

Association of Ontario Midwives 2008 Annual Report



Association of Ontario Midwives



Mission Statement

The Association of Ontario Midwives represents and advocates on behalf of Registered Midwives. The AOM promotes the profession of midwifery in Ontario. We are committed to the growth of the profession and support midwives in the provision of optimal midwifery care that is responsive to the needs of women and their infants.

Vision Statement

Midwifery is central to the provision of low risk maternal and new born care in Ontario. Midwives participate fully in planning and policy development at all levels of the healthcare system.

Beliefs and Values

The Association of Ontario Midwives believes that:

1. Pregnancy and childbirth are a profound time in a woman's life, imbued with a variety of personal and cultural meanings, and are best approached in a non-authoritarian manner, providing choice of birthplace, continuity of care, informed choice and recognizing the woman as the primary decision maker.
2. Midwives are experts in the provision of primary care for women anticipating normal, low risk pregnancy and birth.
3. Valuing and respecting diversity is integral to the provision of midwifery care.
4. Effective midwifery care is based on the best available evidence combined with knowledge of a woman and her circumstances.
5. Midwifery care must be accessible and fully funded for women in Ontario.
6. Midwifery should have a central role in the development and implementation of a Health Human Resource Plan for maternal and newborn care in Ontario.
7. We must value and embrace the principles of dignity and diversity in every facet of the work we undertake.
8. We must be member focused and work to establish accessible, appropriate and responsive services and support, which meet the needs of the membership, and the community at large.
9. We must advocate for members' rights to working conditions that promote long-term career satisfaction.
10. We promote the profession and enhance the potential of midwifery to contribute to the well being of society.



Joining Hands and Being Brave

An excerpt from the Opening Ceremonies at the 2009 Conference, *Joining Hands: Supporting Midwifery in the Second Stage*

Katrina Kilroy, RM
AOM President

Twenty-five years ago, a group of midwives in Ontario came together and held what would become the first annual conference of midwives in the province.

At that time, Ontario did not recognize midwifery as a profession but midwives organized this first conference to begin their work towards the development of the profession of midwifery in Ontario and the goal of making midwifery available to all women in the province.

These were brave women who had to prove themselves over and over again. These were women who had to be smart, creative and thoughtful when negotiating a place for midwifery in Ontario's health, legal and insurance systems.

In addition to celebrating 25 years of the AOM conference, 2009 marks 15 years of midwifery as a regulated profession in Ontario. We began with 60 registered midwives in the province and we will be over 500 strong when this year's new registrants begin work this summer. In 2009- 2010, midwives will provide care to over 15,000 women.

Following 15 years of data, it is now evident that midwifery is a cost-effective model that has excellent clinical outcomes resulting in a reduced rates of interventions, short (or no) hospital stays, very high breastfeeding rates and excellent satisfaction ratings. We have so much to be proud of. And yet, there is still much work to do.

We know that a large proportion of women who want midwifery care are not able to get it, as demand greatly outstrips supply. We are increasing the number of midwives available to practice, but our reputation among childbearing families concurrently increases the demand. Rapid growth is both a blessing and a curse - we are ready to care for many of these waiting families but many hospitals are not necessarily ready to receive us.

The barriers we face in hospitals are significant. Some hospitals cap the number of births midwives can attend, restrict their scope of practice or limit

the number of midwives able to practice within the hospital. The reasons for these are as diverse as the hospitals that impose them.

Yet in many places in the province, midwifery is well integrated into hospitals, where midwives are practicing to their full scope in respectful, collegial environments with potential for growth. This gives us a vision for the future.

We are in a time when there are intense pressures to change the model of midwifery care and to participate in interprofessional care models. Simultaneously we are seeing an increasing industrialization and medicalization of childbirth and, even more concerning, national outcomes are declining.

Between 1990 and 2006, Canada's international ranking dropped from 6th to 21st position in infant mortality and the maternal morbidity rankings fell from 2nd to 11th. Perhaps there are no better examples of the opportunities and threats to midwifery practice than those inherent in these developments.

