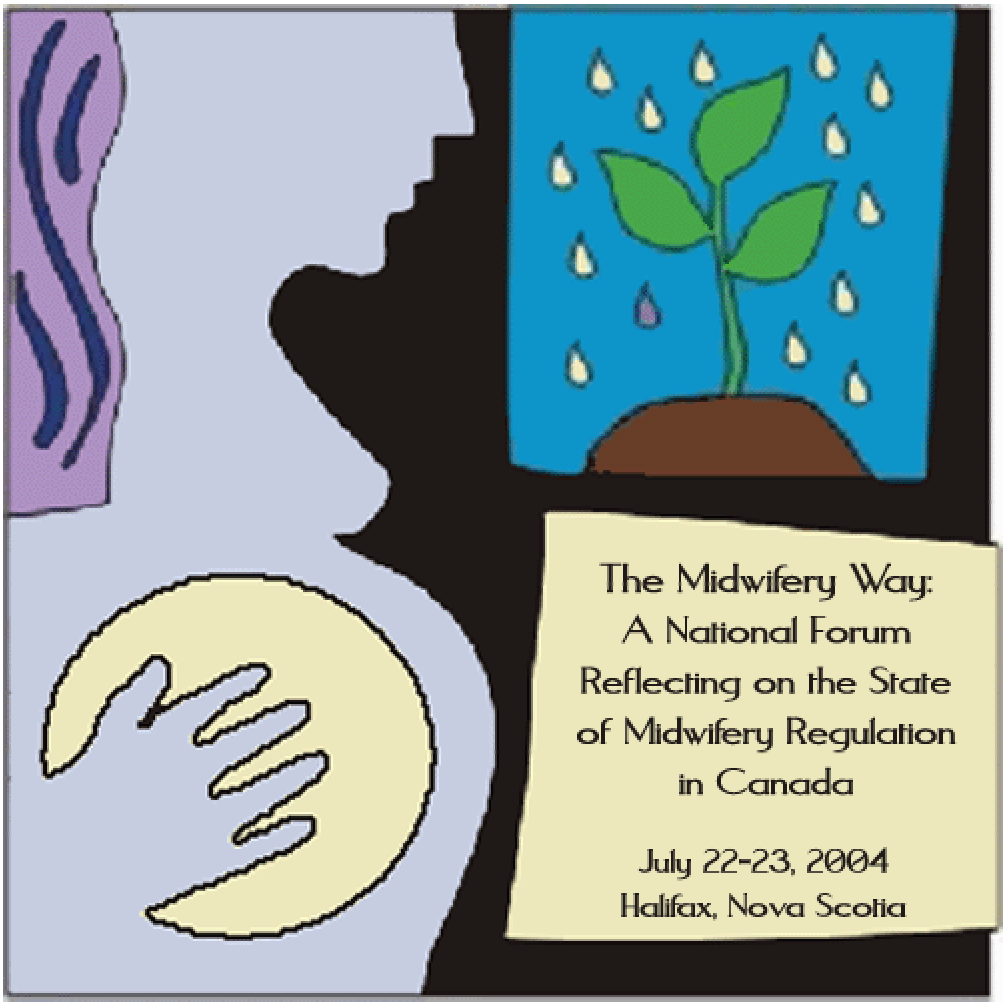


Atlantic Centre of Excellence for Women's Health

PRAIRIE WOMEN'S HEALTH CENTRE OF EXCELLENCE
RESEARCH ■ POLICY ■ COMMUNITY

DALHOUSIE UNIVERSITY
Inspiring Minds

IWK Health Centre

CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

centres d'excellence pour LA SANTÉ DES FEMMES
centres of excellence for WOMEN'S HEALTH

Table of Contents

Welcome!

It is a pleasure for the Atlantic Centre of Excellence for Women's Health to co-host the *Midwifery Way Forum* with the Prairie Women's Health Centre of Excellence. We trust that delegates will find the forum to be an open and welcoming space in which to celebrate past achievements, while considering how to ensure that midwifery is sustainable for midwives and their clients. Our key objectives for this forum are:

- To explore the lessons learned thus far in Canadian jurisdictions that have legislated midwifery and translate those lessons for the not yet regulated provinces;

- To identify current best practices for advancing a midwifery regulatory framework that is particularly inclusive of marginalized or vulnerable populations including single mothers, teenage mothers, low income women, immigrant women, aboriginal, visible minority women, women with disabilities and lesbians.

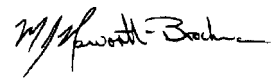
The challenges of building an inclusive midwifery model of practice - one in which services are provided by and to women who have been under-represented or under-serviced by the health care system - have been formidable. It is our hope that this forum will contribute to the development of strategies to address these diversity issues in those provinces that have regulated midwifery, and ensure that they are built into any new regulatory proposals.

Our ultimate goal is to work toward improving maternity and newborn services across Canada so that *all* women have access to a comparable quality of women-centred care no matter where they live or who they are. We believe that there is ample research, as well as first-hand accounts, that demonstrate the value of midwifery for advancing such an agenda. It has never been more imperative to ensure its integration into the publicly-funded health care system - a time when we face a maternity care crisis.

We are very pleased that such a rich and diverse array of presenters will be sharing their views at this Forum. We are equally pleased that such a range of attendees (midwives, other health care practitioners, government bureaucrats, community leaders, consumers, activists, scholars, students, and others) will be participating in the Forum.

We want to thank all of our presenters, and roundtable participants for agreeing to share their thoughts and ideas. Special thanks also to Shelly Martin (assistant coordinator) who was absolutely indispensable in dealing with the multitude of details that ensure a smooth and enjoyable event!

It is our hope that this Forum will lead to other events that will strengthen the midwifery movement in Canada.



Christine Saulnier, Ph.D.
Senior Research Officer
Coordinator, Midwifery and Women's Reproductive Health
Atlantic Centre of Excellence for Women's Health

Margaret Haworth-Brockman, Ph.D.
Executive Director
Prairie Women's Health Centre of Excellence

Conference Program at a Glance

TIME	LOCATION	ACTIVITY
DAY ONE-THURSDAY, JULY 22, 2004		
8:30-10:30	McInnes Room	Opening Remarks and Keynote Address
10:30-11:00	McInnes Room	Break (snacks provided)
11:00-1:00	McInnes Room	Plenary Session: Canadian Midwifery Implementation
1:00-2:00	McInnes Room	Lunch (provided)
2:00-3:30	Room 307	Concurrent Session 1: Collaborative Primary Maternity Care (Workshop)
	Room 303	Concurrent Session 2: Critical Reflections on Midwifery in Canada
	McInnes Room	Concurrent Session 3: Exploring Informed Choice
3:30-3:45	McInnes Room	Break (snacks provided)
3:45-4:45	Room 303	Concurrent Session 1: What/Whose Evidence Counts?
	Room 307	Concurrent Session 2: Midwifery Education and Legislation in Ontario
5:00-7:00	Free Time	
7:00-7:30	McInnes Room	Ami McKay, The Midwife House (Webumentary)
7:30-9:00	McInnes Room	Singing the Bones: Feature Film Presentation
DAY TWO-FRIDAY, JULY 23, 2004		
8:45-9:45	McInnes Room	Keynote Address
9:45-10:00	McInnes Room	Break (snacks provided)
10:00-12:00	McInnes Room	Plenary Session: Midwifery and Diversity
12:00-1:00	McInnes Room	Book Launch and Lunch
1:00-2:30	Room 307	Concurrent Session 1: Collaborative Maternity Care for Marginalized Women
	Room 303	Concurrent Session 2: Nurses, Doulas and Second Birth Attendants
	McInnes Room	Concurrent Session 3: Role of Consumer Groups (Roundtable)
2:30-3:00	McInnes Room	Break (snacks provided)

3:00-4:30	McInnes Room	Closing Plenary Session: Examining the Barriers to Regulation in the Not-Yet-Regulated Provinces (Roundtable)
4:30	McInnes Room	Closing Remarks

Conference Program

Thursday, July 22, 2004

8:00
Registration
McInnes Room
2nd Floor, SUB

8:30-9:00
McInnes Room

Welcome and Opening Remarks

David Gass, Chair, Primary Maternity Care Working Group & Director, Primary Health Care, Nova Scotia Department of Health

Welcome from the Prairie Women's Health Centre of Excellence

Many Women Still 'Have-Not': Moving the Midwifery Agenda Forward for All Women in Canada
Christine Saulnier, Conference Coordinator, Atlantic Centre of Excellence for Women's Health

9:00-10:30
Keynote Address
Midwifery: Global Trends and Transformations
Robbie Davis Floyd, Department of Anthropology, University of Texas

