



Present

Elizabeth Brandeis	President
Jasmin Tecson	President Elect
Carol Couchie	Vice President
Kim Cloutier-Holtz	Member at Large
Liz Fraser	Member at Large
Sarilyn Zimmerman	Member at Large
Janis Dalacker	Member at Large
Amy Nelson	Member at Large
Disha Alam	Member at Large
Bounmy Inthavong	Member at Large
Mandy Levenson	Treasurer
Genia Stephen	Secretary

AOM Staff

Kelly Stadelbauer	Executive Director
Allyson Booth	Director, Quality and Risk Management
Ellen Blais	Director, Indigenous Midwifery
Juana Berinstein	Director, Policy & Communications
Tasha MacDonald	Director, CPG
Cara Wilkie	Manager, Quality and Risk Management
Anna Ianovskaia	Executive Assistant (recorder)
Cara Wilkie	Manager, QIRM
Feben Aseffa	Specialist, Quality Risk Management
Lwam Mehari	Administrator, Quality Risk Management

Regrets

Melodie Smith	Member at Large
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The meeting started at 9:31 am.

Land Acknowledgement

E. Brandeis began the meeting with a land acknowledgement.

1. Approve Agenda

The agenda was approved as circulated

MOVED: L. Fraser

SECONDED: B. Inthavong

CARRIED.

2. Consent Agenda

The following items were pulled from the consent agenda:

- Item 2.4.1 – ESW on Demand
- Item 2.4.2 – ESW Service Delivery Policy

Recorder's Note: J. Tecson joined the meeting at 9:36 am.

The consent agenda was approved as amended.

MOVED: A. Levencrowm

SECONDED: J. Dalacker

CARRIED.

3. Board Evaluation

The evaluator for this meeting was M. Levencrowm.

Recorder's note: J. Berinstein joined the meeting at 9:39 am.

4. President's Report

E. Brandeis provided the President's Report.

4.1 Canadian Association of Midwives

E. Brandeis spoke to ongoing preparations for the upcoming CAM Intensive, scheduled just prior to the 2019 CAM Conference. The CAM Board spent time discussing the AOM's Board Appointment process, as there is interest from CAM in the strengths and challenges of the strategic board model.

It was noted that this year no plan was communicated related to the federal election. This is something that has been found to be helpful in Ontario and will be considered for future elections. Questions around Indigenous midwifery, support for global maternal and child health programs, and choice/reproductive justice issues are primary areas to explore with MP candidates.

5. HRTO Update

5.1 Remedy Decision and Judicial Review Update

J. Berinstein provided high level information regarding the AOM's legal advocacy work, such as the Tribunal's Remedy Decision and the Judicial Review process. The AOM had to file additional submissions on the remedy in May 2019, following the decision on liability. There was a final hearing held at the Tribunal on May 27 2019, with a strong midwifery attendance. At this hearing Adjudicator Leslie Reaume stated she would work to issue a final remedy decision in Fall 2019.

News arrived that case adjudicator Leslie Reaume had left the Tribunal in July 2019. Further clarification will be needed regarding next steps in the decision and whether Reaume will retain jurisdiction. Mary Cornish and team will register a request of the Tribunal to get an official response about the status of the complaint and the decision.

5.2 HRTO Applicants update

Following the decision, the Ministry consented to allow midwives who had not been able to previously file a consent form to join as additional applicants to the HRTO case. Most of the new applicants were New Registrants.

The Board was made aware of key dates concerning the judicial review process:

- The MOH factum due November 8, 2019
- The AOM factum due December 16, 2019
- The Tribunal factum (if any) due December 20, 2019
- The Judicial Review scheduled for January 13, 14, 15, 2020

The judicial review hearing is a public hearing, and Board members were encouraged to attend, if able. The AOM is sending out communication to its members showing the highlights of the last year's advocacy work via the Midwifery Memo.

6. Negotiations Update

E. Brandeis presented an update on the Negotiations process. AOM staff and the Negotiations Task Force were acknowledged for completing tremendous amounts of work on issues summaries, and on collating information from various sources.