As midwives, we want our model to be responsive, to work for women, for midwives and for the health care system. We want to be able to innovate and change to meet arising needs. At the same time, we know there is something unique about our current midwifery model and that it provides an exemplary standard of care. We want to contribute our wealth of knowledge and experience to promote confidence in normal birth and not compromise any of the excellent outcomes we have achieved.

We know that women want what midwifery care provides: continuity of care, involvement in decision-making and choice of birthplace. As the providers of choice for low-risk women, it's time for our voices and perspectives to be heard louder than before: in hospitals, in government and in communities across Ontario.

And in another twenty-five years when our daughters and granddaughters are birthing their children, and twenty five years more when they become grandmothers, and another twenty-five years after that, let us be seen as the brave ones. Let us be part of the same movement as those original, tenacious women who helped midwifery become accessible and legal and funded.

We need to be brave enough to speak the things we know to be true and to share our vision of maternity care in a confident and collaborative way.

2008 Board of Directors

Elana Johnson, President
(Jan – May 2008)

Katrina Kilroy, President
(May – Dec 2008)

Lisa Weston, Vice-President

Mary Ann Leslie, Secretary

Jane Erdman, Treasurer

Elissa Press, Member-at-Large

Anne Wilson, Member-at-Large

Eileen Abbey, North Regional Coordinator

Madeleine Clin, West Regional Coordinator

Tracy Franklin, South Central Regional Coordinator

Kelly Gascoigne, South West Regional Coordinator

Jane Somerville, East Regional Coordinator

Sara Stainton, South East Regional Coordinator

The AOM Board of Directors is an elected body that is responsible for the governance and strategic decisions of the AOM. In addition, Board Members have important legal and fiduciary responsibilities.

The Board ensures that the mission of the AOM is articulated in all of our work and that members are well served and represented by the Association. To that end, the Board develops and regularly reviews the strategic plan.



The Board provides financial oversight, including the approval of an annual budget (which reflects the resources needed to implement the strategic plan) and ensures that proper financial controls are in place. The board recruits and orients new Board members and assesses Board performance. In addition, Board Members are active on the AOM's many committees.

Serving on the Board is a challenging and rewarding activity that requires a commitment of time, skill and expertise. Thank you to the Members of the 2008 Board for the dedication and insight they have provided to furthering the work of the Association.

Committees and Work Groups

Thanks to the tireless volunteer efforts of many AOM members, 2008 marked a year of high participation and success in the Association's work.

Through their work on committees and work groups, midwives were a positive and integral force in moving forward important work.

In 2008, the AOM:

- negotiated a new funding agreement with the Ministry of Health (completed in 2009) in a challenging economic environment
- responded to information requests and reports from HPRAC (Health Professions Regulatory Advisory Council) regarding proposed changes to

scope of practice

- released Position Statements regarding Midwives and Interprofessional Care, and Keeping Birth Close to Home;
- created two new risk-management services for members: the after-hours emergency PLEASE line (Professional Liability Emergency Assistance Service) and LifeWorks for work/life issues;
- provided Emergency Skills Workshops plus an ESW Instructor Training session;
- created promotional materials to educate potential clients and other healthcare providers.

None of these accomplishments would have been possible without the dedication and thoughtfulness of committee members. On behalf of all the members of the Association who benefit from all your time and energy, thank you.

Negotiations Committee

Katrina Kilroy (Co-Chair)
Elana Johnson (Co-Chair)
Eileen Abbey
Barbara Borland
Mary Buie
Madeleine Clin
Mary Ann Leslie
Anne Wilson

Staff Support: Juana Berinstein, Alice Ormiston, Maryellen Parker, Alisa Simon, Kelly Stadelbauer, Colleen Vandeyck

Committees and Work Groups

Insurance & Risk Management Program Steering Committee

Remi Ejiwunmi (Chair)
Elana Johnson
Carolyn Prior
Lisa Weston
Staff Support: Wendy Allman, Bobbi Soderstrom, Kelly Stadelbauer