10:30-11:00
Nutritional Break
McInnes Room

11:00-1:00
Plenary Session
McInnes Room

Canadian Midwifery Implementation: Reflections on the Last Decade

Co-Chairs and Opening Remarks:
Christine Saulnier, Atlantic Centre of Excellence for Women's Health
Jane Kilthei, Canadian Midwifery Regulators Consortium

The Challenges of Midwifery Implementation in the Northwest Territories

Gisela Becker, Midwives Association of the NWT and Nunavut

Integrated into the System: Manitoba Midwives Speak Out

Beckie Wood, Midwives Association of Manitoba

Birthing Centres in Quebec: Ten Years of Community Midwifery,

Sinclair Harris, Maison de Naissance Lac-St-Louis, Pointe Claire, QC

1:00-2:00
McInnes Room
Lunch (Provided)

2:00-3:30
Concurrent Sessions

Concurrent Session 1
Room 307

Collaborative Primary Maternity Care Models for Rural and Remote Populations

Facilitator: Judy Rogers

Opening Talks

Judy Rogers, Midwifery Education Program, Ryerson University
Registered Midwife, Midwifery Care-North Don River Valley, Toronto, Ontario

Marion Alex, School of Nursing, St. Francis Xavier University

Small Group Work

Goal: *Identifying Essential Principles for Successful Collaborative Care Models*

Concurrent Session 2

Room 303

Critical Reflections on Regulation and the Changing Nature of Midwifery in Canada

Chair: Michelle Kryzanauskas

Legislated Midwifery in Canada: a brand new tradition

Lisa Nussey, Midwifery Education Program, McMaster University

From Calling to Career: Reconsidering the Essence of Social Activism in Midwifery

Betty-Anne Daviss, Registered Midwife, Ontario

A Comparative Examination of Regulated Midwifery Practice in Canada

Amanda Sorbara, Midwifery Education Program, Ryerson University

Concurrent Session 3

McInnes Room

Exploring Informed Choice: Multiple Perspectives

Chair: Jan Catano

Exploring Informed Choice from a Consumerist Perspective

Philippa Spoel, Department of English, Laurentian University

Exploring Informed Choice from a Student Perspective

Kirsty Bourret, Ontario Midwifery Education Program, Laurentian University

Exploring Informed Choice from a Midwife Perspective

Susan James, Midwifery Education Program, Laurentian University

3:30-3:45

McInnes Room

Nutritional Break

3:45 - 4:45

Concurrent Sessions

Concurrent Session 1

Room 303

What Evidence Counts? Whose Evidence Counts?

Chair: Shelly Martin

Measured to Death: Birth Beyond Randomized Control Trials (RCTs)

Heather Mains, Doula, Toronto, Ontario

Quality Assurance Practice Audits: The Fear Factor

Michelle Kryzanauskas, RM, Ontario

Concurrent Session 2

Room 307

Midwifery Education and Legislation in Ontario

Chair: Judy Rogers

Redefining the Clinical: Social Science Learning in Clinical Education

Nadya Burton, Midwifery Education Program, Ryerson University

Exploring Legislated Midwifery: Texts and Rulings

Mary Sharpe, Midwifery Education Program, Ryerson University

5:00-7:00

Free Time

7:00-7:30

McInnes Room

Ami McKay, The Midwife House (Open to the Public)

7:30 - 9:00

McInnes Room

Atlantic Premiere of "Singing the Bones"

Open to the public

Friday July 23, 2004

8:45 - 9:45

McInnes Room

Keynote Address

Aboriginal Midwifery in Canada: Reflections from a Manitoba Midwife

Darlene Birch, RM, Full Moon Lodge Midwifery Services, Winnipeg, Manitoba;

Member, College of Midwives of Manitoba

Member of **Kagike Danikobidan** - the Standing Committee to Advise the College on Issues Related to Midwifery Care to Aboriginal Women

9:45 - 10:00

Nutritional Snack

McInnes Room

Plenary Session

10:00 - 12:00

Midwifery and Diversity: Building an Inclusive Midwifery Framework

Chair: Yvonne Atwell

Conflicting Demands: The Challenges to 'Accessible' Midwifery

Heather L. Wood, The Hamilton Midwives, & Lorna J. McRae, Community Midwives of Hamilton

Developing a National Assessment Strategy for Bringing Foreign-Trained Midwives into Registration in Canada

Jane Kilthei, Canadian Midwifery Regulators Consortium

Nadine Mondestin, Brown Birthing Network

12:00- 1:00

McInnes Room

Book Launch

Reconceiving Midwifery, Edited by Ivy Lynn Bourgeault, Cecilia Benoit and Robbie Davis-Floyd (Published by McGill-Queen's Press)

Welcome and Introductions of Book Editors and Contributors

Lunch (Provided)

1:00 - 2:30

Concurrent Sessions

Concurrent Session 1
Room 307

Providing Collaborative Maternity Care for Marginalized Women

Chair: Mary Sharpe

Midwives Reaching Women in Priority Populations: An Inner-City Winnipeg Experience

Beckie Wood, Mount Carmel Clinic, Manitoba

South End Community Birth Program, Vancouver, BC

Lee Saxell, Department of Midwifery, Children's and Women's Hospital, Vancouver, BC

PrenataLink- Providing Collaborative Primary Care in Canada-a Comprehensive Pre and Post Natal Program for Immigrant Women, Women of Colour and Black Women from the Caribbean, Latin America, and Africa

Judith Andrade, Women's Health in Women's Hands, Toronto, Ontario

Concurrent Session 2

Room 303

Nurses, Doulas and Second Birth Attendants: Perspectives on Integrated Maternity Care in Canada

Chair: Betty-Anne Daviss

Community-Based Midwives and Hospital-Based Nurses: Seeking the Common Ground for Collegiality

Lela Zimmer, Nursing Program, UNBC

A Complement to Care: Midwives and Doulas Together - a Personal Perspective

Kelly Ebbett, Mount Sinai Hospital - Maternal Infant Program

Second Birth Attendants - A Training Model

Lainna Wheatley, British Columbia

Envisioning Doulas and Midwives as a Complementary and Collaborative Health Care Team

Hilary Marentette, Volunteer Doula Program, Single Parent Centre, Halifax, Nova Scotia
Leslee Blatt, Single Parent Resource Centre, Halifax, Nova Scotia.

Concurrent Session 3

McInnes Room

Role of Consumer Groups Pre-Midwifery Legislation

Chair: Cathy Ellis

Opening Talks

Storm Stayed: Sharing Lessons Learned from a Nova Scotia Consumer Group

Jan Catano & Katherine Side, Midwifery Coalition of Nova Scotia

The Critical Role Consumers Played in the Struggle for Midwifery in Ontario

Ivy Bourgeault, Health Studies Programme & Department of Sociology,
McMaster University

Confirmed Roundtable Participants:*
Sylvie Roy, Friends of Midwives, Saskatchewan
Sonia Lavictoire, Birth Roots Doula Collective & Manitoba Association of Student Midwives
Susana Rutherford, Birthing Options Research Network, Prince Edward Island

Goal: *Develop Strategies for Moving Forward and/or Improving Maternity Care Broadly*
*Other participants are welcome to join the roundtable

2:30 - 3:00
Nutritional Break
McInnes Room

3:00 - 4:30
Closing Plenary Session
McInnes Room

<u>Examining the Barriers to Regulation in the Not-Yet-Regulated Provinces</u>
Chair: Katherine Side

Opening Talk:
Cathy Ellis, Midwife, Regina, Saskatchewan
Joanne Havelock, Prairie Women's Health Centre of Excellence, Regina, Saskatchewan

Confirmed Roundtable Participants:*
Pearl Herbert, Association of Midwives of Newfoundland and Labrador
Joyce England, Prince Edward Island Midwives Association
Kate Nicholls, Midwives Association of New Brunswick
Louise Macdonald, Association of Nova Scotia Midwives

*other participants are welcome to join the roundtable.

Closing Remarks

Abstracts

A Midwifery Model for Rural Outreach Primary Maternity care: A Discussion of Possibilities

Marion Alex, RN MN CNM
Associate Professor, School of Nursing, St. Francis Xavier University, Antigonish, Nova Scotia

The presentation will focus on my practice experience with Women's Health and Midwifery Associates in Cooperstown, New York, in 2001. This was a rural outreach service involving a regional hospital and several rural satellite clinics across three counties of upstate New York. The service provides primary maternity and women's health care involving a team of Certified Nurse-Midwives, Nurse Practitioners, perinatal nurses/childbirth educators, and OB/GYN physicians. Certified midwives attend to the maternity care needs of the well population and practice collaboratively with physicians in attending a select population of women with medical or obstetrical problems. Certified midwives complete the overwhelming majority of prenatal visits, attend over 80% of births (approximately 600 annually) and provide follow-up postpartum care as well as annual well-woman screening and health promotion visits. All births occur in a hospital-based birthing center; prenatal/postnatal/well woman care is available to women near their home communities with midwives and physicians traveling to rural outreach clinics.

