Hundreds rally at Queen’s Park demanding pay equity for midwives
See story page 4 & 5
Ontario midwives meet with MPPs on pay equity

Midwives working to support the pay equity campaign this summer (see story, page 4-5) have been reaching out to their MPPs to discuss the issue. Meeting with MPPs has been an effective tool in raising the profile of the campaign.

In Toronto, members met with MPP Rosario Marchese (NDP – Trinity-Spadina), at his constituency office. Building on that meeting, the Midwives Collective of Toronto invited him and his assistant for a clinic tour in July. Marchese toured the clinic, met with clients, and had the opportunity to discuss midwives’ concerns.

Midwives also welcomed NDP party leader Andrea Horwath and NDP Health Critic France Gélinas to the Sudbury Community Midwifery practice.

Liberal MPP Dave Levac responded to the Community Midwives of Brantford by writing a letter of support for pay equity to Premier Dalton McGuinty and Health Minister Deb Matthews.

In Kitchener-Waterloo, Nicole Roach and Stephanie Gingerich of St Jacobs Midwives met with their MPP, Elizabeth Witmer (PC). The midwives gave Ms. Witmer information on pay equity and it was a very positive meeting.

Throughout the province, midwives will continue to meet with MPPs into the fall to make them aware of the pay equity issue and keep the issue at top of mind as campaigning begins.

Welcome new AOM members!

Sarah Atkinson, Midwives of Sudbury/Sages-femmes de Sudbury
Kiran Baboolal, Community Midwives of Halton
Christine Benard, Cambridge Midwives
Amelie Bender, Ottawa Valley Midwives
Zuzana Betkova, Midwives Collective of Toronto
Megan Bobier, Kensington Midwives
Sarah Brown, Midwives of Headwater Hills
Jennifer Clare-McCutcheon, WomanCare Midwives
Laura Coombs, West End Midwives
Colleen Crawford, Niagara Midwifery Practice
Sarah Cross, Burlington and Area Midwives
Trina Desjardins, Access Midwives
Julie Doldersum, Caring Hands Midwifery Services
Amy Eagle, Community Midwives of Halton
Tiffany Fung, Riverdale Community Midwives
Meagan Furnivall, Talbot Creek Midwives
Jennifer Gasparotto, Niagara Midwifery Practice
Janis Herold, Cambridge Midwives
Amy Jackson, Community Midwives of Thunder Bay
Brittany Jewell, Thames Valley Midwives

Heidi Johnston, Kitchener-Waterloo Midwifery Associates
Jessica Jones, Community Midwives of Hamilton
Caitlin Keelan, Stratford Midwives
Kristi Kemp, Community Midwives of Hamilton
Sara Klaibman, West End Midwives
Katherine Kwietniowski, Community Care Midwives
Julie Lavenderie, Genesis Midwives
Ola Levitin, Midwifery Services of Durham
Daya Lye, Community Midwives of Brantford
Heather Mason, Quinte Midwives
Amy McGee, Midwifery Group of Ottawa
Andrea Mills, Barrie Midwives
Megan Nuttall, Kawartha Community Midwives
Usha Ramsaran, Family Care Midwives
Sarah Redfearn, WomanCare Midwives
Amanda Samaroo, Midwifery Care-North Don River Valley
Austin Schoonheydt, Community Care Midwives
Grace Sohmer, East Ottawa Midwives
Tess Walter, Midwifery Collective of Ottawa
Xiaojuan Yan, Midwifery Services of Lambton-Kent

(As of July 14, 2011)
Midwives march the road to Durban

On May 5, Ontario midwives, clients and supporters joined thousands of others worldwide for a symbolic “Walk to Durban” to advocate for better maternal and newborn health. The international event, promoted by the International Confederation of Midwives (ICM), was comprised of a series of 5-km walks “from the midwife's front door” through their local communities, and took place on the International Day of the Midwife. Many midwifery practices and client groups participated with enthusiasm. Sages-Femmes Rouge Valley Midwives organized a walk and picnic on a beautiful spring day, which was attended by midwives, clients and friends. The walk also helped to raise awareness for the White Ribbon Alliance for Safe Motherhood (whiteribbonalliance.org), an international organization which promotes improved neonatal and maternal care. Participants pinned nametags to their clothing with white ribbons, which also featured facts about midwifery, maternal mortality or neonatal mortality.