CPG Sub-Committee

Liz Darling (Chair)
Cherylee Bourgeois
Corinne Hare
Jenni Huntly
Ann Pennington
Paula Salehi
Lynlee Spencer
Lisa Weston
Rhea Wilson
Staff Support: Suzannah Bennett, Tasha MacDonald

Policy Committee

Elissa Press (Chair)
Barb Bryja
Andrea Cassidy
Lisa Nussey
Mina Sharafbafy
Natalie Wright
Staff Support: Juana Berinstein, Jasmine Ferreira, Alice Ormiston, Alisa Simon, Joanna Zuk

Audit Committee

Jane Erdman
Anne Wilson
Staff Support: Kelly Stadelbauer, Colleen Vandeyck

Hospital Privileges Working Group

Maureen Silverman (Chair)
Sara Chambers (Jan – Sept 08)
Jeanette Davies
Angela Freeman
Kilmeny Heron
Beth Lynes
Karin Sundararajan
Staff Support: Juana Berinstein, Alice Ormiston, Alisa Simon

Emergency Skills Workshop Working Group

Leslie Viets (Chair)
Mary Ann Leslie
Jay MacGillivray
Mary Sharpe
Sarilyn Zimmerman
Staff Support: Wendy Allman, Diana MacNab, Bobbi Soderstrom

Remote Working Group

Mary Buie (Chair)
Mélanie Guerin
Martha Scroggie
Jessie Shannon
Vicki Van Wagner
Staff Support: Alice Ormiston

Rural Working Group

Barbara Borland (Chair)
Madeleine Clin
Maggie Fioravanti
Ginger Girard Frum
Rebecca Weeks-Toth
Natalie Wright
Staff Support: Alice Ormiston

Diversity Working Group

Manavi Handa (Chair)
Babette Burrell
Sylvaine Devos
Genevieve Gagnon
Nicole Romeiko
Wendy Wong
Staff Support: Juana Berinstein, Jasmine Ferreira, Timothy Mbugua, Alisa Simon

AOM Conference 2009 Program Planning Working Group

Carolynn Prior (Chair)
Anne Fortin
Claudette Leduc
Lilly Martin
Nicole Roach
Jackie Whitehead
Staff Support: Diana MacNab, Alice Ormiston

Constitution Review Working Group

Jane Somerville
Sara Stainton
Staff Support: Maryellen Parker, Kelly Stadelbauer

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

Canadian Association of Midwives, Board of Directors

Katrina Kilroy, AOM Representative (May - Dec 2008)
Stephanie Crouch, (Jan – May 2008)

Ontario Midwifery Reference Group

Katrina Kilroy
Elana Johnson (Jan – May 2008)
Juana Berinstein
Bobbi Soderstrom
Kelly Stadelbauer

Joint Risk Management Working Group

Remi Ejiwunmi
Elana Johnson (Jan – May 2008)
Bobbi Soderstrom
Kelly Stadelbauer

AOM/College of Midwives of Ontario Liaison Working Group

Katrina Kilroy
Elana Johnson (Jan – May 2008)
Juana Berinstein
Bobbi Soderstrom
Kelly Stadelbauer

AOM/Midwifery Education Program Liaison Working Group

Katrina Kilroy
Elana Johnson (Jan – May 2008)
Juana Berinstein
Bobbi Soderstrom
Kelly Stadelbauer

AOM/Ontario Medical Association Liaison Working Group

Katrina Kilroy
Elana Johnson (Jan – May 2008)
Mary Ann Leslie
Elissa Press
Juana Berinstein
Kelly Stadelbauer

Provincial Family Health Team Steering Committee

Elana Johnson, AOM Representative

Child Health Network

Katrina Kilroy

Strategic Plan: Goals and Accomplishments

This year has been a year of tremendous growth: growth in the number of Ontario midwives, growth and maturity in the profession, and resulting growth in the Association.

