

ONTARIO MIDWIVES

EXPERTS IN NORMAL PREGNANCY, BIRTH & NEWBORN CARE



2012 AOM Annual Report

Association of Ontario Midwives

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2012 AOM Board of Directors



Back row from left to right: Ana Maria Barillas, Rebecca Carson, Jasmin Tecson, Lisa M. Weston, Christie Kavaratzis, Esther Willms.
Seated from left to right: Jackie Whitehead, Elizabeth Brandeis, Kelly Graff, Genia Stephen, Madeleine Clin.
Absent from photo: Tracy Franklin.

2012 BOARD OF DIRECTORS

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

OUTGOING BOARD MEMBERS

Allyson Booth, **Shelley-Ann Clarke-Dolby**,
Jane Erdman, **Kelly Gascoigne**, **Katrina
Kilroy**, **Jane Somerville** and **Sara Stainton**

Your 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 also assesses the performance of the executive director.

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.

This was a significant year for the Board, with one three-year strategic plan coming to an end, and the development of a new three-year plan to run for 2013-2015. As well, there was a large turnover of Board members, some of whom had been serving the AOM for several terms. Outgoing Board members were recognized at the 2012 AOM conference.

Serving on the Board is a challenging and rewarding activity that requires a commitment of time, skill and expertise.

Thank you to all the members of the 2012 Board for the dedication and insight they have provided in furthering the work of the Association.



An excerpt from the President's remarks at the Opening Ceremonies at the 2013 Conference

**Lisa M. Weston, RM
AOM President**

A BALANCING ACT: SUSTAINING MIDWIFERY

In the past year, I have been speaking with midwives across the province, including at two regional meetings, about the balancing act that is midwifery. The dialogue continues at our 2013 conference entitled "A Balancing Act: Sustaining Midwifery."

Sustaining midwifery as a profession and sustaining ourselves personally as midwives is indeed a balancing act.

On any given day, in any given 24-hour period, we move from family responsibilities to professional obligations such as hospital meetings or preceptoring, to community roles like volunteering or AOM committee work, and, of course, we continue to provide the best quality care to our clients – whether we see them in our clinics, the hospital or their homes.

Sustaining ourselves as midwives within our daily lives is important and requires support. We cannot stay in balance without our loved ones - our partners and children, our families and friends, and our colleagues. Our families and networks of support ground and nurture us.

But sustaining midwifery as a profession requires response and changes at the health systems level. What kind of support does midwifery need from the health care system?

The contribution midwifery makes to the health care system is immense and measureable. Midwifery provides safe, cost-effective care that women love. But to continue, the health care system itself must respond to adequately value midwifery and midwives – those of us in the front line of midwifery care that make this kind of care possible.

The Ministry of Health must take negotiations with midwives seriously. We need action on our inadequate IT infrastructure. We need to see the government support Aboriginal midwives working under the exemption to

the Midwifery Act. We need to see government take a systems response to hospital integration barriers such as caps on midwives, caps on midwifery-attended births and scope-of-practice issues.

And we need a government commitment to close the midwifery pay equity gap. Without decisive action and government response to the needs of midwives, balance will continue to elude many of us.

At spring regional meetings, I discussed potential solutions with midwives. I shared information about some of the work the AOM is already engaged in to better support work-life balance. For example, we struck a Work-Life Balance Task Force and we continue to look for solutions and advocate on behalf of midwives with stakeholders, including government.

Being a midwife is immensely rewarding. Many of us, perhaps most of us, feel this job isn't really a "job" but a calling. But that doesn't mean we ignore what needs to be done to have a sustainable profession. I know solutions are out there and working together, with each other, with stakeholders and with government, we can achieve great things for midwifery and for midwives as we continue to provide the care our clients value so deeply.

Greetings from the AOM Executive Director



Kelly Stadelbauer, RN, BScN, MBA
AOM Executive Director

Dear Members,

As the final year of our **2010-2012 strategic plan**, 2012 was an ambitious and productive year for the Association. It is my pleasure to present a summary of the accomplishments we achieved together.

The strategic 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

This past year was particularly historic as we saw the Ministry of Health respond to the AOM campaign for birth centres by committing to fund two new centres in the province. The AOM provided support to five applicants. By the end of 2012, the first site announcement was made in Toronto and shortly thereafter, the second in Ottawa.