The midwifery/medical practice in Cooperstown is a "success story": a well-established collaborative practice service which enjoyed high levels of consumer satisfaction with care. The service follows Joint Standards of Care as set forth by the American College of Nurse Midwives and the American College of Obstetricians and Gynecologists.

Throughout the presentation, I will present examples of midwifery approaches to care and discuss outcomes of care, thereby illustrating components of midwifery philosophy in practice. In conclusion, I hope to generate discussion of possibilities of rural outreach collaborative practice models for primary maternity care in rural areas of our own country.

PrenataLink: Providing collaborative Primary Care in Canada. A comprehensive pre and post natal program for immigrant women, women of colour and black women from the Caribbean Latin America and Africa

Judith Andrade, RN

Women's Health, Women's Hands, Toronto, Ontario

Women's Health in Women's Hands a Toronto Community based Health Centre provides a comprehensive pre and post natal program that covers more than deep breathing and baby care. We assume that many of our mothers are coming from cultures where traditional child care skills are already known.
Routine service includes pre natal care according to the SOGC guidelines.
To make our classes relevant to the population means that we must provide access to non- traditional information. We differ in our approach to prenatal classes. The format

is flexible and often driven by the needs of the group. Our classes provide information that enables the mother to navigate a system which may be new to her. Our program informs the mothers about hospital protocols, consent forms, making choices, developing birth plans.
We work from an inclusive multidisciplinary approach. This means that the Mental Health Counselors, Nurses, Doctors, Midwives, Dietician, Chiropodist, Health Promoters and Peers provide much of the information shared at classes. Classes can include exercise, meditation, breathing, food preparation, sexual health, foot care and a Food Bank resource for marginalized women.
Once the baby is born, the women graduate to the post natal classes where many have already made friends. Here the focus will include information about birth registration, status issues, parenting in Canada, child welfare laws, and of course breastfeeding support with a lactation consultant who prepares these mothers for an early return to work while still maintaining lactation.
Our prenatal program runs weekly in sessions of 12 weeks. Mothers may attend or join at any time. The post natal program runs bi monthly for six months. Twice a year the groups get together for a general cook up in which mothers, past present and future can share their experiences.

The goal of this presentation is:

- To increase awareness of the unique problems faced by immigrant women, Black Women and women of colour
- To demonstrate how a multidisciplinary approach empowers women in their choices
- To enable a better understanding of the mother-baby dyad in a unique setting.

Challenges of Midwifery Implementation in the Northwest Territories

Gisela Becker
Midwives Association of the Northwest Territories and Nunavut

This presentation discusses the challenges and difficulties of midwifery regulation and integration in the Northwest Territories, a geographically large territory with a culturally diverse population.

The Midwifery Profession Act was introduced by the Minister of Health and Social Services for 1st and 2nd readings in June 2003. In the fall, the Standing Committee on Social Programs reviewed the Bill and conducted public hearings. Several amendments were made to the Bill after the review of the Standing Committee. The most significant of these was the removal of the controversial "designated sites" clause, which would have restricted in law the locations where midwives could attend births. The amended bill received 3rd reading in October 2003.

The presentation will cover the areas of midwifery registration and practice, including the development of a Midwifery Steering Group, membership in the Canadian Midwifery Regulators Consortium (CMRC), professional liability insurance, the role of

the Midwives Association of the NWT and Nunavut, initial and ongoing registration of applicants, promotion of the midwifery profession and the model of employment. In addition, midwifery implementation requires amendments to existing acts and policies such as the Pharmacy Act, Hospital and Medical Staff By-Laws, Medical Travel Policies, and the Territorial Credentialing Committee Body. Furthermore, the NWT Practice Framework will be briefly presented and placed into a national midwifery context.

Envisioning Doulas and Midwives as a Complementary and Collaborative Health Care Team.

Leslee Blatt B.Sc., CD(DONA)
Pre-natal Educator, Single Parent Centre, Halifax, Nova Scotia

Objectives:

- To articulate the studies in the Cochrane Data Base citing the research in regards to doula support and positive birth outcomes.
- To identify statements by prominent authors in the childbirth field about the role of doulas including Ina May Gaskin, Penny Simkin, Marshall Klaus, Sheila Kitzinger and Constance Sinclair
- To review the impact of doula support as experienced by users of the Volunteer Doula Program
- To explore the complementary role of midwives and doulas working together to provide support to women and their families before, during and after birth.

Main ideas:

- The unique role of doulas is that they provide continuous, supportive care. Their focus is on assisting the mother and her family, to cope with her labour, and to provide comfort measures and physical and emotional support
- They provide no clinical care but enhance the care given by midwives and other care providers.
- They provide follow up practical care and ensure that the mother is connected with relevant community resources

Due to their non- professional status, doulas can be ideally suited to "connect" with women about their concerns. They are often seen as peers and thus more approachable than experts. This is particularly relevant with marginalized groups.

Exploring Informed Choice from a Student Perspective

Kirsty Bourret, student, Ontario Midwifery Education Program
Laurentian University, Sudbury, Ontario

Within midwifery in Ontario, there is a now a university baccalaureate program for midwives, meaning there are now standard academic methods taught, including the concept of informed choice, a legislated component to midwifery care. The midwifery student in Ontario has a unique perspective for she is now being taught how to manifest and implement informed choice, a cornerstone philosophy, within her clinical placements and later as an Ontario midwife. While each student brings a unique

background and experience into her academic and midwifery career, she is being taught a very dynamic and ever-changing concept as a concrete component to the profession. So then the question can be asked, how does one learn to provide informed choice and what are the challenges from the perspective of the student?

These challenges include i) the tension between student autonomy and the guidelines, protocols, communities and preceptor/student relationships which shapes the boundaries of appropriate information for an informed choice discussion, ii) the paradox of being taught critical analysis of theory and medical research in the classroom setting, while facing limitations of structured, already defined, informed choice discussion outlines within a clinical setting, iii) and the challenges for the student to participate in complex discussions and decision-making while being evaluated academically. Furthermore, evaluation pressures have the potential to compromise the midwifery student/client relationship. In conclusion, it is critical for the student to have supportive classroom and clinical spaces in which to explore the complexities and challenges of informed choice. Otherwise, it becomes a utopian concept rather than a guiding principal with which to build the client/midwife relationship.

Redefining the Clinical: Social Science Learning in Clinical Education. The Case of Midwifery in Ontario

Dr. Nadya Burton, Midwifery Education Programme, Ryerson University
Toronto, Ontario

This paper explores the role of social science training within current midwifery education in Ontario. The place of the social sciences in clinical training is an interesting one (going beyond the bounds of midwifery to include medicine, nursing, and numerous other clinical programmes). It constitutes a contested terrain of exploration, where debate about what is enabled and what is limited when clinical education programmes devote scarce time and resources to social scientific study is rife. This paper explores what midwifery educators believe is the advantage of this (social science) training and asks what social science training enables or fosters within a clinical education programme. It examines how social science training might best be understood and implemented within a primarily clinical programme.

At the centre of this paper is the desire to explore and redefine notions of the "clinical" in ways that will allow for the complex training midwives currently experience and which will reflect the array of skills they acquire. What is the role of social science training in creating good practitioners, when "good" is understood to include far more than strictly clinical skills?

This paper will address the negotiation that takes place in midwifery-based social science courses, between pure and applied knowledge. A significant portion of midwifery-based social science training involves theoretical and practical training in ways to work creatively and effectively across differences. Social science courses based in the midwifery education programme have the opportunity to gear their theoretical

analyses of difference to a focus on skills to be acquired for practice, skills no less important than traditionally clinical ones. Pure and applied knowledge can merge, providing future midwives with a set of essential and practical tools and skills for working effectively responsibly and compassionately in an environment where culture, sexual orientation, class, religion and ability all play significant roles in understandings and experiences of pregnancy and birth.

Storm Stayed: Sharing Lessons Learned from a Nova Scotia Consumer Group

Jan Catano, M. Sc., Midwifery Coalition of the Nova Scotia & Working Group on Primary Maternity Care, Halifax, Nova Scotia
Katherine Side, Ph.D, Mount Saint Vincent University, Halifax, Nova Scotia

This presentation draws on the experiences of a midwifery consumer advocacy group, The Midwifery Coalition of Nova Scotia. This consumer advocacy group has actively lobbied, over the last twenty years, for midwifery legislation in a province that is still without midwifery regulation.