To accommodate this growth, in 2008 the AOM office moved from Don Mills to downtown Toronto. The move allows for more Association staff to serve members better, and positions the AOM office close to other stakeholders, facilitating meetings with government, the CMO, the MEP and others.

In 2007, with input from membership, the Association developed a three-year strategic plan. The plan consists of four main goals:

- Make Midwifery Central to the Provision of Maternal and Newborn Care in Ontario
- Promote the Growth of Midwifery
- Support Members in Emerging Clinical and Practice Risk Management Issues
- Enhance Opportunities and Means for Member Engagement with AOM Decision-Making and Activities

Below is a summary of key objectives in each of the four strategic goals as well as highlights that have been accomplished in 2008. The AOM continues to make significant progress in each area and looks forward to additional successes in 2009.

Members may access a full copy of the Strategic Plan 2007-2010, and a copy of the Strategic Outcomes document in the “Reference Documents” section of the Members Only website.

Make Midwifery Central to the Provision of Maternal and Newborn Care in Ontario

Undertake a strong negotiations process to improve midwifery compensation and working conditions

After extensive member consultations throughout 2007, and with the results of the workload study analysis, the negotiations process intensified in late 2008 and early 2009. The Negotiations Committee, along with the Rural and Remote Work Groups, worked extremely hard to prepare for negotiations with the Ministry of Health. After several delays, negotiations began in earnest in the fall of 2008.

While these are difficult economic times and direct financial compensation was below expectation, the new agreement provides for many exciting new programs and recognizes the need for sustainability of the profession. The Negotiations Committee achieved success in almost every area pursued including:

- AOM Benefits Program Sustainability Investment which will allow the AOM Benefits Trust to create a maternity leave program;
- Additional funding support for rural and remote practices including funding for a locum program; and
- Funding for the creation of professional development programs at the AOM.

In addition, the agreement represents many process gains for the Association moving forward including:

- commitment to renegotiate beginning no later than September 30, 2010;
- development of a framework for ongoing dialogue, support, strategic planning and issues resolution between the Ministry and AOM: Joint Midwifery Advisory Committee (JMAC) to meet quarterly to discuss issues of concern and annually for a review of the Funding Agreement; and
- streamlined reporting.

Advocate for midwifery integration into all hospitals that provide maternity care services

Work on this objective took place on several levels. As a provincial body, the Association advocated for hospital integration with key organizations such as the Ministry of Health, the Ontario Hospital Association and the Local Health Integration Networks (LHINs).

In particular in 2008, a grant was secured by the AOM from HealthForceOntario to optimize the use of midwifery competencies within hospital settings. Eight hospitals were chosen to enhance interprofessional relationships within their birth units, support client safety and lead to efficiencies for the health care system, while ensuring that all providers understand each others’ scope of practice and are able to work to their College-defined scope. This program includes educational rounds, a birth unit retreat and follow-up at eight hospital sites across the province.

As well, the AOM worked with the Ontario Hospital Association and the College of Midwives of Ontario to revise the OHA Midwifery Integration Manual, which had not been updated since before legislation in 1994. Work on the manual is ongoing and expected to be completed and launched at an OHA midwifery conference in October, 2009.

The Association staff supported individual practices with difficult privileging issues. Consultation and support was provided to 15 practices and/or individual midwives, including strategizing, letter writing, teleconference discussions, in-person meetings and providing resources on privileging and scope issues.

The AOM also developed a tip sheet for members entitled “Midwives and MACs.” This document includes case studies regarding policies and relationships when midwives sit on the Medical Advisory Councils in their hospitals.

The December 2008 cover of the publication “Hospital News” prominently featured a story about midwives, providing an opportunity to educate hospital boards, administration and staff about midwifery. Full-page stories about midwifery also appeared in the March 2009 and April 2009 editions.

Forge strong relationships with other maternity care stakeholders

The AOM continues to build relationships with stakeholders such as the Ministry of Health and Long-Term Care, the Ontario Hospital Association, the Ontario Medical Association, the College of Midwives of Ontario, the Midwifery Education Programme, the International Midwifery Pre-registration Program, Local Health Integration Networks and Transfer Payment Agencies.