Recorder's note: K. Stadelbauer joined the meeting at 10:06 am.

The Inaugural Meeting with the Ministry was held on September 17, 2019. In preparation for the large table meeting, there were opportunities to meet with MOH lead negotiator ADM Lynn Guerriero at the Alongside Midwifery Unit and the Toronto Birth Centre. It was noted that Guerriero's past professional experience equips her with understanding of the systemic barriers facing midwives in a physician-dominated system. Strategic meetings were held with the AOM's legal team to establish the approach towards Negotiations.

The Inaugural Meeting was positive and very collaborative. Both sides had an opportunity to give opening remarks. The AOM was pleased with facilitator Elaine Todres, who facilitated the round of Negotiations in 2017. E. Brandeis acknowledged the imminent decision regarding the HRTO case, in order to establish and frame the relationship between the two separate processes.

Recorder's Note: C. Couchie joined the meeting at 10:11 am.

The Funding Agreement Language and Reporting Group, and the Cost Effectiveness Group met on September 24, 2019. There was a lot of agreement in the Funding Agreement Language Working Group. The Improved Access Working Group expressed the AOM's commitment and priority around growing the Indigenous Midwifery Program, and acknowledged the issue of limited scope and privilege for midwives.

Most Negotiations meetings thus far have been at a high level. Both parties had conversations about communication regarding the process, as well as confidentiality.

Recorder's Note: C. Couchie left the meeting at 10:22 am.

K. Stadelbauer walked Board Members through the Master Issue Summary Tracking Document and answered questions. The document was used to prioritize issues and direct the Negotiations process.

Recorder's Note: K. Stadelbauer and E. Brandeis left the meeting at 10:34 am.

7. Connected Care/Ontario Health Teams (OHTs)

J. Berinstein discussed healthcare reform, encouraging Board members to consider the Association's and profession's stance on issues such as Connected Care legislation, the rollout of OHTs, reshuffling and reorganization of health organizations, and the creation of Ontario Health.

The Board discussed the reaction of the nursing profession to provincial healthcare reform. Nurses are additionally represented by the Registered Nurses Association of Ontario (RNAO), a College, and the Ontario Nurses Association (ONA) which serves as a union. The issue is more complex for the AOM, which holds a dual function. Approaches by other stakeholders were discussed e.g. the Ontario Health Association (OHA) and Ontario Medical Association (OMA).

Recorder's Note: K. Stadelbauer and E. Brandeis rejoined the meeting at 10:38 am.

The AOM has created a number of web resources for membership to provide information about healthcare reform. There has also been a variety of government relations work in order to increase visibility of midwives as experts in sexual and reproductive health, and to include midwives at the healthcare reform table. While the AOM has been advocating for midwifery participation at the Primary Health table, there is not yet success in this effort.

J. Berinstein briefed the Board on the government's approach to shaping Ontario Health Teams (OHTs), which has relied on community submitting proposals. No funding has been provided for this. The AOM is aware of midwives in communities with excellent integration being quite involved in community discussions around OHTs. However, significant concern remains that in some communities OHTs will replicate and worsen existing barriers for midwives.

E. Brandeis noted this has been described as the biggest change to our healthcare system since Medicare. AOM staff sought Boards guidance and strategic direction on the possible contradiction facing the AOM – playing the role of both the government relations negotiating body as well as the association for members. Thus far the AOM’s approach has been to figure how to best position members, and help them understand what has been happening in health reform.

L. Fraser expressed concern about certain vulnerabilities unique to the positioning of midwives. E. Brandeis noted that the care provided by midwives aligns well with the Connected Care rhetoric e.g. midwifery as solutions seeing reduction of hospital admissions and reduction to costly intervention. Concerns that the approach may be seen as passive were voiced. G. Stephen expressed the difficulty with strategizing the AOM’s position and stance on the issue when there is a lack of clarity around Connected Care, given its wide variety of functioning in different communities. There is not a strong sense of leadership at the Ministry level.