From the first annual Queen's Park Day in May 2011, which focused on the need for birth centres, to the wide-ranging campaign midwives, clients and supporters carried out over a number of months culminating in 10,000 messages of support being sent to the Premier, the AOM campaigned hard for this progress. The AOM Birth Centre Work Group and all members should be immensely proud of the political and public relations work leading to this achievement.

The AOM took political action in several areas in 2012 including building relationships at our second Queen's Park Day, joining the Pay Equity Coalition and participating in protests against cuts to the **Interim Federal Health Program** for refugees.

This past year also saw tremendous growth in Association resources for members. The AOM offered a number of popular educational events in several formats including live events such as the annual conference, ESW workshops, one-day workshops and 10 webinars.

In 2012, the AOM produced a new clinical practice guideline about **Hypertensive Disorders of Pregnancy (HDP)**, as well as exciting **new apps** regarding VBAC and HDP. This year also saw a **client resource** produced about HDP.

Hospital integration continues to be a key piece of work for the AOM, and in 2012, the Association produced a new, updated **Hospital Integration Toolkit** resource for members. The AOM also provided direct support to 30 practices regarding hospital integration issues such as privileging and maintaining primary care.

As well, members continue to benefit from risk management support through the **PLEASE line**, which offers service 24 hours a day, 7 days a week.

Unfortunately, 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. And in spite of our best efforts, the Association was not successful in getting the government back to the negotiating table. We continue to press the government to recognize the inequity and make amends.

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 notable achievements of 2012.

I look forward to working with you to achieve our goals as we launch a **new strategic plan** for the next three years. Please take some time to read through the plan, posted in the members-only area of the aom.on.ca website.

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

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

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Committees and Work Groups (January to December 2012)

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 2012 are indicated on this page and more detailed highlights are included on pages 7-11.

None of these achievements would have been possible without the perseverance and thoughtfulness of members. On behalf of all of 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

Kelly Graff

Lilly Martin

Beth Murray Davis

Mina Sharafbafy

Sara Stainton

Rebecca Weeks

Leah Klein (student) (Jan - Aug)

Maryellen Boyes (student) (Sept - Dec)

Staff Support: Juana Berinstein, Sabina Hikel, Pauline Matthews

Insurance & Risk Management Program Committee

- Three issues of *The Bulletin*
- Clinical equipment funding

Remi Ejiwunmi, Chair

Elana Johnson

Lisa M. Weston

Abigail Corbin

Kim Cloutier-Holtz

Dianne Smith

Stephanie Gingerich (Sept - Dec)

Sara Chambers (Sep - Dec)

Staff Support: Bobbi Soderstrom, Allyson Booth, Cara Wilkie, Brigitte Balle, Cheryl Runge

Hospital Integration Committee

- Revised Toolkit

Jane Somerville, Chair (Jan - May)

Lisa M. Weston, Chair (June - Dec)

Ren Barrett (on mat leave)

Deborah Bonser (Sept - Dec)

Melissa Coubrough

Amelia Drydyn (Sept - Dec)

Jane Flindall

Ann Robinson

Amanda Sorbara (Sept - Dec)

Jackie Whitehead

Lynn Hendrick (student)

Brittany Orlando (student) (Sept - Dec)

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

Emergency Skills Work Group

- Content development for new ESW program

Esther Willms, Chair

Sarilyn Zimmerman

Leslie Viets

Linda Moscovitch

Mary Ann Leslie

Kerstin Helen

Maggie Fioravanti (Jan - June)

Staff Support: Sarah Knox, Melanie Hartzell, Kristina Mullen

Birth Centres Work Group (Jan - Oct)

- Funding for two pilot centres
- Support to five birth centre applicants

Tracy Franklin, Chair

Kelly Dobbin

Connie Fetterly

Tiffany Fung

Geneviève Gagnon

Jerren Helwig

Ann Robinson

Judy Rogers

Inge Roorda

Mary Sharpe

Carla Sorbara

Chris Sternberg

Sara Wolfe

Staff Support: Juana Berinstein, Sabina Hikel, Pauline Matthews

Negotiations Committee

- Ongoing strategic work aimed at reestablishing negotiations with government

Katrina Kilroy, Chair (Jan - Sept)