Board members and staff are active on several joint committees (see page 5). In addition, this year the AOM hosted a booth at the Ontario Hospital Association trade show, “Health Achieve,” to reach hospital decision-makers at administrative and management levels.

The AOM is also an active member of the Coalition of Regulated Health Professionals Association and has a strong relationship with HIROC, who provides insurance for midwives.

Advocate for revised drug and lab regulations

In 2008, the Minister of Health and Long-Term Care asked the Health Professions Regulatory Advisory Committee (HPRAC) to examine the authority given to non-physician health professions to prescribe and/or use drugs in the course of their practice and that the Council provide advice specific to each of these professions respecting whether lists, categories or classes of drugs should be prescribed by regulation for the profession, or whether restrictions on prescribing of drugs should be placed in regulation under the



respective health profession Act. HPRAC was also asked to provide advice on a framework and process for changes to regulations to ensure efficiency, best practices and to provide maximum public protection.

With the College of Midwives of Ontario, the AOM actively participated in a review of non-physician prescribing. Midwives and AOM representatives participated in consultation meetings throughout Ontario, the AOM provided submissions to the Ministry and supported the CMO submission.

Advocate for the principles of the Canada Health Act and Universal Healthcare

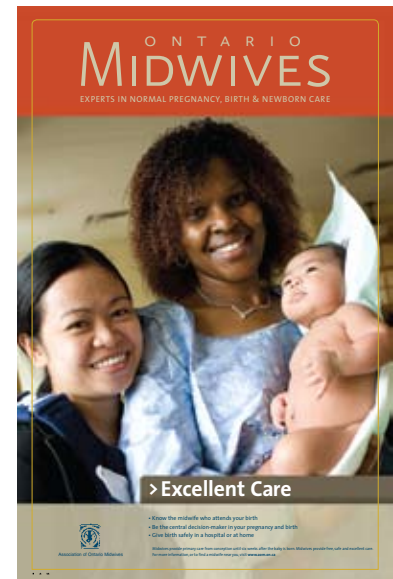
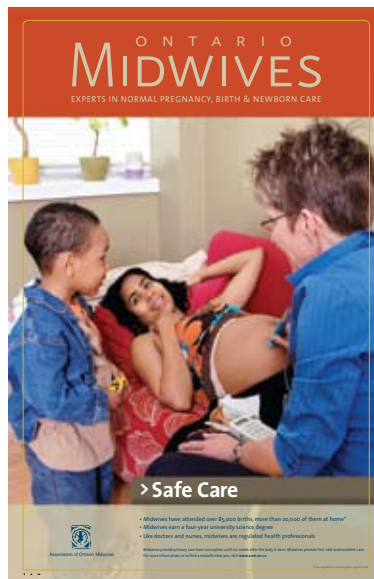
In 2008, the AOM joined the Right to Healthcare Coalition and members of the AOM attended strategy meetings of the Ontario Health Coalition and the Ontario Health Coalition Health Achieve Assembly.

The Policy Committee has written a draft position supporting publicly-funded health care systems. See page 10 for more details.

Reduce the risks inherent in the independent contractor model of midwifery

The Association developed an “Effective Practice Management” webinar. This free webinar workshop was offered to members three times and was booked to full capacity each time.

Strategic Plan: Goals and Accomplishments



Promote the Growth of Midwifery

Strengthen the consumer movement to support the growth of midwifery

In 2008, the AOM developed a public education campaign including three posters and a brochure, produced in English and French, as well as a fridge magnet. The promotional items were distributed to practices and to consumer groups.

Five practices participated in creating an image bank of photographs showing midwives and clients in clinic settings, home settings and hospital settings. These pictures were used in the promotional materials, on the website in the newsletter and in media work.

The AOM also made specific connections with two consumer groups (Ottawa, Muskoka) to provide support in their local activities.

Consumers across Ontario were involved in two media campaigns to write letters of complaint to TIME magazine and also to the Dr. Phil show in the summer of 2008. Both instances were regarding misinformation about home birth.