For the very first time, the ICM Congress was held in sub-Saharan Africa (see feature on page 8).

As midwife Jasmin Tecson of Sages-Femmes Rouge Valley explained, “When I invited people to our walk, I tried to convey the magnitude of maternal mortality rates, and the sobering cost to the children and communities left behind when women die. I tried to express to my clients, who enjoy the privilege of informed choice, the deeply shameful inequality that leaves many birthing women in developing countries with no choices at all.”

Many 5-km walks took place all over Ontario and internationally. Some midwives who attended the walks went on to participate in the “second leg” of the walk, which took place June 18th in Durban, during the ICM Congress.

“As we celebrated International Day of the Midwife, it was empowering to walk in spirit with other midwives and mothers around the world,” said Tecson.

Midwifery video goes live!

Congratulations to the midwives of Midwifery Care of Peel and Halton Hills, the winners of our 2011 video contest! The 2-minute video, shot in their practice, features midwives and consumers talking about what they love about midwifery. It's available for viewing on our YouTube channel, www.youtube.com/OntarioMidwives, and on the AOM’s website.

Thanks to the practice for creating such a wonderful tribute to midwifery.

Quebec midwives receive pay equity adjustment

Thanks to a recent pay equity ruling, midwives in Quebec will see their salaries increase this summer by at least 7.31%. In December 2010, the province’s Pay Equity Commission ruled that midwives were owed a pay equity adjustment, as well as retroactive pay to November 2001. The salary increases have gone into effect, and retroactive pay – which for some midwives total thousands of dollars – will be paid in August 2011.

The route to pay equity was years in the making. In 2007, Quebec midwives filed a complaint with the province’s Pay Equity Commission, and asked the Commission to review their compensation. It took the Commission almost three years, until May 2010, to determine that midwives fell under pay equity law and that it would be right to proceed with a review. “We had to be persistent,” said Claudia Faille, a Quebec midwife and President of the Regroupement Les Sages-Femmes du Québec (RSFQ). “But we thought that midwives were underpaid and we wanted recognition from the Pay Equity Commission.”

The review consisted of a very long questionnaire which was completed by a representative sample of Quebec midwives. Their answers determined midwives’ scope of responsibility and duties, which were then compared to similar professions. Eventually, midwives were compared to others in the health sector, and it was determined that midwives were in fact underpaid under the terms of pay equity. This resulted in a 7.31% increase for midwives and a 7.46% increase for the head midwives at birth centres.

“They made the right decision,” said Faille. “They were underpaying women. This is more appropriate compensation for the work done by Quebec midwives.”
Government report declares pay equity increase for midwives overdue

Last fall, midwives received official confirmation of something they had long since known: because of the patchy history of negotiating the midwives’ Funding Agreement, midwives had fallen behind in the compensation they receive for the care they provide. The confirmation came in the form of an independent, third-party report funded by the Ministry of Health. The 54-page report, which examines the evolution of midwifery funding, recommends that midwives receive a one-time equity adjustment of 20%. This recommendation was based on an analysis of scope of practice, level of education and level of responsibility in the health system relative to other primary care providers.

The report, which was guided by an advisory committee composed of representatives from the Ministry and the AOM, examined midwives’ current compensation from a number of angles, including:
• Are midwives today fairly compensated for the scope, volume and complexity of work that they do?
• Do their wages reflect their experience and education?
• How do midwives compare with similar health care professionals and have their wages kept pace with market trends?