A brief history and chronology of the Midwifery Coalition of Nova Scotia, with attention to its political labours in the process of regulating midwifery, will be presented. The organizational evolution of the Coalition will be considered, including the decision to move toward a World Wide Web based format that enhanced the Coalition's visibility and their ability to access political networks and networking.

Some lessons learned from continuous lobbying will be shared: the necessity of patience and organizational longevity; the significance of a policy focus for consumer advocacy groups; and the importance of recognizing small victories. While conclusions cannot yet be drawn, we suggest that the future for midwifery in Nova Scotia, in part due to the efforts of this consumer advocacy group, is a promising one.

From Calling to Career: Reconsidering the Essence of Social Activism in Midwifery

Betty Ann Daviss, RM,
Preceptor, Midwifery Education Program, Ontario
Adjunct professor, Pauline Jewett Institute of Women's Studies, Carleton University, Ottawa

This presentation challenges the dominant theory that suggests midwifery is primarily a profession. It contends that the Canadian midwife needs to equally embrace her vital role as social activist. Whether following a "call" to save womankind from a counterfeit of the natural process, or trying to promote the midwifery profession in an increasingly technological landscape dominated by medicine, the midwife faces the risks of standing up to be counted. She does this "with woman" to help fulfill her expectations.

The four theories of social movements will be presented, demonstrating how they provide as powerful a framework for classification and identification of trends in

midwifery in Canada as the theories of how the professions develop. For example, the classical strain theory suggests social movements arise from some "strain" in society (e.g. the technological "take over" of birth) and requires near-conversion experiences from social movement members to stand up for the cause. Using interviews conducted in four legislated provinces 1994-2002, and comparing the social movements the midwives in Ontario and Quebec have said they were historically involved in, highlights will be presented that demonstrate our common paths with other social movements of our time, such as feminism and the counterculture. Discontent expressed by rural midwives in two provinces who have felt silenced will be addressed. It will be suggested that if the importance of our original social movements were truly understood, lessons on the historical strategies and ethics of social activism would be deemed a necessary component of every midwifery academic program.

A Complement to Care: Midwives and Doulas Together

Kelly Ebbett BN, RN, ICCE, CD(DONA)
Mount Sinai Hospital – Maternal Infant Program
Toronto, Ontario

Midwives have been offering maternity care to women for countless generations. Before professional doulas became available, the doula was often a labouring mom's sister, friend, aunt or mother. Women were surrounded and cared for by other women providing a comfortable environment during the birthing process. The loss of this experience to a medical approach to birth has been a disadvantage to many mothers and babies.

The purpose of this paper is to share my experiences of choosing and receiving midwifery care in Ontario, with an emphasis on how doulas and midwives complement the childbirth experience.

As a nurse, childbirth educator and doula, I had high expectations of my care. I knew that as long as I was low-risk, I shouldn't need the interventions of an obstetrician. I also wanted to birth as naturally as possible with the added security that a hospital could provide. Finally, I wanted continuous support from my husband, doula and midwives. The results of my efforts were an amazing natural birth experience and the delivery of a healthy beautiful boy.

Doulas are known for offering continuous emotional, informational and physical support during labour. Our approaches to childbirth are similar to those of midwives. Midwives do have an important role to play in our health care system by providing true family-centered maternity care. Their ability to provide an improved birthing experience makes them the best option for every low-risk mother. Midwives and doulas compliment each other greatly and offer an ideal option for labour and birth.

Barriers to Midwifery Regulation in the Not Yet Regulated Provinces and Territories

Joanne Havelock, Policy Analyst, Prairie Women's Health Centre of Excellence,

Regina, Saskatchewan

This paper presents a brief history of midwifery in Saskatchewan, barriers holding up the implementation and regulation of midwifery and a presents a plan for the way forward. Although in Saskatchewan, the concept of midwifery is more accepted than it was several decades ago, midwifery has been practiced in an environment that is difficult for both midwife and consumer. Despite collaboration by midwives, consumers, health professionals and government in the Midwifery Advisory Committee (1996) followed by the Midwifery Implementation Committee, the Midwifery Act was passed (1999) but not proclaimed. Current discussions between consumers, midwives and government relate to the need for funded midwives in the province who can work with women of various geographical areas and in different social sectors.

Currently family practice physicians are opting out of obstetrics and there are many more normal births attended by obstetricians than several years ago. Most of Saskatchewan's practicing midwives have left the province. Many women cannot find a midwife and some are choosing unattended births at home rather than having a hospital birth with a physician.

A plan for the implementation of midwifery in the province includes a government commitment to funding, ideas for regulation by another provincial association, a paid coordinator to begin education and coordination in the health regions. A plan for the education and training of future midwives includes both aboriginal and non-aboriginal residents to be trained in midwifery to be part of the health care team for the future needs of birthing women in Saskatchewan.

Birthing Centres in Quebec: Ten years of Community Midwifery Practice

Sinclair Harris, SF, Maison de Naissance Lac-St-Louis, Pointe Claire, QC

Community Birthing Centres were established in Quebec in 1994. Initially their creation was a compromise between home and hospital births: women wanted midwifery care and the right to give birth at home, whereas the medical profession were opposed to the idea of out of hospital births, fearing for the safety of their patients. While this initial compromise in fact satisfied neither group, it did result in Quebec providing something unique within Canadian maternity services.

This paper will describe the evolution of midwifery care within the Quebec Birthing Centres. A "Maison de Naissance" is situated away from hospital premises and staffed exclusively by midwives and their support staff. While each one functions independently of the others, there are many similarities. The paper will review the philosophy, staffing, budget, and some of the logistics of one of the Birthing Centres in Montreal, and will present a "virtual tour" of its interior.

Exploring Informed Choice from a Midwife Perspective

Susan James, Associate Professor and Director, Midwifery Education Programme
Laurentian University, Sudbury, Ontario

As a midwife and an academic in the field of midwifery, I am constantly balancing the tensions that arise in the understanding and operationalizing of the concept "informed choice." In practice, the hegemony of the healthcare culture, with its natural science bias influences midwives to turn to "evidence based practice" as the basis for legitimate information. An emphasis on risk management further informs the midwife's approach to informed choice. Balancing these are the philosophical positions of woman-centred care and belief that birth is generally a normal physiological and social event in the life of a woman and her family.

What is the midwife's role in the process of informed choice? Is she a source of information – the walking encyclopedia of what is good, bad and indifferent in all things in maternity care? What place is there for professional expertise and judgment? Is there a place for the midwife's own opinion – how does the midwife balance the personal and professional? What role does the relationship between woman and midwife play?

In this presentation, I will address questions that arise from an examination of informed choice from the position of practitioner and educator. Gaps and challenges in regulatory documents will be identified. The re-union of midwifery philosophical underpinnings of relational care and informed choice practices will be proposed.

Quality Assurance Practice Audits ; The Fear Factor

Prepared by Michelle Kryzanauskas, RM

Midwives are regulated in many different ways in jurisdictions across North America. In Canada and the United States midwives have varying degrees of autonomy and work in a variety of in hospital and out of hospital settings. The process of assessing the quality of the care they provide will be exercised upon them at institutions where they work, by their governing bodies, by their funding agencies, or in most cases by all three.

So why do midwives fear clinical practice audits and not simply acknowledge the reality of quality assurance programs in health care and expect to let it happen? Is it possible to consider the practice audit as constructive and educational for midwives? How will practice audits improve the quality of care provided by midwives?

The quality assurance practice audit has become the fear factor of regulated midwives. The fear of examination or scrutiny of our work may be completely unfounded but the fear has been well socialized into midwives' work ethics. The fear of not being prepared for the audit is also very large for busy working midwives. Is the fear factor emphasized by the lack of knowledge of the quality assurance practice audit process? If so, where do midwives enroll in pre practice audit classes to be better prepared for the "QA Practice Audit"? How do midwives prepare for the labour of the audit, do they need a practice

audit doula? Or maybe they need a specialist to help them? Or do they need a midwife to see them through the normal process of self examination or the delivery of the "QA Practice Audit"? What of the post practice audit period? How and where will midwives find continuity of support for their quality assurance practice audit program recommendations?

Midwives need and deserve informed choice with respect to quality assurance practice audits. The sharing of the experiences gained in the area of practice audits will afford midwives the ability to make choices for change to improve the quality of the care they are providing.

Measured to Death: Birth Beyond RCTs

Heather Mains, Doula, Toronto, Ontario

Randomized Control Trials, the adopted gold standard of research on childbirth misses important points of the childbirth process. Research results are being misused and used to re-enforce detrimental practices on women putting to question this gold standard. Resistance is growing. Is evidence-based practice a double-edged sword?