Lisa M. Weston, Chair (Sept - Dec)

Anne Wilson

Madeleine Clin

Tracy Franklin

Esther Willms

Staff Support: Kelly Stadelbauer, Juana Berinstein, Sabina Hikel

Clinical Practice Guidelines Committee

- Hypertensive Disorders of Pregnancy guideline
- HDP and VBAC midwife resource apps
- Three client resources

Liz Darling, Chair

Cherylle Bourgeois

Shelley-Ann Clarke-Dolby

Corinne Hare

Jenni Huntly

Paula Salehi

Lynlee Spencer

Genia Stephens

Lisa M. Weston

Rhea Wilson

Danielle Longfield (student)

Staff Support: Tasha MacDonald, Suzannah Bennett, Anna Meuser, Cheryl Runge

Hypertensive Disorders of Pregnancy CPG Work Group

- Hypertensive Disorders of Pregnancy guideline
- HDP and VBAC midwife resource apps
- Three client resources

Liz Darling, Chair

Andrea Cassidy

Tracy Franklin

Rhea Wilson

Staff Support: Tasha MacDonald, Anna Meuser

Postpartum GBS Work Group

- Guidelines in progress

Cherylle Bourgeois, Chair

Alanna Kibbe

Janis Dalacker

Shâdé Chatrath

Margo Seymour (student)

Staff Support: Tasha MacDonald, Anna Meuser, Suzannah Bennett, Cheryl Runge

Genetic Screening Task Force

- Position statement in progress

Chris Sternberg, Chair

Nadya Burton (Aug - Dec)

Erin Calder

Aoife Chamberlaine

Sabrina Connor

Kristen Dennis

Sarah Donnelly-Hyde

Diane Page

Genia Stephen

Vanessa Dixon (student) (Dec)

Staff Support: Tasha MacDonald, Julie Toole, Pauline Matthews, Cheryl Runge

Committees and Work Groups

Eye Prophylaxis Sub-Committee

- **Published position statement**

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

Clinical and Professional Development Work Group

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

Sara Stainton, Chair
Annita Damsma-Young
Abigail Corbin
Madeleine Clin
Manavi Handa

Staff support: Melanie Hartzell, Kristina Mullen

Audit Committee

- Prepare and review annual financial audit

Allyson Booth, Chair (Jan- May)
Jackie Whitehead, Chair (June - Dec)
Jane Erdman
Anne Wilson
Claudette Leduc
Tracy Franklin

Staff Support: Kelly Stadelbauer, Colleen Vandeyck

Leadership Development Committee

- Oversee Board nominations and resolutions for AGM
- Establish AOM awards program

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

Staff Support: Kelly Stadelbauer, Diana MacNab

Diversity Work Group

- Protests against cuts to IFHP
- Develop AOHC partnerships

Manavi Handa, Chair
Janette Batacharya
Erin Calder
Shâdé Chatrath
Mico Devos
Geneviève Gagnon (Jan - Apr)
Jay MacGillivray
Nicole Romeiko
Wendy Wong

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

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

Benefits Trust

Karin Terpstra, Chair
Debbie Doiron
Rebekah Bradshaw
Andrea Mills (Apr - Dec)
Kelly Gascoigne
Diana Doe
Esther Willms
Kelly Graff
Kelly Stadelbauer
Kristen Stevens (Jan - Mar)

Staff Support: Nancy Hanley (Jan - Aug), Eva Tentere, Nicole Mellin (as of Nov)

Joint Midwifery Advisory Committee

Katrina Kilroy (Jan - May)
Lisa M. Weston
Mary Ann Leslie
Kelly Stadelbauer
Juana Berinstein

Joint Risk Management Working Group

Katrina Kilroy (Jan - May)
Lisa M. Weston
Remi Ejiwunmi
Kelly Stadelbauer
Bobbi Soderstrom

Ontario Midwifery Reference Group

Katrina Kilroy (Jan - May)
Lisa M. Weston (May - Dec)
Kelly Stadelbauer
Juana Berinstein

BORN Database Working Group

Liz Darling, MEP
Eileen Hutton, MEP
Susan James, MEP
Katrina Kilroy, AOM
Mary Sharpe, MEP
Vicki Van Wagner, MEP