The mechanism originally used to establish midwives’ compensation when the profession was first regulated in 1994 was that of comparator professions. Based on midwives’ scope and level of responsibility, the Ministry determined that midwives’ compensation would fall between a nurse (that would be today’s equivalent to a nurse practitioner), and a CHC physician. Compensation levels in 1994 were also informed by the Ontario Pay Equity Act, which went into effect in 1988, as the NDP government of the day did not want to create a pay equity gap within a new female-dominated profession.

Since then, however, midwifery compensation has fallen behind. Both NPs and CHC physicians have received regular increases, while midwives faced an 11-year gap (1994-2005) when they received no pay increases. Increases in 2005 and 2008, the report found, have not been sufficient enough to ensure pay equity for midwives.

The report’s final recommendation was clear: the MOH should pay midwives a “one-time equity adjustment ... that would raise the income of midwives at each experience level by 20% effective April 1, 2011.” This would restore midwives to their historic level of compensation between nurse practitioners and CHC physicians in Ontario. Although the adjustment may seem high, the independent consultant suggested that arguments could be made to push experienced midwives’ compensation even higher, and wrote that the 20% adjustment would be “fair in all the circumstances.” The report was tabled in September 2010, and negotiations began in October. The current Funding Agreement expired at the end of March 2011.
Midwives and supporters rally for pay equity at Queen’s Park on June 1 and in Ottawa on June 9.

**Rallies for pay equity**

In response to the government’s frequent and ongoing delays addressing pay equity in the negotiations process, midwives voted on a resolution at the AOM’s Annual General Meeting in May which:

- Endorsed the September 2010 government-commissioned compensation report;
- Expressed members’ disappointment and frustration that the government had not provided a timely response to the report’s recommendations;
- Expressed members’ deep disappointment that the government had not acknowledged that midwives should be fairly compensated based on comparable health-care professionals;
- Directed the AOM Board of Directors to undertake a review of potential job actions to protest the chronic and systemic undervaluing of Ontario midwives.

Just two weeks after the AGM, the AOM held a rally at Queen’s Park in Toronto on June 1. More than 600 midwives and supporters turned out to let MPPs know that midwives deserve to be compensated fairly. Past President Elana Johnson provided the opening address, and said, “Pay equity is a simple concept: equal pay for work of equal value. It is a fundamental human right of women workers to be paid wages that are free of the systemic gender-based discrimination that values and pays women’s work less than men’s work of comparable value. Pay equity requires that women’s and men’s jobs be evaluated in a non-discriminatory way by accurately identifying and valuing the skill, effort, responsibility and working conditions of the job. That’s what the independent third-party report did — and we need action now.”

AOM President Katrina Kilroy gave a passionate speech to the enthusiastic crowd. “You cannot separate the worth of women from the worth of midwives. Women grew midwifery in Ontario. It belongs to us. Women are worth it. Midwives are worth it. The people of this province who value midwives want to know who to vote for.”

Following the success of the Toronto rally, the AOM organized a rally in Ottawa at Premier Dalton McGuinty’s constituency office. On June 9, more than 100 midwives, women, supporters, children and babies gathered on the constituency lawn in support of pay equity for midwives. Kilroy demanded that the government provide “an explanation about why other professions are more highly valued than midwives. Why is it that year over year, doctors, teachers, police officers, crown attorneys, nurses, professors, not to mention, MPPs all receive compensation increases – but not midwives.” The Premier’s staff came out to the rally to personally receive a letter from the AOM.

As directed by members at the Annual General Meeting, the AOM is exploring all options for further action. Stay tuned for more details.
Delivering Change: Strengthening Maternal-Newborn Care in Ontario

The theme of this May’s AOM conference was Delivering Change, and the many varied sessions built upon this theme. Midwives from across the province came together to share information, network, and strategize with the AOM for the coming year.

The pre-conference workshop was facilitated by doula and childbirth educator Penny Simkin, who delivered a full-day session with energy and enthusiasm. In the morning, she described how women who have experienced sexual abuse may experience birth and how their history may shape their relationships with their midwives. In the afternoon, Simkin explored the complex topic of labour pain, and shared some surprising facts from her research on fetal positioning. Though her subject matter was challenging, Simkin’s sharp wit and warmth made the session enjoyable for all who attended. During the opening ceremonies at the wine and cheese reception that evening, Simkin announced that she had no intention of retiring – news which was greeted with considerable enthusiasm by the crowd.