Increase the likelihood of success of new midwives and new practices

Three new practices opened in 2008: Midwifery Services of Haliburton-Bancroft, Midwives Nottawasaga in Collingwood, and Uxbridge Community Midwives. The AOM provided support to these practices by running a New Practices Workshop in the fall, providing promotional materials and being available for consultations throughout the year.

The Fall 2008 edition of "Ontario Midwife" included a story about expanding clinic space to encourage practices to consider growth and the Winter 2009 edition of the newsletter included a story titled "How to start a new practice."

Support the Canadian Association of Midwives (CAM)

The AOM Assisted CAM with an application to the International Confederation of Midwives (ICM) to host the ICM Congress in Toronto in 2014.

The AOM promoted the CAM conference by running two ads in the "Ontario Midwife" and several AOM representatives attended the CAM conference in Quebec City.

Support Members in Emerging Clinical and Practice Risk Management Issues

Create a comprehensive clinical guideline development program

The AOM Clinical Practice Guidelines project was launched in the fall of 2008 with the hiring of a part-time Director and full-time project manager.

The CPG subcommittee terms of reference have been created and approved, and the CPG subcommittee appointed (see page 5).

The AOM will be creating guidelines in 2009 to provide members with the most recent evidence-based recommendations from a uniquely midwifery-based perspective. The first two guidelines to be created will be Group B Strep and Premature Rupture of Membranes.

Develop a member critical incident report program

Two new member programs were put in place in 2008: the after-hours emergency PLEASE line (Professional Liability Emergency Assistance Service) and LifeWorks for work/life issues.

The PLEASE line is a new after-hours phone line for AOM midwife members to access support for urgent risk management concerns such as adverse outcomes and legal emergencies. The implementation of this line last October means that members have access to information and support regarding urgent risk management concerns 24 hours-a-day, seven days-a-week.

LifeWorks is a program offered to AOM midwife members and immediate family to assist with a variety of different work/life issues. The service is confidential and also operates on a 24/7 basis.

Information about both services was distributed to each member by mail. Additional support for the LifeWorks program was provided through several well-attended webinars in the fall.

Develop and implement a comprehensive risk management education plan based on RMSAM assessment modules

In 2008, the AOM began to develop and implement guidelines and templates for members such as “Management of Critical Occurrences” and “Practice Orientation,” to support members and practice groups in risk management activities.

In 2009 this work will continue and additional protocols and templates will be developed for practice group use.

Enhance Opportunities and Means for Member Engagement with AOM Decision-Making and Activities

Explore ways in which members can increase their involvement in the Association, respecting the unique scheduling and lifestyle issues of midwives

The AOM conducted many activities to increase member engagement:



- struck various new committees (see pages 5-6)
- the 2009 Annual General Meeting is the first to include proxy voting
- regularly used teleconference to conduct meetings and consultations with members
- Board Members and staff traveled to all six regions throughout the province for Regional Meetings twice yearly
- webinar technology was more prevalent as a stand-alone educational tool and as a compliment to in-person meetings
- special meetings regarding negotiations provided additional opportunities for involvement
- the AOM published a quarterly newsletter which was redesigned and renamed in 2008 as “Ontario Midwife”
- the Insurance Bulletin and the Funding Flash were published on an as-needed basis
- the AOM website is increasingly used as a repository for essential materials for midwives concerning governance, practice, clinical information, risk management information, and educational opportunities
- fees in 2008 were lower than in 2007, and have been lowered again in 2009.

Resolution Report Back

In addition to the strategic plan, member resolutions, which are presented and voted on at the Annual General Meeting, also direct the priorities and work at the AOM. In 2008, two resolutions were carried by membership. Below, we provide a quick highlight of the work that was accomplished on each of these resolutions in 2008.

Resolutions from members are welcomed and encouraged. The resolution process at the AGM is one important mechanism that members can use to personally inform and direct the work of their Association.