Staff Support: Sabina Hikel, Julie Toole

AOM/Ontario Medical Association Liaison Working Group

Katrina Kilroy (Jan - May)
Lisa M. Weston (June - Dec)
Mary Ann Leslie
Elizabeth Brandeis
Kelly Stadelbauer
Juana Berinstein

AOM/Midwifery Education Program Liaison Working Group

Katrina Kilroy (Jan - May)
Lisa M. Weston
Kelly Stadelbauer
Juana Berinstein

AOM/College of Midwives of Ontario Liaison Working Group

Katrina Kilroy (Jan - May)
Lisa M. Weston
Kelly Stadelbauer
Juana Berinstein
Bobbi Soderstrom

ICM Host Congress Planning Committee

Katrina Kilroy
Kelly Stadelbauer

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 M. Weston, AOM Representative

ICM WHO Patient Safety Work Group

Bobbi Soderstrom, AOM Representative

National ESW Work Group

Esther Willms

STRATEGIC PLAN: GOALS AND ACCOMPLISHMENTS

2012 marked the completion 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

Significant gains were made in each of these areas and a detailed report was submitted to the Board of Directors in November 2012. This annual report highlights the key accomplishments that were achieved in each of these categories last year.

Promote the Growth of Midwifery

Negotiations

Ontario midwives continue to work under a contract that expired in March 2011. During the past year, reopening negotiations was a top priority for the AOM. However, while the Association's ongoing lobbying efforts succeeded in raising the profile of midwives among government officials and securing a meeting with Minister of Health and Long-Term Care, Deb Matthews, and several meetings with ministry staff,

the government did not return to the negotiations table.

In October 2012, the AOM enlisted the support of clients and the general public through Facebook and Twitter. The "Born Without a Contract" campaign invited clients to send in photos of babies and toddlers whose births were attended by midwives since April 1, 2011. The campaign netted 175 photos that were used to create a video that was viewed and shared widely via social media.

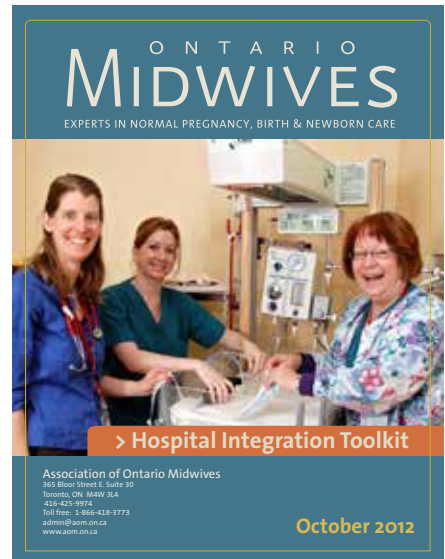
Ensuring that midwives have regular contract negotiations and that government addresses the wage parity gap for midwives was a priority for the Association in 2012.

Equal Pay Coalition

The AOM became a member of the Equal Pay Coalition in 2012, supporting this group with a financial contribution and attending planning and strategy meetings. Pay equity for midwives continues to be a priority for the AOM and the 20% wage gap for midwives was included in press releases and on the website during the course of the year.

Hospital Integration

The AOM continues to ensure midwives have the resources and support they need to improve hospital integration on both local and systems levels. Whether the issue is securing privileges, facing caps on the number of births or the number



of privileged midwives, or limitations on scope of practice, the AOM assisted members by strategizing, writing letters, developing presentations and attending meetings with midwives and hospital administrators. In the past year, the AOM provided direct support and guidance to midwives at more than 30 practices.

In some unique situations, the AOM provides support and expertise to both midwives and hospital administrators. In late spring of 2012, when Huron Perth Healthcare Alliance decided to close the maternity ward at Clinton Public Hospital, the Association collaborated with the solo, local midwife and the hospital to try to keep the birth unit open. When closure couldn't be prevented, Clinton Public Hospital helped the midwife advocate for privileges at a nearby hospital in Goderich (the Alexandra Marine and General Hospital). The AOM offered strategic advice that resulted in privileges being granted and ensured that women in the community could give birth close to home.