What is the difference between a good story about birth (a narrative) and a Randomized Control Trial (RCT) research approach to delivery? One is a real experience and the other is a generalization of an experience. The first example is all the important stuff that is relevant to storyteller about the birth on the other hand, is a test that attempts to eliminate all the variables, save one, and to focus on that one aspect of experience in a measurable and generally applicable way.

Scientific research applied to medicine and midwifery has created a wave in birth practices that suggests that the RCT is of more value than the birth narrative when we try to inform ourselves of the best possible practices in childbirth. This talk will cite credible voices of resistance to our reliance on RTCs as *the* form of evidence required to guide practice.

In our North American culture we pay deep and unwavering respect to scientific fact and we place far less value on the soft data or qualitative evidence. Soft evidence is missing from RCTs and can never be capture by this form of research. Soft evidence, or qualitative evidence, is abundant in birth narratives. Birth is about quality of life, about being in the body, not about analyzing it. It is about emotion and sometimes (if we let it) it is about spirit. And always childbirth provides a woman learning about the potential of herself. One cannot measure these in RCTs. One cannot successfully count frequencies and quantities of personal spiritual experiences or how individuals come to terms with the work required for birth giving.

When we look for evidence, we must consider all types of evidence, soft or qualitative evidence, as well as hard or quantitative evidence such as that put forward by RCTs. When caring for pregnant women, caregivers must be cognizant that a woman's story is evidence of her experience and her experience and perception are equally valid forms of knowledge.

Collaborative Maternity Care Models for Rural and Remote Communities: Can Midwives Make a Contribution?

Judy Rogers, RM, MA, Toronto, Ontario

It is well known that the shortage of maternity care providers is being felt most acutely in rural and remote communities. For years, maternity care has been provided in these communities by family physicians and registered nurses. With increasing numbers of family physicians deciding not to provide intrapartum care, and rural hospitals finding it difficult to attract nurses with obstetric experience, many small maternity units are threatened with closure.

There is evidence to indicate that maintaining maternity service provision in rural and remote communities improves maternal and neonatal outcomes. There is clear support from many respected quarters for the provision of maternity care for healthy women in their home communities.

This session will explore a number of ways in which midwives could contribute to interdisciplinary models of maternity care in rural and remote communities. The speaker will identify the potential scope of practice of midwives, and suggest a number of ground rules for the small group work. Challenges will be identified such as issues of change management, health human resources, education and experience of practitioners, and current barriers to change in the regulatory, funding, and liability insurance arenas.

Exploring Legislated Midwifery: Texts and Rulings

Mary Sharpe, PhD, Ontario Registered Midwife, Faculty, Ryerson Midwifery Education Programme, University of Toronto.

On 1 January 1994, with the implementation of the Midwifery Act, Ontario midwives began to practice as autonomous, regulated health professionals. In this presentation, I examine the role that written documents, official language, structures, and institutionalized processes (henceforth referred to as texts and/or rulings), have increasingly played in midwives' work through the integration process. To do this, I draw upon the theoretical work of sociologist Dorothy Smith (1990, 1995). I also bring my own reflections as a white, middle-class lay midwife in Toronto, as a registered midwife, and as my daughter Jenny's midwife. As well, I present relevant research (Sharpe1995) from interviews with newly legislated midwives in Ontario. I argue that the texts midwives use frame women's experiences in particular ways that can inhibit care. These texts also protect women, midwives, and the profession of midwifery.

Legislated Midwifery in Canada: a Brand New Tradition?

Lisa Nussey, Midwifery Education Programme, McMaster University

In our discussions at this conference the desirability of legislation is taken as a forgone conclusion. In this presentation, I would like to take a step back from that presumption. A materialist analysis of the consequences of legislation (as for example in Ontario) makes clear that it is the initial decision to legislate which sets in motion a series of decisions and inevitable outcomes (such as the institutionalization of the education process, a subservience to insurance policies, etc). The question is whether this totality of decisions and outcomes is compatible with how we, as midwives, identify ourselves both historically and contemporaneously. If we do not confront the inevitable implications of legislating the practice of midwifery, we will, by default, make decisions-decisions that may well be incompatible with the spirit and history of midwifery-without ever having considered them. Worse, we will have had a hand in eliminating the possibility of alternative forms of practice. As such, I am compelled to call attention to the implicit consequences of legislating midwifery here so that we may proceed, in whatever manner we choose, in good conscience. Let it never be said that we didn't know.

A Comparative Examination of Regulated Midwifery Practice in Canada

Amanda Sorbara, Midwifery Education Programme, Ryerson University
Toronto, Ontario

This paper will explore some of the key similarities and differences in the regulation and practice of midwifery among those provinces and the territory that have regulated midwifery in Canada. Specific areas that will be compared and analyzed include scope and models of practice, funding models, and liability insurance mechanisms.
The practice and regulation of midwifery in Canada is under provincial jurisdiction. Midwifery, in Canada, was first regulated in Ontario in 1993 and is currently regulated in 5 provinces and 1 territory. Regulation and practice in the different jurisdictions have many similarities as well as differences. While this Canadian patchwork of midwifery may allow each province and territory to develop and utilize a practice of midwifery suited for its jurisdiction, we must simultaneously strive to maintain a national vision of midwifery for Canada.

This comprehensive enumeration of differences and similarities of midwifery regulation across Canada contributes to a national vision of midwifery. A national scan that provides a cross sectional view of midwifery practice and regulation will allow for knowledge sharing for both those provinces that have regulated midwifery and those yet to regulate midwifery.

Exploring Informed Choice from a Consumerist Perspective

Philippa Spoel, Department of English, Laurentian University

As a former midwifery consumer and an academic who works in the field of rhetorical studies, the issue of informed choice in midwifery interests me both emotionally and intellectually. In the context of policies for self-regulation, informed choice figures as a key aspect of the Canadian midwifery model of care. This aspect that tends to be presented as a distinctive feature of midwifery's alternative and progressive philosophy by contrast with traditional medical paternalism, biomedical interventionism, and the more recent but nonetheless reductive emphasis on informed consent. But the Canadian midwifery principle of informed choice does not, of course, exist in a vacuum. Informed choice is a term and value with considerable currency in the broader healthcare culture as well, a value that seems to be especially privileged within a consumerist ideology of healthcare.

This is the issue that concerns me: what are the implications for midwifery of the intersections between the language and values of healthcare consumerism and the principle of informed choice? What are the ethics and epistemology of informed choice as a communication practice within the larger healthcare culture? How does informed choice align itself with other values and assumptions in a consumerist discourse of healthcare? What are some possible critiques of this ethical-ideological framework? Given this broader context, what does it mean to be a midwifery "consumer" whose midwives support her "right" to make "informed choices" throughout the process of pregnancy, birth, and post-partum care? What are the potential limits as well as advantages of these values for the Canadian midwifery model of care?

Second Birth Attendants: A Training Model

Lainna Wheatley BScM
Kelowna, British Columbia

Registered midwives in British Columbia require qualified second attendants during home birth deliveries. There is currently a need for more second attendants, especially in rural communities where there may be only one or two registered midwives in a given area. Trained second attendants provide a valuable contribution to a regulated system of midwifery by helping facilitate low-risk women, including those who reside in rural communities, the opportunity to birth at home with qualified birth attendants.

To fill this need for competent second attendants in British Columbia, I have designed a workshop to orient and prepare those persons who have previous experience and/or education, which enables them to fill this position. The workshop contains everything from requirements and expectations to duties, birth set up and charting information. The workshop is a stepping-stone of information in their journey of becoming qualified second attendants. We are committed to promote the training of efficient, trustworthy and competent assistants. The training package consists of a binder of information as well as a two-day intensive workshop. A training video, which will make the workshop

accessible to midwives and their assistants in remote and rural communities, is also currently being produced.

The most recent workshop was taught to 20 women from many communities throughout British Columbia and Alberta. Attendees included respiratory therapists, licensed practical nurses, registered nurses, a nurse practitioner, midwifery students, experienced doulas, and other individuals.

By promoting the use of trained non-midwife second birth attendants as a standard in regulated midwifery models, we enable women in rural communities and underserved areas access to safe homebirth with qualified attendants.

Midwives Reaching Women in Priority Populations: An Inner-city Winnipeg Experience

Beckie Wood, RM
Mount Carmel Clinic, Winnipeg, Manitoba

The Mount Carmel Clinic Midwifery Program is successful in reaching women who traditionally are underserved by the health care sector.