The next morning’s Annual General Meeting followed the theme of Delivering Change, and the first resolution of the morning, on reproductive choice, passed unanimously. The resolution proposed that the AOM adopt a position statement stating:

Reproductive health care is an integral part of maternal health; this includes family planning and access to legal, safe abortion care, which are fundamental to the rights of women.

This will lead to the creation of a new Position Statement from the AOM, which will be available on the website after it is passed by the Board.

The second resolution involved the ongoing negotiations and compensation review (see story page 4). Midwives were asked to vote on a resolution which expressed their disappointment in the government’s lack of a timely response on the September 2010 Midwifery Compensation report, endorsed midwives’ belief that they should be compensated fairly based on similar health care professionals, and that the AOM should review potential job actions to protest the undervaluing of the profession of midwifery. The resolution passed with very strong support from members.

In the afternoon, Madeline Boscoe, Executive Director of Vancouver’s REACH Community Health Centre, gave an inspirational keynote address about her career in women’s health advocacy. She promoted the idea that health-care providers should see themselves as change agents in the health-care system, and she described her role in developing Manitoba’s first birth centre, which will open in 2011. Her slides of birth centres from around the world provided a range of fresh ideas and possibilities.

Birth centres were further explored on the Thursday, in the form of a panel discussion about the birth centres movement, which has the potential to improve maternal and newborn outcomes while cutting costs. The afternoon concurrent sessions delved further into new research and innovation, such as sessions on group antenatal care, rural home birth and midwifery care for Toronto’s Aboriginal communities.

The conference closed with an address by Ontario midwife Bridget Lynch, who has recently completed her tenure as President of the International Confederation of Midwives (see story, page 8). Lynch told the room that Ontario midwives, having created a midwifery model which is the envy of the world, have an important role to play at an international level to improve maternal and newborn health globally.

SPECIAL THANKS

The AOM is grateful to the Sheraton Hamilton, which made a donation to the Ghislaine Francoeur Fund in the name of each midwife who booked a room for the conference. The Fund contributes to the reduction of maternal and infant mortality in Haiti by promoting the development of midwifery and of midwifery education. canadianmidwives.org/fundraising.html

Also thanks to everyone who participated in the silent auction, which generated $1190 for the Ghislaine Francoeur Fund.
AOM AGM & Conference 2011

Top left: Jennifer Rade, baby Wimon, Karin Terpstra; Top right: Tasha MacDonald, Jan Teevan, Judy Rogers, Manavi Handa; Below: Elizabeth Brandeis, Allyson Booth, Shelley-Ann Clarke-Dolby, Sara Stanton; Bottom right: Sahba Eftekary, Mary Fleming, Heather McCormick; Bottom left: Mel Hartzell, Christie Kavaratzis; Middle left: Jan Teevan, Diane Parkin, Manavi Handa; Left: Andrea Lennox, Michelle Kryzanouskas, Eleni Palantzas.
ICM Conference brings together global midwifery community

In June, more than 60 midwives from across Canada travelled to Durban, South Africa, for the 29th International Confederation of Midwives (ICM) Triennial Congress. They were joined by more than 3,000 midwives from over 100 countries to advocate for the critically important role of midwives in maternal and newborn health.

The day before the conference began, 2,000 midwives and their families participated in a 5km walk along the waterfront’s boardwalk. It was a remarkable sight, as midwives waved flags and sang songs in dozens of different languages – at first, walking with friends from their own country, but soon mixing and mingling.