Recorder’s Note: T. MacDonald joined the meeting at 11:10 am.

The lack of clarity on the issue, given that no OHTs yet exist, was acknowledged. At the Negotiations table, the AOM will aim to gain a recognition of its ability to represent midwives and bargain for compensation and working conditions in a central way. Board Members agreed to continue the AOM’s current strategic approach to the provincial healthcare reforms. This issue will be addressed and revisited in future Board Meetings.

8. The Intersection between HRTO, Negotiations, Connected Care/OHTs: Opportunities/Threats

E. Brandeis led discussion on the intersection between processes occurring at the Tribunal, Negotiations with government, and the changes occurring in the healthcare system at the provincial level, focusing on an evaluation of opportunities and threats.

8.1 Cabinet Minister Outreach

J. Berinstein led the discussion, reminding Board Members of the importance of reaching out to Cabinet Ministers. This is a targeted policy and communications strategy focusing on Conservative MPPs. An issue summary accompanied this agenda item to provide more context and direction to Board Members.

8.2 Situational Analysis on MOHLTC Announcement

Board Members addressed challenges, particularly pertaining to OHTs. A communication strategy for members was a key focus of discussions. E. Brandeis referenced the IPAC project change management communications strategy previously developed by the AOM, and drew parallels to the current landscape in terms of member engagement

9. Updated Clinical Practice Guidelines

T. MacDonald provided an update regarding the newest Clinical Practice Guidelines (CPGs). G. Stephens serves as the Chair of the CPG Committee. Providing an update to existing guidelines must be done by all guideline groups at some time or another. This had not yet been prioritized in the AOM's program to date, but became necessary as the CPGs aged. The AOM refers to best practices and guidelines set out by the National Institute for Health and Care Excellence (NICE).

Based on age of CPG and urgency, the CPG Committee undertook updating two guidelines – High Body Mass Index (BMI) and Prelabour Rupture of Membranes (PROM). T. MacDonald described the research review and evidence evaluation process for the Board. G. Stephens reminded the Board that a CPG is not a protocol that must be followed, but rather is evidence-based practice.

The issue of gender inclusive language was discussed, as in some cases it is difficult to change due to research context. T. MacDonald and AOM staff would revisit language; if language is not possible to change, all documents would add a disclaimer regarding gender inclusivity.

***MOTION:** To approve the updated CPGs: The Management of High and Low Body Mass Index during Pregnancy CPG, and Management of Prelabour Rupture of Membranes at Term CPG.*

***MOVED:** L. Fraser*

***SECONDED:** B. Inthavong*

CARRIED.

The meeting paused at 12:16 pm.

LUNCH

The meeting resumed at 12:33 pm.

***Recorder's Note:** F. Aseffa joined the meeting at 12:33 pm.*

10. Indigenous Midwifery – Land Acknowledgement Discussion

E. Blais presented information to the Board on when to use a land acknowledgement appropriately.

***Recorder's Note:** K. Cloutier-Holtz, J. Tecson, and L. Mehari joined the meeting at 12:37 pm.*

E. Blais reminded the Board of the origin of Land Acknowledgements, when Indigenous bands and tribes would meet and hold ceremonies acknowledging another's land. The land acknowledgment should be done with purpose and thought. Currently, land acknowledgments are done at Board Meetings, Midwifery Services Committee (MSC) meetings, and interestingly have been done during the Negotiations meetings. At this point in history, it is important for colonizers to also hold land acknowledgements and decide where they'd like to hold them in their own practice.

The Board was glad to discuss this item, particularly in the context of meeting with the ministry and experiencing the impact that land acknowledgments brought to the broader stakeholder table, e.g. land acknowledgment as an opportunity and means to educate the Ministry. E. Brandeis referenced a Diversity and Inclusion training held at the Toronto Birth Centre in 2018, which taught land acknowledgement as something that could be personalized, activated as a time for reflection, and connected with action. L. Fraser noted the land acknowledgment as helpful to situate self in a place in history. Board Members are encouraged to do the research and share their own land acknowledgment, based on where they are geographically situated. The wording does not need to be prescriptive or scripted.