The AOM Hospital Integration Toolkit continues to be a valuable resource for midwives and other health care professionals. In 2012, a revised and

AOM Members are Engaged in Association Work

- 140 members attended the 2012 AGM and Conference
- 243 members participated in ESW workshops, 179 attended live events and 154 participated in webinars
- 95 members sit on committees and work groups
- Board members attended 6 board meetings in 2012 including a 2-day intensive planning meeting, in addition to the Annual General Meeting. Many Board members are also active on AOM committees
Read more about Board member work on page 2
- In 2012, the AOM held 2 sets of 6 regional meetings for a total of 12. 380 members participated in the meetings



Video Extra!



Watch the *Born Without a Contract* video.

OntarioMidwives.ca

Strategic Plan: Goals & Accomplishments

updated version of the toolkit was made available to each member as a digital handout, and each practice as a printed booklet.

Supporting Rural and Remote Midwives

The Locum Program makes it possible for rural and remote midwives, many in solo practices, to take time off call. It also provides valuable experiences for locum midwives who have an opportunity to work in new communities. In 2012, the program enabled 13 midwives to go off call for a total of 316 days.

Increasing Access to Midwifery in Aboriginal Communities

AOM's Board of Directors is committed to exploring ways of collaborating with Aboriginal midwives and communities to support the growth of Aboriginal midwifery in Ontario. At the 2012 annual conference, the AOM held a consultation with Aboriginal midwives to get their input and advice regarding the creation of a new position in the AOM's policy department, a policy analyst focused on supporting initiatives that will improve access to midwifery in Aboriginal communities. In the fall, two National Aboriginal Council of Midwives (NACM) members joined the AOM's hiring committee and an Aboriginal midwife was chosen for the policy analyst position.

This year, the Association published a special issue of the *Ontario Midwife newsletter* highlighting Aboriginal midwifery. The newsletter profiled the midwives at Tsi Non:we lonnakeratsha Ona:grahsta' Maternal and Child Centre on Six Nations of the Grand River territory as well as Seventh Generation Midwives Toronto, and featured articles about midwives who are working to bring birth back to Aboriginal communities and the role of NACM.

To accompany the Aboriginal midwifery issue of the newsletter, the AOM produced a client testimonial video in which an Aboriginal client of Seventh Generation



Then-Premier Dalton McGuinty greets some young birth centre supporters at the March 20, 2012 funding announcement.

Midwives Toronto shares her story of the healing power of woman-centred and culturally appropriate care.

At the 2012 annual conference, Minister of Health and Long-Term Care Deb Matthews announced funding for Neepeeshowan Midwives, a new practice in Attawapiskat, a Cree community on James Bay. For years, pregnant women in the community have been evacuated at 38 weeks because there was no maternity care provider in the community. Since Fall 2012, the practice has been caring for women on the territory who have low-risk pregnancies.

Support Normal Birth Birth Centres

A successful birth centres campaign that was launched in May 2011 culminated in an historic announcement on March 20, 2012. During a press conference at the Ryerson University midwifery program, Premier Dalton McGuinty and Minister of Health and Long-Term Care Deb Matthews announced a pilot project that would develop two free-standing, midwifery-led birth centres, in addition to the birth centre run by Aboriginal

midwives at Six Nations of the Grand River Territory. Midwifery-led birth centres are an innovative solution that will curb costs while promoting excellent outcomes and keeping birth in the community.

More than 10,000 supporters sent the Liberal government messages advocating for midwifery-led birth centres, and hundreds of others used Facebook and Twitter to promote the benefits of birth centres on the AOM's Social Media Day of Action, February 29, 2012.

After the birth centre announcement, the Ministry of Health and Long-Term Care began a Request for Applications process. The AOM supported five practices as they developed applications to have birth centres in their communities. This winter, the ministry announced that the birth centres will be located in Toronto and Ottawa and will open in 2013.



Ontario midwives protest cuts to a refugee health care program.

Video Extra!



Watch the Sara Luey video.

OntarioMidwives.ca

Strategic Plan: Goals & Accomplishments

Seventh Generation Midwives Toronto and Champlain Maternal Newborn Regional Program are leading the birth centres projects and the AOM continues to provide support with regard to protocol development, marketing and contact with the ministry.

