent and consistent in their evaluation of research and permits the consideration of all outcomes that are important to midwives and their clients. An e-learning module was created for an existing CPG – *The Management of Women with a High or Low Body Mass Index*.

This year, the AOM took a new approach to including client perspectives when it launched the consumer involvement program, which invited clients to become directly involved in developing CPGs. Clients expressed an overwhelming

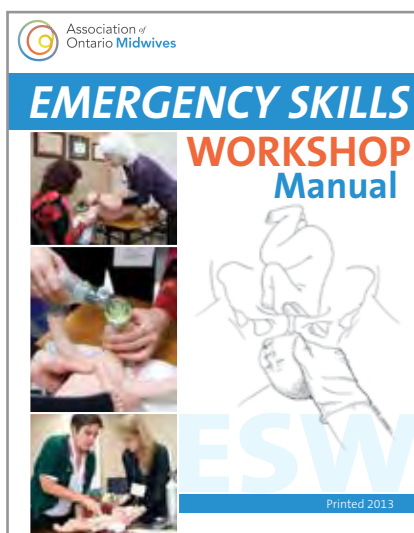
interest in participating and three consumer volunteers are currently collaborating with work group members on the creation of a new postpartum hemorrhage CPG. Another team of clients is providing feedback on other CPG-related documents.

The newly-launched CPG apps for *Vaginal Birth after Previous Low-Segment Caesarean Section and Hypertensive Disorders of Pregnancy* (HDP), which were developed with funding from the Canadian Institutes for Health Research, proved to be popular resources. The HDP app was downloaded an average of 94 times a month from the App Store and 35 times a month from the web. The VBAC app was downloaded an average of 132 times a month from the App Store and 57 times a month from the web.

Provide and strengthen the Insurance and Risk Management Program

The PLEASE line, which provides risk management support to members 24 hours a day, was well utilized by midwives in 2013. PLEASE line staff supported members as they tackled diverse risk management issues, including serious critical occurrences, practice management, client complaints and intrapractice and interprofessional conflict. The line received over 675 calls from more than 175 members.

Since the AOM introduced the Risk Management Self Appraisal Modules (RMSAM) in 2007, the Insurance and Risk Management Program (IRMP) Steering Committee has helped practices reduce risks by providing templates, policies, protocols and other mitigation strategies to meet needs identified by midwives. At the end of 2013, committee members and IRMP staff had provided resources to address 90% of the needs that members identified through RMSAM. HIROC is in the process of developing new risk assessment tools for midwives and members of the IRMP Committee





On November 25, as part of the AOM's ongoing political advocacy efforts, our team "The Blue Lines" faced off against MPP team "The Legiskaters," led by Captain Todd Smith, MPP for Prince Edward-Hastings at the Ricoh Centre in Toronto. Thanks to midwife captain Sara Wolfe and all the members and supporters who came out to play and cheer that day!

shared their knowledge on the subject with the insurance provider.

The AOM published three issues of *The Bulletin* that featured articles about coroner recommendations; recycling drugs; resources for IT privacy; and BORN. An issue released during Canadian Patient Safety Week included articles on infection prevention and medication safety. This year, the department made a new resource available to midwives when it collected 100 sample practice protocols from across the province that are now posted on the members-only website.

Support excellence in practice management

Ensure appropriate administrative support for midwives in practice groups

During the negotiations process, \$20,000 in funding was secured for small practice group administrative needs in 2013-2014.

Enhance skills and knowledge required to run a midwifery practice and support and promote healthy practice culture

The AOM's comprehensive professional development program for members

included live events related to starting a new midwifery practice, strengthening business practice and building a healthy practice culture.

Strengthen the AOM to maximize responsiveness to member needs

Ensure AOM membership benefits and services meet member needs

The Leadership Development Committee collaborated with AOM staff to create an awards program to recognize the accomplishments of members and midwifery stakeholders. The awards were introduced at the 2013 conference with the presentation of tribute awards for two midwives who made outstanding contributions to the profession. One award honoured Elsie Cressman, RM (1923-2012) a trailblazer in the profession and an advocate for provincially regulated midwifery. The second award went to Marguerite Wabano, an Aboriginal midwife who cared for Mushkego women and families in James Bay coastal communities. The 2014 conference will mark the first time that awards for lifetime achievement, hospital integration and media will be presented.

Develop a brand image that is identifiable to members, stakeholders and the public

The AOM worked with a branding and design firm to create a logo, tagline and brand standards that represent the association as progressive and professional. After consulting with Board and committee members and AOM staff, the association selected a logo with three multi-coloured, interconnected circles that represent the AOM, its midwife members and the families they care for. The tagline that accompanies the logo is: Delivering what matters.