C. Couchie thanked Board Members for comments. The Haudenosaunee have a saying about “bringing our minds together”, as part of a prayer. The emphasis should be to reflect on the place in which you live.

Recorder’s Note: C. Couchie left the meeting at 1:00 pm.

11. High Level Findings from research on experiences BIPOC midwives with racism

F. Aseffa and L. Mehari presented the findings of the research survey – *Experiences of Racism among Ontario BIPOC Midwives and Students in Midwifery*. The goal of the survey was to improve professional growth and safety of racialized midwives and midwifery students. Survey methods were presented. The majority of midwives surveyed were within their first 5 years of practice.

Recorder’s Note: C. Wilkie joined the meeting at 1:17 pm.

L. Mehari touched on the importance of implicit bias and ignorance. Other issues flagged included the dismissal of BIPOC experience. When considering positive associations, majority of participants felt supported by BIPOC peers. Issues experienced by BIPOC midwives towards the AOM were outlined, including issues with support/advocacy.

One important issue was heavily underscored regarding the 2019 Annual General Meeting (AGM). The AOM was criticized for debates surrounding the Resolution on bringing back the Diversity and Equity Work Group. In particular, criticism focused on how easily amendments were made to change the resolution without giving adequate weight to the perspective and experience of racialized members. Members felt discussion on a resolution intended to serve racialized and 2SLGBTQ+ members was overwhelmingly led by white cis-gendered midwives. The AOM leadership and systemic structures did not remedy the imbalance through its facilitation of the debate.

The limitations of the survey were presented.

Themes that emerged from the survey included need for AOM support and advocacy, as well as an increase in diversity (particularly in the MEP and interviewing process). Midwives expressed that they would like to see acknowledgement, accountability, better representation of racialized

people, opportunities for leadership for racialized midwives, a revamping of the MEP curriculum, mandatory anti-racism training, and anti-racism policies.

This work was a heavy undertaking for F. Aseffa as a staff member, particularly as a racialized midwife. E. Brandeis acknowledged the depth of responsibility felt to translate survey findings into effective and meaningful action. E. Brandeis noted this was a particularly challenging conversation and called on Board Members for feedback and discussion. B. Inthavong noted she had seen the results multiple times, and that the findings continued to be equally difficult and heavy. The position of racialized midwives is very vulnerable and very difficult, even for Board Members.

K. Stadelbauer noted survey findings were earlier presented to managers and directors, and that the information seemed to be even more difficult to receive the second time around. It was agreed that failing to act on this issue would mean the AOM has failed. K. Stadelbauer discussed the importance of becoming aware of blind spots, particularly with regards to some of the structural pieces at the AOM which may exacerbate how BIPOC midwives are feeling. There is a real call to action for the Board and senior staff to be looking at the systemic and structural change. K. Stadelbauer asserted commitment to beginning this work in earnest, and encouraged Board Members to identify issues that should be problem-solved and addressed at the upcoming November Intensive. The AOM's history with taking on challenging projects can help with lessons in bringing grand attitudinal change among the profession.

M. Levencrowin inquired whether a statement would be made to BIPOC members acknowledging the issue of the 2019 AGM. F. Aseffa recommended the Board publicly acknowledge effects of inaction and silence at the AGM, within a broader context and history. It was agreed that a Board statement would go out to members, along with an invitation to watch the upcoming AOM webinar presenting survey results.

F. Aseffa recognized that all individuals are on different levels of understanding about actions and impacts. The books *Obstructed Labour* and *White Fragility* were recommended to Board Members for reading. Racialized Board Members expressed difficulty and vulnerability regarding this issue.

Recorder's Note: C. Wilkie, F. Aseffa, and L. Mehari left the meeting at 1:55 pm.

The meeting went in camera without AOM staff present at 1:56 pm.