Promoting Home Birth

The AOM was involved in a number of initiatives aimed at increasing awareness of the safety of home birth among health care professionals. Educational highlights of the past year included a webinar for members entitled “Home Birth? No Problem! How to Talk to Health Care Providers about Home Birth” and three home birth rounds that midwives conducted at their hospitals.

Supporting Midwives in the Provision of Care to Diverse Communities

In April 2012, the federal government announced drastic cuts to the Interim Federal Health Program, a Citizenship and Immigration Canada program that provides health coverage to refugees, refugee claimants and others. Knowing that these cuts would dramatically affect some of the most vulnerable clients in midwifery care and other at-risk residents of Ontario, members of the Diversity Work Group led the AOM’s response to the cuts. Midwives from across the province participated in rallies in Hamilton, Ottawa, Toronto and other locations on June 8, a national day of action against refugee health cuts. In addition to participating in rallies, the AOM attended stakeholder meetings, used social media to publicize the issue and produced rally signs and flyers for practices.

Support Members in Clinical and Practice Risk Management

Clinical Practice Guidelines

The AOM published a new clinical practice guideline (CPG), *Hypertensive Disorders of Pregnancy (HDP)*, that offers a critical review of research questions relating to midwifery care and the screening, diagnosis, assessment and monitoring of hypertensive disorders of pregnancy. This is a complete revision and rewrite of the CPG *Guideline for Monitoring Blood Pressure in Pregnancy*, which was published in 2001.

The AOM has also produced a summary document that contains key highlights of the HDP CPG, as well as a complete list of recommendations for practices.



MPP Bill Walker, Minister of Health and Long-Term Care Deb Matthews, MPP Michael Gravelle and MPP Cindy Forster pose with midwifery client babies at the lobby day lunch reception at Queen’s Park on May 2, 2012.

A brand new member tool created this year was the AOM CPG *VBAC Resource for Midwives* app for iPhones (available for free download in iTunes) and web-based apps for android and Blackberry (available at aomcpg.ca).

Client Resources

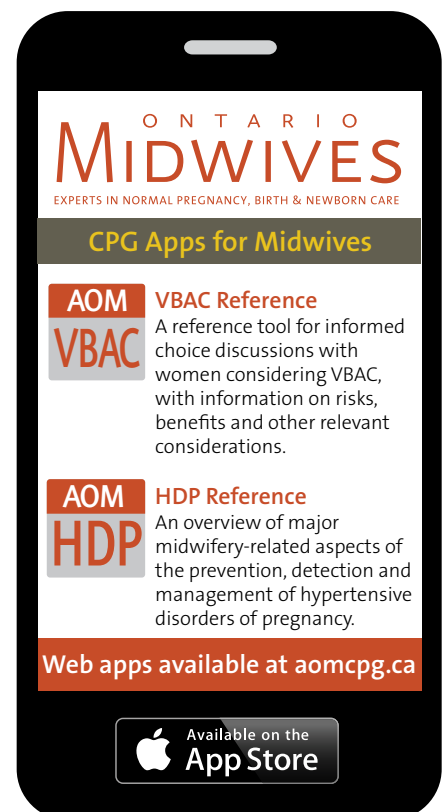
With funding from the Canadian Institutes for Health Research, the AOM developed three documents designed to help midwifery clients better understand some of the considerations and choices they may face while receiving midwifery care. These include: *When your pregnancy goes past your due date; What are hypertensive disorders of pregnancy?; and Thinking about VBAC: Deciding what’s right for me*. Available on the AOM website, these documents provide client-friendly information based on select clinical practice guidelines.

CPGs are created by members of CPG work groups, the CPG committee, the IRMP committee, the AOM Board and a general member review. AOM CPGs articulate a midwifery standard of care, based on a review of available evidence and reflect midwifery values.

Professional Development

In 2012, the AOM held seven live events with a total attendance of 179 midwives. Topics included: current evidence and practice for supporting the pelvic floor; emerging clinical issues; and building a healthy practice culture. The

Association’s free webinars were also very popular and addressed topics such as *How to talk to health care providers about home birth* and *AOM CPGs in action*. One hundred and fifty-four midwives signed up for 10 webinars. In addition, 243 members participated in 14 Emergency Skills Workshops in



Strategic Plan: Goals & Accomplishments

2012. Three types of ESW were held: ESW Recertification, Paramedic ESW and training for new instructors.

Professional development funding was accessed by 352 members in the 2012/2013 grant cycle.