Mount Carmel Clinic (MCC) is an inner-city health clinic in Winnipeg's North End. This innovative community clinic has been the home of four midwives since 2001. Through MCC and its commitment to serving its population base, midwives have become accessible to women who have been marginalized. Women who are adolescent, aboriginal, single, poor, newcomer and/or socially isolated are considered "priority populations" for midwifery care in Manitoba due to lack of access to health services.

This paper will demonstrate that by integrating midwives systematically and physically into MCC, women in priority populations are offered access to midwifery care. Access, informed choice and integration are key components to the MCC midwifery service. Offering midwifery care from the first point of contact gives women choice from the outset. Midwifery caseloads are not filled in the first trimester. Integration into a multidisciplinary health care team provides women with resources that help to meet their needs.

In 2003- 2004 over 50% of the women who have received midwifery care at Mount Carmel Clinic were considered priority populations. This is about a 75% increase since midwifery services began in Winnipeg in 2000.

The midwives report that they have grown both personally and professionally working with women of diverse backgrounds, needs and expectations. Stories, statistics and situations will be discussed to highlight midwifery care reaching women in priority populations.

Conflicting Demands: The Challenges to "Accessible" Midwifery

Heather L. Wood, RM, BA, BSc, The Hamilton Midwives
Lorna J. McRae, RM, BSc, MSW, Community Midwives of Hamilton

This presentation explores the challenges and barriers to midwifery care by examining the experiences of very low-income women, new immigrant women and refugees and the midwives and midwifery practices involved in a collaborative outreach initiative. This collaboration was established in 2002 between two Hamilton, Ontario midwifery practices and an inner city community-based access agency. The clients served by this initiative have complex health, social and maternity needs. While they are considered socially high-risk, they are obstetrically low-risk and are therefore candidates for midwifery care. The conflicts inherent in the midwifery model of care in Ontario in meeting the needs of marginalized childbearing women and the need for creative solutions are highlighted. The administrative, practical, clinical and community elements integral to the development and ongoing success of this collaboration are examined.

Many of the national forum themes are encapsulated in this presentation:

- the work of making midwifery accessible and inclusive of diverse groups of women,
- funding and regulation issues,
- networking and coalition building
- providing collaborative primary maternity care in a context of respect and empowerment for marginalized women.

This presentation examines the conflicting demands within a framework of power and class, including social and economic inequity. The current midwifery regulatory and funding framework in Ontario will be reviewed briefly. The advantages of this collaboration for clients, including continuity of care, links to community resources, translation services and maternal satisfaction are outlined. The practitioners reflect on change and adaptation at a personal and practice level.

Integrated into the System: Manitoba Midwives Speak Out

Beckie Wood, RM
Midwives Association of Manitoba

Midwifery is a funded service in which midwives are employed by Regional Health Authorities (RHAs) and paid a set salary. The Manitoba Midwifery Legislation was proclaimed June 12, 2000. Many midwives work in community clinics. Nurses provide second attendant care in hospital settings.

Regulators, midwifery managers and Manitoba Health policy makers have applauded the integration of Manitoba's midwifery integration into health care systems. But what are the experiences of the midwives?

This paper will present the experiences of practicing midwives who have worked in Manitoba in an employee model. The successes and challenges of being managed in

institutional structures of Regional Health Authorities, integrating into hospitals, and working in teams will all be shared by practicing midwives.

Interviews will be done with midwives who have practiced in Manitoba since proclamation, who were hired in 2000 or 2001 and who have continued to work in midwifery programs across the province. Their experiences will be summarized in this paper.

Reaching Women in Priority Populations: An Inner City Winnipeg Experience

Beckie Wood, RM
Midwives Association of Manitoba

The Mount Carmel Clinic Midwifery Program is successful in reaching women who traditionally are underserved by the health care sector.

Mount Carmel Clinic (MCC) is an inner-city health clinic in Winnipeg's North End. This innovative community clinic has been the home of four midwives since 2001. Through MCC and its commitment to serving its population base, midwives have become accessible to women who have been marginalized.[1] Women who are adolescent, aboriginal, single, poor, newcomer and/or socially isolated are considered "priority populations"[2] for midwifery care in Manitoba due to lack of access to health services.[3]

This paper will demonstrate that by integrating midwives systematically and physically into MCC, women in priority populations are offered access to midwifery care. Access, informed choice and integration are key components to the MCC midwifery service. Offering midwifery care from the first point of contact gives women choice from the outset. Midwifery caseloads are not filled in the first trimester. Integration into a multidisciplinary health care team provides women with resources that help to meet their needs.

In 2003- 2004 over 50% of the women who have received midwifery care at Mount Carmel Clinic were considered priority populations. This is about a 75% increase since midwifery services began in Winnipeg in 2000.

The midwives report that they have grown both personally and professionally working with women of diverse backgrounds, needs and expectations. Stories, statistics and situations will be discussed to highlight midwifery care reaching women in priority populations.

---

[1] Manitoba Health "Manitoba Perinatal Surveillance Report 1985-1998", March 1999.
[2] Manitoba Health "Standard for the Provision of Midwifery Care in Manitoba", November 26, 2002.
[3] Lisa Donner "Women, Income and Health in Manitoba: An Overview and Ideas for Action", July 2000.

Community-Based Midwives and Hospital-Based Nurses: Seeking the Common Ground for Collegiality

Lela Zimmer, RN, PhD (c)
Assistant Professor, Nursing Program
University of Northern British Columbia

With the recognition and registration of community-based midwives as a separate health profession in many Canadian provinces, the frequency with which hospital-based perinatal nurses and community-based midwives interact in the care of child-bearing women is increasing. In many such instances this interaction is fraught with ambiguity, ambivalence, and conflict. New insights are needed for both nurses and midwives in order to promote understanding of what each profession brings to the care of women and how their roles and responsibilities can be complimentary.

A hermeneutic phenomenological study was conducted to explore the similarities and differences in perinatal nurses' and midwives' experiences of caring for child-bearing women, and their experiences of interacting with one another during this care in the hospital setting. Themes arising from preliminary analysis give insight into shared knowledge and skills as well as differences in professional socialization, assumptions regarding authority, and understanding of the nature of childbirth. Situations of misunderstanding and mistrust have lead to uncertainty, role confusion, and disrespect. However, collegially positive experiences reveal a synergy that can enhance the safety and well-being of birthing women.

This presentation will examine study participants' stories, and some of the themes arising from them. Particular emphasis will be given to the promotion of understanding and awareness that can lead to collegiality and more ethical inter-professional relations.

Presenter Biographies

Marion Alex has 25 years of nursing experience in an urban remote and rural maternal/child and pediatric settings. After receiving her Bachelor of Science in Nursing from St. Francis Xavier and a Master's in Nursing from Dalhousie University, she later pursued her midwifery education in the United States, from 1998 until 2002 at the Frontier School of Midwifery and Family Nursing in Kentucky. She completed a training practicum with Women's Health and Midwifery Associates, Cooperstown NY, which is a rural practice involving collaborative practice between OB/GYNs, certified midwives, and nurse practitioners. Marion Alex now teaches Nursing at St. Francis Xavier University in Antigonish, Nova Scotia, specializing in courses involving maternal/child, women's health, and health promotion courses.

Judith Andrade is a Registered Nurse who approaches health care through a holistic and inclusive framework. She has been involved in Maternal and Child health, as a primary health care nurse, bereavement counselor, prenatal educator, and lactation consultant for the past 25 years. Her work includes both community based care and hospital settings as well as private practice.

Gisela Becker graduated from midwifery school in Berlin, Germany in 1986. Since then she has practiced in a variety of settings including hospitals, birth centres and homebirth practices in Germany, Canada, and the Cayman Islands. She is a registered midwife in Alberta and the current president of the Midwives Association of the NWT and Nunavut. Gisela moved to Fort Smith, NWT in the fall of 2000.

Darlene Birch is an independently practicing community midwife of aboriginal descent. She has practiced for twenty-three years in rural, northern and urban Manitoba. She currently lives in Winnipeg and is actively involved in her core area neighbourhood. She is a mother to four grown children and grandmother of three.

Leslee Blatt has been a doula both privately and as a volunteer for the past three years. As a doula she has attended over 25 births in hospital and with midwives. She has been the prenatal educator at the Single Parent Centre for two years. Leslee Blatt chose midwifery care for the birth of both her sons and has experienced legislated midwifery in Ontario and non-legislated midwifery in Nova Scotia. She is a member of the Midwifery Coalition of Nova Scotia and co-founder of the Nova Scotia Doula Association.