The conference held special meaning for Bridget Lynch, an Ontario midwife from Community Midwives of Toronto, who has just completed her term as ICM President. During her opening plenary address, she urged midwives not to be invisible, but to emerge as leaders in their communities. She went on to highlight the most important issues in global midwifery today. These included:

- Autonomy: the importance of committing to the autonomous model of midwifery care
- Strengthening the pillars of education, regulation, and professional associations
- Defining global standards of midwifery care
- Committing to publicly-funded health care

Lynch has done a tremendous amount to advance the cause of global midwifery, and when she celebrated the accomplishments of midwives over the past three years, she was met with thunderous applause from the crowd. On the strength of her ICM Presidency and her career building Ontario midwifery, Lynch was nominated as a finalist in Chatelaine’s Woman of the Year competition.

During the conference, the midwives participated in a rich program of workshops, lectures and plenary sessions. One of the highlights was a video produced by the Royal College of Midwives, which places midwifery in a global complex and addresses some of its complex issues – all in four minutes! (bit.ly/midwives_work). The Canadian Association of Midwives (CAM) had a table in the exhibitors section, where the AOM gave away an astonishing 36lbs of posters and over 2,000 buttons.

Canadian midwives have begun a new twinning relationship with midwives from Tanzania, a country with one of the highest maternal mortality rates in the world (790 per 100,000; Canada’s is less than 5 per 100,000).

The next ICM Triennial conference is in Prague in 2014; three years later, thousands of midwives will descend on Toronto (see below) for ICM 2017.

ICM 2017 to be held in Toronto!

The Canadian Association of Midwives were thrilled to win the bid to host the 2017 Triennial ICM conference in Toronto. They won on the first ballot, which speaks to the strength of the Canadian bid.

The bid enjoyed the support of the Metro Toronto Convention Centre, and the backing of Tourism Toronto, which has pledged up to $150,000 of funding to help under-resourced midwives attend the conference. As many as 5,000 midwives and their families could attend in 2017, and there is particular excitement that, with support, midwives from Central and South America may turn out in great numbers.

The formal process for the bid included a presentation by AOM President Katrina Kilroy, CAM President Anne Wilson, and Emmanuelle Hébert, CAM Board member and Professor at Université du Québec à Trois Rivières. The Canadian presentation was assisted by RCMP Officer Corporal Jennifer Warren, flown in for the occasion.

Preparation for ICM 2017 will start ramping up in 2012, and more information will be forthcoming from CAM about fundraising and planning.
Ontario needs Birth Centres

The AOM held its first annual Queen’s Park Day with a kick-off of the Ontario Needs Birth Centres provincial election campaign. Held on May 5th, International Day of the Midwife, the day was oriented at reaching out to MPPs to garner support for establishing provincially-funded birth centres. Birth centres will build on the excellent system of midwifery already in place in Ontario, while improving care and cutting health care costs.

Highlights of the day included:

- A press conference with Julie Maher, Provincial Director of the Ontario Women’s Health Network, president Katrina Kilroy and client Kate Greenslade with baby Vy
- A statement from Health Minister Deb Matthews on the floor of the legislature, acknowledging International Day of the Midwife
- A luncheon attended by over 50 MPPs and their staff who heard presentations about birth centres from midwives Vicki Van Wagner and Katrina Kilroy

Midwives and clients spoke with MPPs about birth centres. Tracy Franklin, RM, chair of the Birth Centres Work Group, said, “It was just fantastic to see midwives at Queen’s Park not just talking about the need for birth centres, but also raising the profile of midwifery.”

MPPs were similarly enthusiastic. MPPs Liz Sandals and France Gélinas spoke warmly about midwifery care at the luncheon. While the NDP is only party to express support for birth centres, all three parties spoke in support of community-based care and reducing health care spending. It is hoped that all three parties will declare their support for birth centres before October 6.

The birth centres campaign has continued to build momentum over the past few months. Over 6,000 electronic and print postcards have been signed by women and men who want to see birth centres established in Ontario. If you haven’t sent a postcard already, go to bit.ly/bcpostcard. And on October 6th, vote!
The Association of Ontario Midwives reminds members that all registered midwives in Ontario are required to recertify in emergency skills every two years in order to maintain their registration with the College of Midwives of Ontario.