Insurance and Risk Management

The AOM supports members by providing risk management support 24 hours a day, 7 days a week, 365 days a year. Midwives receive advice over the **PLEASE line** and in person. In 2012, the Association doubled the hours of support it provided the previous year, providing support to 150 midwives. The AOM assisted midwives dealing with a variety of issues including interactions with the Children's Aid Society, practice protocol development, college matters, client complaints and critical occurrences.

In 2012, the AOM published three issues of *The Bulletin* that featured articles about liability risks for new graduates, tips for writing practice group protocols, violence prevention, human rights, business and auto insurance, a witness information sheet and policies, procedures and protocols. IRMP committee members were highly engaged in contributing to this work. Committee members were also involved in endeavours that ranged from ensuring funding for appropriate clinical equipment, to developing inter-professional recommendations about universal hyperbilirubinemia screening and equipment funding, to developing risk assessment tools and resources for midwives.

The AOM also gave presentations about business practices, risk management, liability, partnership, and human rights for midwives and students.

Make Midwifery Central to the Provision of Maternal and Newborn Care

Building Strong Relationships with Government/Stakeholders

At the AOM's second annual lobby day at Queen's Park in May 2012, midwives met with MPPs to discuss strategies for giving Ontarians even greater access to midwifery care. One of the key messages of the day was the fact that midwifery is now the fastest-growing profession providing obstetrical care in Ontario, but hospital integration challenges, infrastructure deficits and the wage parity gap challenges must be overcome.

Support the Successful Growth of the Association

Public relations and media

Facebook and Twitter are important social media tools that the AOM has used effectively in the past year. The Association currently has 3,500 Facebook fans and 2,500 followers on Twitter. Consumers, health care providers, stakeholders, media and members read the AOM's posts to stay on top of issues and trends in midwifery, to learn about the latest research and resources and to read inspirational stories of midwives who are making a difference in their communities.

In the past year, **blog posts on OntarioMidwives.ca** have explored topics such as cuts to the Interim Federal Health Program, midwives' expired contract, Aboriginal midwifery and hospital integration.

In 2012, midwives across the province were interviewed by members of the media about birth centres, c-section rates, breastfeeding, home birth and more. Media outlets included Maclean's, CBC Television and Radio Canada, the Ottawa Citizen, the Toronto Star and community newspapers. The AOM provided support to a number of members prior to media interviews.

The AOM helps practices promote the midwifery model of care in their local communities by providing brochures and posters used to inform clients and educate the general public. More than 2,000 brochures were mailed out in the past year.

In 2012, the Association produced three newsletters that highlighted topics such as the importance of **maintaining primary care**, advocating for **pay equity at Queen's Park** and **Aboriginal midwifery**.

The Association received two awards from the Canadian Society of Association Executives (CSAE), presented at the CSAE annual conference in Ottawa in November 2012. The AOM received the "Associations Make a Better Canada" award, which recognizes innovative projects that result in positive outcomes, for the successful birth centre campaign that secured funding for two birth centres. The AOM was also the recipient

Consumer Engagement

- 175 consumers submitted photos for AOM's Born Without a Contract campaign
- OntarioMidwives.ca received a total of 52,174 unique visitors
- 3,500 Facebook fans and 2,500 Twitter followers
- More than 10,000 supporters sent the Liberal government messages advocating for midwifery-led birth centres, and hundreds of others used Facebook and Twitter to promote the benefits of birth centres on the AOM's Social Media Day of Action, February 29, 2012



of the award for best Association website for OntarioMidwives.ca.

Membership services

The AOM regularly evaluates the services it provides to members in order to identify areas for improvement and new ways to serve them better. Our goal is to be accessible and valuable to all members.

In 2012, the AOM surveyed midwives to measure their satisfaction with the services provided by the AOM and to get input regarding the Association's strategic priorities. The results confirmed that overall satisfaction with the work being done by AOM is high (74% of respondents were satisfied or very satisfied overall with the AOM) and the majority of those who responded (85%) said the AOM is easy to access with a concern. Member feedback also provided valuable information that assisted the Association in drafting the next three-year strategic plan.