Janis Wood Catano, is a Health Education Consultant with 20 years experience in developing health education materials for people with low literacy skills. She was a founding member of the Prepared Childbirth Association of Nova Scotia and the Midwifery Coalition of the Nova Scotia (MCNS) and is currently a member of the Coalition's Board of Directors. She has represented the MCNS on the Interdisciplinary Working Group on Midwifery Regulation and is currently the Coalition's representative on the Working Group on Primary Maternity Care.

Ivy Bourgeault, Ph.D. is an assistant professor in Health Studies and Sociology at McMaster University. She is a recent recipient of a Canada Research Chair in Comparative Health Labour Policy and has been active within the midwifery and alternative childbirth movement for several years, including a position on the board of directors for the Toronto Birth Centre Committee. Her research covering midwifery, alternative medicine, patient consumerism and the relationship between health professions and the state has been published extensively in both national and international journals.

Kirsty Bourret is currently a midwifery student entering her third year in the Ontario Midwifery Education Programme. Prior to Kirsty's enrollment, her academic focus was women's health and women's studies at the University of Wisconsin Madison. In addition, she spent a great deal of my time as a doula which included running a non-profit doula organization providing care non-exclusively to young women, women with addictions and incarcerated women. As a birth activist, much of her understanding of midwifery is rooted in the discourse of legislation within the United States and now much more recently, Canada. As a research assistant for Philippa Spoel in her joint research collaboration with Susan James, Kirsty explores the intersects of midwifery philosophy, policy and practice in Canada and hopes to continue with post-academic work in these areas.

Robbie Davis-Floyd PhD, a Research Fellow in the Department of Anthropology, University of Texas Austin, is an internationally known cultural anthropologist specializing in medical, ritual, and gender studies and the anthropology of reproduction. She is author of numerous articles and of Birth as an American Rite of Passage (1992); coauthor of From Doctor to Healer: The Transformative Journey, and The Power of Ritual (forthcoming), and coeditor of eight collections, including Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives (1997); Cyborg Babies: From Techno-Sex to Techno-Tots (1998); Reconceiving Midwifery: The New Canadian Model of Care (2002); and Midwives in Mexico: Continuity, Controversy, and Change (2002). Funded by the Wenner-Gren Foundation for Anthropological Research, she has recently completed a major research project on the development of direct-entry midwifery in the U.S., the results of which will appear in Mainstreaming Midwives: The Politics of Change. Her research on midwives in Mexico and on global trends and transformations in midwifery is ongoing.

Website: http://www.davis-floyd.com/

Betty-Anne Daviss was recently awarded the Women of Distinction award for her work of 28 years on informed choice, grassroots education, midwifery legislation in Canada, and international work on five continents. Betty Ann is currently a Chair of the International Bureau of the Canadian Association of Midwives and the Midwives Alliance of North America Data Base. She is published in social science anthologies and

medical journals and concentrates at this conference on fears of being connected with "the left" among midwives in Canada.

Kelly Ebbett graduated from the University of New Brunswick with her BN in 1997. She worked in the Maritimes as a maternity nurse and childbirth educator. She moved to Bermuda in 1999 and certified with Doulas of North America and the International Childbirth Educators Association. She has attended births in Bermuda, Ottawa, and Toronto. Upon her return to Canada in 2002, she received the position of Childbirth Educator at Mount Sinai Hospital, Toronto, Ontario where she continues to teach. In August 2004, she will assume the position of Clinical Case Coordinator – Prenatal Education with Mount Sinai's Maternal Infant Program.

Cathy Ellis has been practicing midwifery since 1977 in Mexico, Nicaragua, Honduras, Kosovo and Canada. She became a registered nurse, achieved a Masters of Science in Community Health and Epidemiology, and became a Registered Midwife in British Columbia (2002). Recently, she has worked with Canadian Public Health Association (and Canadian Nurses Association) in Kosovo as Coordinator of Maternity Training from 2001 to 2004 and as a community midwife in Vancouver carrying out locums. She will begin a new position as Clinical Instructor at UBC in the fall of 2004.

Joyce England, a registered nurse, certified midwife and currently PEI's representative to the Canadian Association of Midwives, has a wide range of experience working as a Community Health Nurse in Manitoba and Rankin Inlet; as well as working as a midwife on PEI, Goose Bay Labrador and Rankin Inlet. Indeed, she coordinated the Rankin Inlet Birthing Project. She also served as a Nursing Consultant with the Association of Nurses of Prince Edward Island and has been assisting with the facilitation of the Family Health Centres with the P.E.I. Dept. of Health & Social Services. She spoke on the topic of Midwifery: Status and Opportunity in Canada. In her presentation, she entered into an international comparison of the status of midwifery, ranking Canada amongst the lowest in provision of midwifery services. The total number of registered midwives in Canada is 454; Nurse Practitioners (NP) in Canada is 600, with only three provinces presently housing midwifery education programs. PEI is amongst those provinces which do not have legislation for midwifery practice, while a growing number are responding to avert a pending maternity crisis by doing so. For example, the North West Territories passed legislation in 2003 with a registry being developed and funded. She described the supportive positions of the Canadian Medical Association and the Canadian Nurses Association and challenged maternity nurses, midwives, obstetricians and family physicians to collaborate.

Sinclair Harris was trained in England. She has been in Canada since 1970 and has extensive experience among birthing women, both in the hospital and community settings. Since 1994 she has been involved with the implementation of midwifery practice in Quebec. As a member of The Regroupement Les Sages-femmes du Quebec, she is also a member of the Canadian Association of Midwives. She is a preceptor for the midwifery education program at the University of Quebec at Trois-Rivières, and is

currently employed as a midwife at a community birthing centre in Montreal with a busy practice.

Joanne Havelock is currently a Policy Analyst with Prairie Women's Health Centre of Excellence. Originally from Winnipeg, she has a BA in Sociology from the University of Manitoba, and a Masters in Health Administration from the University of Ottawa. She has had over 20 years experience in government, in health, environment and status of women portfolios. Her background includes work with community groups and community involvement on a wide range of issues.

Pearl Herbert completed general nursing and midwifery training in England prior to coming to Canada in 1962. Her intentions were to travel around the world in four to five years and then settle down in England!

Pearl taught and then also coordinated the midwifery diploma program in the school of Nursing at Memorial University in Newfoundland. But, with University cut backs this program ceased in 1986. She then taught mainly basic undergraduate students. In 1996 the University offered a retirement incentive "package", which Pearl took.

Pearl has been involved with the Association of Midwives in Newfoundland (AMNL formerly NLMA) since its formation in 1983. (The Atlantic Nurse Midwives Association, formed in 1974, had lost most of the Maritime midwives by 1980). Pearl was the Coordinator of the Canadian Confederation of Midwives (CCM) from 1993 to 1997. (The CCM later became the Canadian Association of Midwives (CAM) as midwifery legislation started to be implemented in Canadian provinces).

Although Pearl is retired from paid employment, she is still endeavoring to keep her knowledge current and to promote midwifery as a good experience for childbearing women and their babies. Pearl's dedication to women's health has garnered her the Atlantic Centre of Excellence for Women's Health Leadership Award.

David Gass is a Professor in Family Medicine at Dalhousie University. His academic interests include Health Care of the Elderly and Narrative Ethics. He has acted in a number of administrative roles including Director of Long Term Care and Clinical Chief at Camp Hill Hospital and Professor and Chair of Family Medicine at Dalhousie University in Halifax, NS. He has been Chair of the Council on Medical Education for the Canadian Medical Association, The Assessment and Evaluation Committee and currently the Committee on Ethics of the College of Family Physicians of Canada. He is presently on secondment to the Nova Scotia Department of Health where he is the Director of Primary Health Care for Nova Scotia and the Chair of the Primary Maternity Care Working Group.

Formerly a practicing midwife in Edmonton, AB (both pre- and post-regulation), **Susan James** is now the director of the Midwifery Education Program at Laurentian University. Her doctoral research was a phenomenological study of relations between women and

their midwives. In addition to this study, her current research is in the area of relational ethics, focusing on relations among health care providers and on interdisciplinary health issues in northern, rural and remote Canada.

Jane Kilthei is currently registrar of the CMBC, and was co-registrar of the College of Midwives of Ontario prior to moving to BC. Having practiced as a midwife in Ontario for 15 years both before and after midwifery was regulated; Jane has a certificate in midwifery from the Michener Institute of Applied Health Sciences in Toronto. Involved in the movement to bring midwifery into the regulated health care system in Ontario, Jane was president of the Association of Ontario Midwives when they negotiated the first funding contract and sat of the Midwives Liaison Committee to the Interim Regulatory Council, and the Committee Reviewing Ontario's Public Hospitals Act.