The meeting resumed at 2:18 pm.

Recorder's Note: K. Stadelbauer, A. Booth, A. Ianovskaia rejoined the meeting at 2:18 pm.

The Board resumed discussions with regards to the Diversity and Equity Committee and equity-seeking Work Groups. One main committee (Diversity and Equity) would report to the Board. A. Booth referred to the Terms of Reference, which clearly sets out terms and language. This would be ongoing and iterative work.

Recorder's Note: E. Blais joined the meeting at 2:23 pm.

The Advisory and Working Groups will be more operational, while the Committee will be more strategic and systems-thinking. C. Couchie noted her understanding of membership as seeking something more permanent, that could not be dissolved by future Boards.

Recorder's Note: J. Berinstein joined the meeting at 2:29 pm.

12. QIRM Report

A. Booth presented the QIRM Report. Risk Assessment Prioritization was discussed by the QIRM Committee. Committee members identified a number of barriers to strategy implementation by midwives, including leadership training, nature of peer review, hospital integration, and lack of charting supports. Staff are working to operationalize and prioritize identified strategies.

The QIRM Committee has identified a new member for recommendation to the Board.

MOTION: To approve Jen McVittie as a general member of the Quality Insurance Risk Management Committee for a 5-year term, effective September 25, 2019.

MOVED: L. Fraser

SECONDED: C. Couchie

CARRIED.

12.1 QIRM Committee Values Statement

A. Booth presented the updated QIRM Committee Values Statement to the Board.

MOTION: Approve the QIRM Values Statement as amended by the QIRM Committee.

MOVED: M. Levencrowne

SECONDED: K. Cloutier-Holtz

CARRIED.

13.0 Business Arising: Resolutions

E. Brandeis led discussions on the 2019 AGM Resolutions passed.

MOTION: To incorporate all 2019 AGM Resolutions into the Strategic Plan.

MOVED: D. Alam

SECONDED: S. Zimmerman

CARRIED.

13.1 Ongoing Equity, Diversity, and Human Rights Committee

The Board resolved to form such a Committee, as captured in earlier discussions.

13.2 Mental Health

This particular resolution was noted not to require a motion because it involves work that is already underway.

13.3 Promotion Work to Physicians and Other Providers

M. Levencrowm enquired whether this work was reasonable to include given the current state of budget. K. Stadelbauer deferred to the Financial Report, to be presented at the end of the meeting, but noted this work could be absorbed in the year's costs.

MOTION: Recommend Option A around these activities

MOVED: M. Levencrowm SECONDED: C. Couchie CARRIED.

13.4 Resolution re: AOM as Bargaining Agent for Midwives in All Models

MOTION: To strengthen and formalize the fact that this is the position the AOM is leading with entering 2019-20 Negotiations.

MOVED: K. Cloutier-Holtz SECONDED: D. Alam CARRIED.

The meeting went into camera at 3:15 pm.

The meeting came out of camera at 3:22 pm.

15. Finance Report – Variance Report

K. Stadelbauer presented the Finance Report, providing an opportunity for Board Members to ask questions and make comments.

16. Board Calendar 2020

K. Stadelbauer presented the Board Dates for 2020. The calendar was acknowledgment and approved as circulated.

17. Items removed from Consent Agenda

2.4.2 ESW on Demand Service Delivery Policy

K. Cloutier-Holtz noted that the closing dates for registration noted in the policy did not align with the time frame provided. AOM staff would revisit and amend timelines accordingly. The Board was comfortable with approving the policy conditional on these adjustments.

MOTION: To approve the ESW on Demand Service Delivery Policy.

MOVED: K. Cloutier-Holtz SECONDED: C. Couchie CARRIED.

13.0 Meeting Evaluation

The Board Evaluation was conducted by M. Levenson.

Adjournment

MOTION: To adjourn the Board Meeting.

MOVED: *K. Cloutier-Holtz*

SECOND: *D. Alam*

CARRIED.

The meeting ended at 3:26 pm.