Ensure appropriate space for AOM activities and events

When the lease on our office expired, the AOM signed a five-year lease (with an option to renew for another five years) on a larger office on the 8th floor of the same office building in downtown Toronto. The meeting rooms in this new space are appropriate venues for board meetings, ESW and other workshops and meetings with Ministry of Health staff and other stakeholders.

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. Approved resolutions influence the Board's actions for the coming year and ensure the will of the membership is considered in AOM work.

In 2013, two member resolutions as well as two Board resolutions were put forward.

The two member resolutions were regarding these topics:

End-of-career support

The first resolution was to develop a work group/task force to explore different work options and support systems for midwives nearing the end of their careers. At the June 2013 Board meeting, the Board appointed Madeleine Clin, as a member of the Negotiations Committee, to act as the lead of end-of-career issues. Due to staff resources needed for the legal action, creation of an end-of-career work group has been put on hold for the time being.

Ontario Midwifery Program data analysis

The second resolution was for the AOM to fund external analysis of 2006-2009 OMP data and for the AOM to ensure clinical practice data submitted by midwives is analyzed and published on a

periodic basis. The AOM has planned to act on this resolution in 2014.

The Board resolutions were regarding these topics:

Contract

The Board accepted the Negotiations Committee recommendation regarding the government's proposed contract update and members at the AGM voted overwhelmingly to put the contract to a full membership ratification vote as per normal process.

Pay equity legal action

The Board also put forward the motion to commence legal action against the Ministry of Health regarding pay equity. Following the AGM, member information meetings were set up throughout May to inform members of the potential legal action. Members had until May 27 to vote, and the membership voted 87% in favour of commencing legal action, funded by a special levy.

Lawyer Mary Cornish, a pay equity expert and head of the Equal Pay Coalition, was retained as the legal counsel for the AOM with regard to the legal action. Over the summer 2013, AOM staff conducted extensive research to obtain data and support for the complaint. In addition, two reports were commissioned:

- Independent pay equity expert Paul Durber examined whether midwives have been paid equitably and free of sex bias over the last 20 years using domestically accepted criteria to estimate gender neutral value of work performed by midwives. Based on midwives' skills, efforts, responsibilities and working conditions, Durber found midwives' current compensation is 52% of what they should be receiving.
- Economist Hugh Mackenzie evaluated midwifery compensation by looking at the original Ministry assessment (Morton report) and the Durber report and also found that if pay equity had been established and maintained since 1994, midwives would be paid nearly double what they are currently paid.

An application was filed with the Human Rights Tribunal of Ontario on November 27, 2013.

Constitutional amendments

At the 2013 AGM, the Board proposed amendments to the AOM constitution that would allow Aboriginal midwives to join the AOM as voting members. The motion was carried unanimously.

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

365 Bloor St. E., Suite 800
Toronto, ON M4W 3L4
416-425-9974
1-866-418-3773 toll-free
Fax: 416-425-6905
aom.on.ca
ontariomidwives.ca

Executive Director:
Kelly Stadelbauer
Kelly.stadelbauer@aom.on.ca, x2230

Directors:
Juana Berinstein, Policy & Communications
Juana.berinstein@aom.on.ca, x2229

Sarah Knox, Clinical and Professional Development (*on leave*)

Arnie Levitan, Finance & Operations
Arnie.levitan@aom.on.ca, x2226

Tasha MacDonald, RM, Clinical Practice Guidelines, Acting Director of Clinical & Professional Development
Tasha.macdonald@aom.on.ca, x2219

Bobbi Soderstrom, RM, Insurance & Risk Management
Bobbi.soderstrom@aom.on.ca x2418

The AOM is pleased to present the inaugural winners of these annual awards in celebration of the AOM's 30th anniversary and 20 years of regulated midwifery.

AOM Lifetime Achievement Awards



Eileen Hutton, RM, PhD

Eileen Hutton currently serves as Assistant Dean in the Faculty of Health Sciences and Director of Midwifery at McMaster University and is well known for her research work. She established Canada's only national, peer-reviewed midwifery journal and has been published in journals such as the *British Medical Journal* and *The American Journal of Obstetrics and Gynecology*. Hutton was also recruited as the first professor of midwifery in the Netherlands to create a PhD program to prepare midwives for positions in academic midwifery.

Vicki Van Wagner, RM, PhD

Vicki Van Wagner has practiced midwifery since 1981. She was the first Director of the Midwifery Education Program at Ryerson University where she is an Associate Professor. Van Wagner is a respected teacher, clinician, public speaker and advisor on maternity care public policy. Her research on midwifery in the Inuit communities of Nunavik, Quebec published in *Birth* and in *Pimatisawin: An International Journal of Indigenous Health* documented the success of the Inuulitsivik midwifery service, internationally recognized as a model for remote and indigenous health care and education.



AOM Hospital Integration Award

***Markham Stouffville Hospital
Trillium Health Partners***

AOM Media Award

***André Picard
The Globe and Mail***

CONGRATULATIONS