Resolution Report Back

In addition to the strategic plan, the AOM's priorities and work are directed by member resolutions.

Resolutions from members are welcomed and encouraged.

According to the AOM constitution, approved resolutions direct the Board to consider the will of members and to make decisions about how to move forward.

The following resolutions were passed at the Annual General Meeting on May 16, 2012:

Support Healthy Practice Relationships and Conflict Resolution Process

The first resolution recommended the AOM make it a priority to address the issue of inter-midwifery conflict in order to assist midwives and practices in developing and establishing healthy relationships and conflict resolution processes, including when to use mediation.

The AOM continues to provide member and practice support to improve relationships. Following the 2012 AGM, the AOM clinical and professional development team developed a workshop that focused on building a healthy practice culture and improving

communication and teamwork skills. This event was held in February 2013 in Guelph and was so well received and attended by the membership, it will run again later in 2013.

In 2012, following Board approval, the AOM insurance and risk management department expanded its program and added staff to continue its focus on providing member support and addressing risk management issues including those related to member conflicts.

Advocate for Strong CMO and Member Relationships

The second resolution passed centered on the AOM advocating for strong relationships between the College of Midwives of Ontario (CMO) and members.

Since the last AGM, the AOM continued to advocate strongly for changes to some CMO processes and policies. This feedback has been received and responded to by CMO, and we are working towards a meeting to continue dialogue on these important issues.

Ethics Committee

The third resolution focused on the development of an AOM ethics

committee to develop ethics capacity among practicing midwives as well as inform and support the work of the organization on ethical issues.

Following up on the 2012 member resolution at the AGM, the AOM is currently drafting Terms of Reference and other documents for an ethics committee. The committee will be supporting ethics work within the AOM as well focusing on ethics education for members. The committee's scope may expand with time but it will not be providing clinical ethics consultation to individual members in its early stages. Stay tuned for a call for members in the early summer. The AOM will be looking for both members with formal ethics education (graduate degrees, etc.) as well as those with no formal education but a keen interest in ethics.

Support and Services for Members

- 365 days per year, 24 hours a day, the PLEASE line is available for midwives
- More than doubled risk management support hours provided to members in 2012 over the previous year
- Held 14 ESW workshops, 7 live events, and 10 webinars
- Developed two smartphone apps – VBAC reference for midwives and HDP (hypertensive disorders of pregnancy)
- Published one position statement – Informed Choice and Neonatal Eye Prophylaxis
- Supported 5 practices with birth centre applications; 2 birth centres will open in Ontario this summer
- Received 2 awards from the Canadian Society of Association Executives – the “Associations Make a Better Canada” award for the successful campaign that secured funding for two birth centres, and the award for best Association website for OntarioMidwives.ca



The AOM is active on social media!

Bookmark the award-winning website OntarioMidwives.ca

Follow us to receive information and updates on activities, campaigns and more!



facebook.com/OntarioMidwives
twitter.com/OntarioMidwives
youtube.com/OntarioMidwives

Delivering What Matters: Advocating for Midwifery at Queen's Park

As part of our government relations work, the AOM connects with MPPs at an annual event at Queen's Park. The event offers the AOM an occasion to educate politicians and staff, and MPPs an opportunity to express their support for midwifery. Here's some of what they had to say.



"Our government is committed to supporting midwives and providing the highest standard of midwifery services. To explore ways to improve care and cut costs, the premier announced in March that we would create provincially funded, free-standing birth centres. The care provided by midwives already benefits the health care system. I want to say thank you to the Association of Ontario Midwives for its ongoing commitment to the health of women and babies and for working with us to give women greater choice in where they give birth."

Minister of Health Deb Matthews (LIB)

"Not only are birth centres cost-effective, they divert women who have experienced a healthy, normal pregnancy away from hospitals. So as we continue to look to protect vital services like health care, it's easy to make the case that midwives are well worth the investment. Indeed, midwives have a central role in ensuring the sustainability of our health care system."



MPP Bill Walker (PC)



"Midwives have been working without a contract since March 31, 2011. Since May 2011, the government has refused to negotiate with them. This, despite the fact that we have a report from an independent third party that shows that an immediate 20% increase is needed to bring midwives to the level of compensation that is expected, and that all of those women are working way below parity."

MPP France Gélinas (NDP)