Michelle Kryzanauskas, RM, has been an active member on the Collaborative Maternity Care Committee of the SOGC, which secured Federal funding for national multi disciplinary (DR RM NP RN) model project. Michelle also sits on the Ontario Coroner's Obstetric Review Committee, where all maternal, fetal and neonatal loss is reviewed by a group of multi disciplinary professionals.

Louise MacDonald was one of the last people to be apprentice-trained with the Association of Ontario Midwives (1986-1987). Lousie graduated from the Prior Learning Assessment program offered by the College of Midwives of Ontario in 2000, and that has been practicing midwifery in the Atlantic provinces for 17 years, primarily in Nova Scotia. Lousie has 4 sons- all born at home- and an incredibly patient husband!

Ami McKay is a writer of fiction, essays, musical theater, radio documentaries and dramas. Ami is a dedicated artist who brings creativity and passion to her work. With over fifteen years of experience in musical theater she has scored several productions including, The Clouds, Mother Courage, A Midsummer Night's Dream and The Tempest. She believes that the power and magic of a good story can only come through the strength of the characters, plot and place. Her work has been described as "a balance of stories, humour and thick grief, observation and internal musings, matter of factness and fancy." Her radio documentary for the CBC, Daughter of Family G won an Excellence in Journalism Award at the 2003 Atlantic Journalism Awards and her novel manuscript, The Birth House was awarded second place in the 2003 Atlantic Writing Competition.

Born in Indiana, Ami has lived in California, Chicago and Nova Scotia. She currently lives in an old farmhouse in Scots Bay, the inspiration and setting for her first novel. She's an avid blogger and is an active member of Harping for Harmony as well as PEN Canada.

Heather Mains has been a doula, attending birth for 9 years and advocating on behalf of improved maternity services for over a decade in Canada. Her post-graduate Masters studies (York University 2003) included investigations into how women create ritual in order to birth their children in comfort and security. She incorporates the disciplines of

Visual Arts with Anthropology, Religious Studies and Women's Studies. She writes, photo-documents, lectures and researches women's health issues, particularly maternal and newborn issues. She hears, and tells, many birth stories.

Lorna McRae, RM, BSc, MSW, is a full-time midwife in Hamilton Ontario. She worked as a social worker for 12 years in Toronto. She is moving to Vancouver Island where she plans to continue midwifery.

In addition to her current work with the Brown Birthing Network, **Nadine Mondestin** is also involved with The Village, a collective seeking to establish the social justice focused child care center in Montreal. Committed to women's rights, social justice and diversity, Nadine Mondestin will start a degree in Community Economic Development at Concordia University's School of Community and Public Affairs.

Kate Nicholl is Canadian, originally from Quebec. Kate completed her nursing training in Edinburgh, Scotland, and her midwifery training in Yorkshire, England She then practiced on the west coast of Scotland in the 80 s, where she was the first midwife to support women in the use of alternative birthing positions, and also organized a water birth, which in 89 was one of the first in Scotland. Since coming to NB, she has been involved in studying health promotion, working for a housing project for pregnant and parenting teens, and advocating for community support for breastfeeding mothers. She has recently worked as coordinator for the Prenatal Benefit Program in Saint John. Kate is the parent of a seventeen year old daughter, and lives in Saint John

Lisa Nussey, of Fredericton New Brunswick, has recently completed her second year of the Midwifery Education Programme at McMaster University. Her interest in the practice stems from a passion for women's health issues, particularly those surrounding reproduction. As a student at St. Thomas University in Fredericton, she was co-host of a weekly women's radio program, "F words and misconceptions". Upon completion of the MEP, or shortly thereafter, she hopes to return to her home province of New Brunswick to practice midwifery.

Karen Robb is Registered Midwife and Nurse (UK) who just moved to Halifax after practicing as an independent midwife for 1 1/2 years in St. John's, NL

Judy Rogers' early work as a midwife was in the Annapolis Valley, Nova Scotia from 1973-1975. She then pursued formal midwifery education in England and graduated in 1978. She was a founding member of the Association of Radical Midwives in 1976, and practiced midwifery in hospital and community settings in England until returning to Canada in 1990. She is a partner in Midwifery Care -North Don River Valley and holds privileges at North York General Hospital and York Central Hospital. She is also an Associate Professor and Director of the Midwifery Education Program at Ryerson University. Judy's research interest is maternity care in rural and remote communities. She has also worked in Inukjuak, Quebec and Alert Bay, B.C. She was a participant in

the successful SOGC application to the Health Canada Primary Health Care Transition Fund for the Collaborative Primary Maternity Care Project.

Susana Rutherford, Coordinator and one of the founders of BORN, has spent many hours of volunteer time working on maternity care issues. She also had the most recent home birth in PEI. She is also an accomplished professional artist - a painter of wild and domestic animals. She outlined the Guidelines for Family Centered Maternity and Newborn Care (2000). She began by providing background on "Family-centered" care, describing that it originated with obstetrical nurses in the 1970's, viewing the woman and family as a unit of care and allowing for inquiries, planning, concerns from prenatal through to postnatal care. She provided a brief overview of guidelines and her hopes to see the guidelines as an official 'unified' policy on PEI, where currently pieces and excerpts are applied, in hopes of seeing maternity care "working together better."

Christine Saulnier, PhD has been Senior Research Officer at the Atlantic Centre of Excellence for Women's Health (ACEWH) since July 2003. She returned to the Maritimes and joined ACEWH just after completing her doctorate in Political Science from York University. She is also Adjunct Professor in the Faculty of Health Professions at Dalhousie University and has created and coordinates the Midwifery and Women's Reproductive Health Programme at ACEWH. The broad objective of this programme is to support activities in the Atlantic region that will improve women's reproductive health. Its current focus is on improving maternity and newborn care services for women and specifically access to publicly-funded services of midwives. This work has to date focussed on forming partnerships in the region with groups and individuals are interested in working toward a health system where midwives would provide complete care during pregnancy, birth and postpartum for women in the Atlantic region. She currently sits on the Primary Maternity Care Working Group for the province of Nova Scotia, which has a mandate to make recommendations for the regulation of midwifery.

Lee Saxell - not available

Mary Sharpe is a registered midwife in Ontario. Over the last 30 years, Mary has worked as a teacher, childbirth educator, lactation consultant and midwife. She began attending home births in 1976 and since 1979 has been a practicing midwife in Ontario. In April 2004 she received her Ph.D. from the University of Toronto; her thesis is entitled *Intimate Business: Woman-Midwife Relationships in Ontario, Canada*. She is a faculty member in the Midwifery Education Programme at Ryerson University in Toronto. Mary Sharpe has six children and has had the privilege of being the midwife for five of her six grandchildren.

Katherine Side, Ph. D. is an Assistant Professor in the Department of Women's Studies, Mount Saint Vincent University, Halifax, Nova Scotia. Her areas of research include women's reproductive rights and rural community sustainability. She has experience in curriculum development and distance education instruction in the Midwifery Education

Programme, Ontario. Katherine Side has been a member of the Midwifery Coalition of Nova Scotia for four years and has served on the Coalition's Board of Directors.

Amanda Sorbara is currently a midwifery student at Ryerson University. She has a background in Health Education and has worked in the area of midwifery advocacy in Nova Scotia.

Philippa Spoel is an Associate Professor in the Department of English at Laurentian University. She teaches and researches in the field of rhetorical studies. Currently, she is collaborating with Susan James on a SSHRC-funded research project entitled "The Textual Regulation of a Healthcare Profession: A Rhetorical Analysis of the Regulatory Documents Governing Ontario's Midwifery Profession." She is also the mother of two children born with the support of midwives.

Lainna Wheatley lives with Peter—her husband of 25 years–and her two youngest children. She has been attending births and studying midwifery since 1986. She enjoyed the experience of taking part in two midwifery-related volunteer projects, in Mexico and Jamaica. Lainna is committed to the promotion of safe options for women choosing to birth in their own home. She has birthed five children, all attended by midwives. She is currently working on a Masters of Science in Midwifery. Additionally, she mothers her two youngest children, teaches the second attendant orientation workshop, assists at births as a second attendant, teaches birth preparation classes to midwifery clients, and mentors students in Canada seeking to further their midwifery education opportunities through the distance learning component offered by the Midwives College of Utah.

Beckie Wood is a Registered Midwife who practices full time at an inner city community health clinic in Winnipeg, Manitoba. She is on the Board of the Directors of the Midwives Association of Manitoba.

Heather Wood, RM, BA, BSc, is a full-time midwife in Hamilton Ontario. She worked pre-legislation as an apprentice midwife in Saskatchewan and as a public representative on the Government of Saskatchewan Midwifery Advisory Committee. She is currently the managing editor of the Canadian Journal of Midwifery Research and Practice.

Lela Zimmer – not available.