Resolution regarding publicly-funded healthcare

“Be it resolved that the AOM release a position paper in support of the continuation and strengthening of a publicly funded, single tier health care system in Canada... And be it resolved that the AOM seek and take up opportunities to support grassroots, provincial and federal initiatives with a similar aim.”

The Policy Committee has drafted a position paper to reflect the member resolution passed at the 2008 AGM. The position paper will go to the Board for approval in 2009.

This year, the AOM joined the Right to Healthcare Coalition aiming to end the 3-month wait period faced

by landed immigrants to access healthcare. Members of the AOM attended strategy meetings of the Ontario Health Coalition and the Ontario Health Coalition Health Achieve Assembly.

Work on this resolution is ongoing.

Resolution regarding retention and attrition

“Be it resolved that the AOM consider and investigate ways to better understand retention and attrition in the profession.”

The AOM is facilitating placements for two midwives who are working on their Master’s in Health Policy. These graduate students are conducting research regarding retention and attrition of Ontario midwives.

The students will conduct a study to address retention and attrition of Ontario Midwives and develop an exit interview for midwives leaving midwifery practice in Ontario.

This research will help to inform the AOM regarding attrition and retention dynamics within the profession.



AOM Staff (May, 2009)

Kelly Stadelbauer

Executive Director
executivedirector@aom.on.ca

Wendy Allman

IRMP Program Assistant
irmpassistant@aom.on.ca

Laura Belair

Events Coordinator
events@aom.on.ca

Suzannah Bennett

Clinical Practice Guidelines Project Manager
cpgmanager@aom.on.ca

Kimberly Book

RMSAM Project Manager
RMSAM@aom.on.ca

Jasmine Ferreira

Policy & Communications Program Assistant
cadmin@aom.on.ca

Melanie Kurzfield-Bryan

Receptionist
admin@aom.on.ca

Tasha MacDonald, RM

Director of Clinical and Professional Guidelines
cpgdirector@aom.on.ca

Ferdausi Mannan

Acting Program Administrator
programadmin@aom.on.ca

Timothy Mbugua

Policy Analyst
policy@aom.on.ca

Jill Moriarty

Acting Manager, Membership Services
programs@aom.on.ca

Brenda Natalie

Bookkeeper
accounting@aom.on.ca

Alice Ormiston

Policy Analyst
policyanalyst@aom.on.ca

Maryellen Parker

Executive Assistant
executiveassistant@aom.on.ca

Alisa Simon

Acting Director of Policy and Communications
directorpolicy@aom.on.ca

Bobbi Soderstrom, RM

Director of Insurance & Risk Management
riskmanagement@aom.on.ca

Nkemjika Ubochi

HealthForceOntario Project Assistant
projectassistant@aom.on.ca

Colleen Vandeyck

Office Manager
officemanager@aom.on.ca

Joanna Zuk

Senior Communications Officer
comms@aom.on.ca

On Leave**Juana Berinstein**

Director of Policy and Communications
directorpolicy@aom.on.ca (redirect to A. Simon)

Zahara Hajiani

Program Administrator
programadmin@aom.on.ca (redirect to F. Mannan)

Diana MacNab

Manager, Membership Services
programs@aom.on.ca (redirect to J. Moriarty)

AOM Benefits Trust

Trustees

Sushma Lachmansingh (Chair)
Karin Terpstra
Rebekah Bradshaw
Debbie Doiron
Jane Erdman (AOM Board)
Kelly Stadelbauer (AOM Executive Director)
Kristen Stevens
Jackie Whitehead
Anne Wilson (AOM Board)

Staff**Rhona Dunwell**

Benefits Manager
aombenefitsprogram@aom.on.ca

Deborah Schneider-Gagne

Benefits Administrator (on leave)
benefitsassistant@aom.on.ca



Association of Ontario Midwives

365 Bloor Street East, Suite 301

Toronto, ON M4W 3L4

Tel: 416-425-9974

Toll-free: 1-866-418-3773

Fax: 416-425-6905

www.aom.on.ca

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