The AOM is pleased to offer the following courses:

**Emergency Skills Workshops**

- **September 16, 2011** - Kingston (venue to be confirmed)
  AM Session 8:30 am - 12:30 pm
  PM Session 1:30 pm - 5:00 pm

- **September 23, 2011** - Barrie (venue to be confirmed)
  AM Session 8:30 am - 12:30 pm
  PM Session 1:30 pm - 5:00 pm

- **November 18, 2011** - London (venue to be confirmed)
  AM Session 8:30 am - 12:30 pm
  PM Session 1:30 pm - 5:00 pm

- **December 16, 2011** - Toronto
  AM Session 8:30 am - 12:30 pm
  PM Session 1:30 pm - 5:00 pm

**Fees:**
- AOM Member: $325
- ESW Workbook (2009 version): $45

To register for any of these sessions, visit www.aom.on.ca to register online, or print the registration form from the website and mail or fax it back to the address provided.

If you require any additional information, contact events@aom.on.ca or (416) 425-9974 x: 2255 or 1-866-418-3773.
Conferences - more at www.aom.on.ca under “Professional Development”

Mount Sinai Hospital OB Anesthesia Conference & Workshop
September 16-17, 2011 in Toronto, ON
obanesthesia@mtsinai.on.ca

Maternal and Newborn Care Conference
Ontario Hospital Association
September 20, 2011 in Toronto, ON
oha.com/conferences or call 416-205-1398

Breastfeeding: Examining Controversies, Improving Outcomes (with Dr Jack Newman)
Renfrew County & District Breastfeeding Network
September 21, 2011 in Petawawa, ON
613-757-3108 or beststart@crc-renfrewcounty.com

Critical Issues Associated with the Use of Opioids in Pregnancy and the Newborn
6th Annual Ivey Symposium at St Joseph’s Hospital
October 17, 2011 in London, ON
Lauren Hanly: 519-661-3128 or iverytox@uwo.ca

Australian College of Midwives National Conference
October 18-21, 2011 in Sydney, Australia
acm2011.remark.com.au

Canadian Association of Midwives and Midwives Alliance of North America 2011 Conference
November 9-12, 2011 in Niagara Falls, ON
canadianmidwives.org

Pregnancy and Obesity: A Challenge in Women’s Health
November 11, 2011 in Toronto, ON at Mount Sinai Hospital
For more information contact:
CME - Dept. of Ob/Gyn
(416) 586-4800 x: 2489
cmeobgyn@mtsinai.on.ca
mountsinai.on.ca/education/staff-professionals/cme

Medical Disorders in Pregnancy: A Focus on Critical Care
November 25, 2011 in Toronto, ON at Mount Sinai Hospital
For more information contact:
CME - Dept. of Ob/Gyn, (416) 586-4800 x: 2489
cmeobgyn@mtsinai.on.ca
mountsinai.on.ca/education/staff-professionals/cme

Pregnancy and Birth Current Clinical Issues
December 15-16, 2011 in Toronto, ON at Sunnybrook Hospital
cmicr.ca

American College of Nurse Midwives Annual Meeting
June 2-7, 2012 in Long Beach, California
midwife.org or mgarvey@acnm.org

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All feedback welcome. Please contact comms@aom.on.ca, or by phone: 416-425-9974 x: 2261 or 1-866-418-3773 x: 2261.

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BEYOND BOUNDARIES: A LANDMARK EVENT
MIDWIFERY’S FIRST JOINT NORTH AMERICAN CONFERENCE!

Presented by the Canadian Association of Midwives and the Midwives Alliance of North America, in collaboration with the American College of Nurse Midwives

KEYNOTE SPEAKERS: BRIDGET LYNCH RM, MA, FRANCES GANGES CNM, RM, MMPH, HENCI GOER, ANDREW KOTASKA MD, BOSCO PAES MD & NAOLI VINAVER CPM

Speakers include: