



**Association of Ontario Midwives
Annual Report 2007**

Association of Ontario Midwives

Mission

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

Midwifery is central to the provision of low risk maternal and newborn 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.



The Second Stage is Here

An excerpt from the Opening Ceremonies at the 2008 Conference, *The Second Stage: Making Midwifery Central in Ontario's Healthcare System*

**Elana Johnson, RM
President**

2008 marks 15 years of midwifery as a regulated profession in Ontario.

Every person who has championed midwifery—every midwife, every politician, every consumer and every ally—owns a piece of this remarkable accomplishment.

Midwifery has both established and proven itself in communities across Ontario. Today, there are close to 400 midwives working in 63 practice groups throughout the province, providing care for 10,000 women and 10,000 newborns every year, attending to 8% of all births in Ontario. A cost-effective model of care with excellent clinical outcomes and glowing praise from consumers, as individual practitioners and as a profession, we have much to be proud of. And still work to do. We know that the number of women who want midwifery care is significant and on the increase. And we know we need to grow midwifery to be able to accommodate up to 30% of women giving birth in the future in order to sustain a comprehensive maternity care system.

Given this context, Minister Smitherman's announcement in August 2007, which dedicated resources to expanding the Midwifery Education Program, was celebrated by midwives and consumers alike.

Indeed, this infusion of resources to Ontario midwifery inspired the theme of the 2008 conference—*The Second Stage: Making Midwifery Central*.

The second stage is also a reference to the work and vision of Tommy Douglas. Douglas' original vision of universal healthcare went well beyond public payment for the existing system. The original vision included new ways of delivering care. According to Douglas, this vision would have to be implemented in two stages. The first stage was to remove money as a barrier to access and the second, more difficult stage, would be to alter the system to deliver care differently. With its focus on health promotion, prevention and woman-centred care, midwifery beautifully embodies the spirit of health care's second stage.

The title of the conference is also a reference to what midwives know best: birth. In childbirth textbooks, labour is categorized into stages. The second stage is the active pushing stage. And this is the stage where midwifery currently finds itself. Midwifery has established itself and is now faced with the hard, active, productive work to reach sufficient growth and change so that we are able to take our place in the maternity care system in Ontario.

As the profession of midwifery moves into this second stage, there are critical challenges and opportunities that must be addressed, including access to hospital privileges and interprofessional care.

Midwives must be integrated into all hospitals that offer maternity care services. Currently, this is not the case. While midwives have applied for privileges in 83 of Ontario's hospitals, only 68 have granted privileges. One-third of all midwifery practice groups state that they are prevented from growing because of hospital privileges being denied or capped for a variety of reasons. The second stage is here...

Midwifery is an inherently collaborative profession. Midwives have been diligently working to identify barriers to collaboration and to ensure that interprofessional care can flourish while allowing providers to retain their autonomy. We must focus on the potential of interprofessional care and make concrete recommendations to enable that potential. The second stage is here...

Midwives, as internationally recognized guardians of normal birth, should all be alarmed that there is an intervention rate of 69% for births in Ontario (OMCEP). The rate of medically induced births has risen substantially in the last ten years, from about one in eight to one in five births. In Ontario, it is twice the Canadian average (CIHI). Ontario also has a soaring c-section rate, currently sitting at just below 30% (CIHI). Spontaneous birth without intervention is now a very rare event in our culture.

Midwives provide care that respects and promotes pregnancy and birth as a normal life event. We must work together with women and our health care colleagues to bring birth back to normal. The second stage is here...

Midwives make a difference. We make a difference in the lives of pregnant women and their families. In fact, we make such a positive difference that solely by word of mouth the demand for midwives has far outpaced our capacity to provide care. Last year alone, midwives could not accommodate over 6,000 women who requested care. The Ministry of Health has recognized our success and invested in our growth. The second stage is here...

Elana Johnson



Executive

Elana Johnson, President; Katrina Kilroy, President Elect; Lisa Weston, Vice-President; Mary Ann Leslie, Secretary; Jane Erdman, Treasurer



Regional Co-ordinators

Eileen Abbey, North; Madeleine Clin, West; Stephanie Crouch, South West (not pictured); Tracy Franklin, South Central; Jane Sommerville, East; Sara Stainton, South East



Members At Large

Elissa Press; Anne Wilson

2007 Board of Directors

The AOM Board of Directors is an elected body that is responsible for the governance and strategic directions of the AOM. 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 current strategic plan, developed for the years 2007-2010, lays out ambitious objectives for the Association.

The Board provides financial oversight, including the approval of annual budgets (which reflect 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.

Serving on the Board is a challenging and rewarding assignment that requires a commitment of time, skill and expertise. We thank the Members of the 2007 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 so many of our members, 2007 marked a year of high participation and involvement in the AOM's work.

Through their work on committees and work groups, midwives were a positive and integral force in moving forward our most important work: policy development and advocacy on issues such as the expansion of midwifery and the need for a provincial maternity care strategy; research and the creation of a negotiations strategy including the needs of rural and remote midwives; development, implementation and analysis of a province-wide workload study; the transition and transformation of the Benefits Program into a Benefits Trust; risk management support and advice for members; up-to-date emergency skills training; and the development of resources and advocacy tools on hospital integration issues.

On behalf of all the members of the Association who benefit from your time and energy, thank you.

Policy Committee

Elissa Press, Chair
(currently on leave from Midwives Collective of Toronto)

Sara Booth (Seventh Generation Midwives Toronto)
(May - Nov. 2007)

Barb Bryjia (Midwives Grey Simcoe)

Andrea Cassidy (Midwifery Collective of Essex County)

Johanna Geraci (May - Nov. 2007)

Janette Mishibinijima (Midwives of Sudbury)

Lisa Nussey (The Hamilton Midwives)

Mina Sharafbafy (Kitchener-Waterloo
Midwifery Associates)

Natalie Wright (Caring Hands Midwifery Services)

Benefits Committee

Sushma Lachmansingh, Co-chair
(Midwifery Services of Durham),

Karin Terpstra, Co-chair
(Family Midwifery Care of Guelph)

Rebekah Bradshaw (Stratford Midwives)
(Dec '07 – present)

Lynne-Marie Culliton (Midwives Grey Simcoe)
(May – Dec '07)

Jane Erdman (Womancare Midwives)

Kristen Stevens (Ottawa Valley Midwives)

Leanne Yeates (Sage Midwifery)

Anne Wilson (Burlington and Area Midwives)

Kathi Wilson (Thames Valley Midwives) (May – Dec '07)

Negotiations Committee

Elana Johnson, Co-chair (Womancare Midwives)

Katrina Kilroy, Co-chair (Midwives Collective of Toronto)

Eileen Abbey (Thunder Bay Midwives – Maternity Centre)

Barbara Borland (Midwives of Muskoka)

Mary Buie (Manitoulin Midwifery)

Madeleine Clin (Countryside Midwifery Services)

Mary Ann Leslie (Midwifery Care North Don River Valley)

Anne Wilson (Burlington and Area Midwives)

Workload Analysis Steering Committee

Elana Johnson (Womancare Midwives)

Katrina Kilroy (Midwives Collective of Toronto)

Eileen Abbey (Thunder Bay Midwives - Maternity Centre)

Manavi Handa (Kensington Midwives)

Anne Wilson (Burlington and Area Midwives)

Insurance and Risk Management Program Steering Committee

Remi Ejiwunmi, Chair
(Midwifery Care of Peel and Halton Hills)

Elana Johnson (Womancare Midwives)

Carolynn Prior (Sages-Femmes Rouge Valley Midwives)

Lisa Weston (Sages-Femmes Rouge Valley Midwives)

Emergency Skills Workshop Work Group

Leslie Viets, Chair (Ottawa Valley Midwives)

Mary Ann Leslie (Midwifery Care North Don River Valley)

Jay MacGillivray (Sages-Femmes Rouge Valley Midwives)

Mary Sharpe (Riverdale Community Midwives)

Vicki Van Wagner (Midwives Collective of Toronto)

Sarilyn Zimmerman
(The Midwives' Clinic of East York-Don Mills)

Rural Work Group

Barbara Borland, Chair (Midwives of Muskoka)
Madeleine Clin (Countryside Midwifery Services)
Maggie Fioravanti (St. Jacobs Midwives) (Sept – Dec '07)
Ginger Girard Fram (student)
Rebecca Weeks-Toth (Community Care Midwives)
Natalie Wright (Caring Hands Midwifery Services)

Remote Work Group

Mary Buie, Chair (Manitoulin Midwifery)
Melanie Guerin (Pratique de Sages-Femmes de Hearst Midwifery Practice)
Martha Scroggie (Midwives Grey Simcoe)
Jessie Shannon (student)
Vicki Van Wagner (Midwives Collective of Toronto) (Sept – Dec '07)

Hospital Privileges Work Group

Maureen Silverman, Chair (Midwives of York Region)
Sara Chambers (student)
Jeannette Davies (Quinte Midwives)
Angela Freeman (Midwives Grey Simcoe)
Kilmeny Heron (Madawaska Valley Midwives)
Beth Lynes (Stratford Midwives)
Karin Sundararajan (Community Midwives of Halton)

Conference Program Planning Working Group

Aynsley Donohue (Midwifery Care-North Don River Valley)
Jasmine Chatelain (student)
Lynlee Spencer (student)

AOM/College of Midwives of Ontario Liaison Working Group

Elana Johnson (Womancare Midwives)
Katrina Kilroy (Midwives Collective of Toronto)

Ontario Midwifery Reference Group

Elana Johnson (Womancare Midwives)
Katrina Kilroy (Midwives Collective of Toronto)

AOM/Ontario Medical Association Liaison Working Group

Elana Johnson (Womancare Midwives)
Katrina Kilroy (Midwives Collective of Toronto)
Mary Ann Leslie (Midwifery Care North Don River Valley)
Elissa Press
(currently on leave from Midwives Collective of Toronto)

Joint Risk Management Liaison Working Group

Remi Ejiwunmi, Chair (Midwifery Care of Peel and Halton Hills)
Elana Johnson (Womancare Midwives),
Katrina Kilroy (Midwives Collective of Toronto)

Canadian Association of Midwives Board of Directors

Elana Johnson/Stephanie Crouch – AOM Representative

Provincial Family Health Team Steering Committee

Elana Johnson – AOM Representative

AOM Staff Support to Committees and Work Groups

Kelly Stadelbauer: Benefits; Negotiations; Workload Analysis; IRMP; AOM/CMO Liaison; Joint Risk Management Liaison; Ontario Midwifery Reference Group; AOM/OMA Liaison; Conference Program Planning

Bobbi Soderstrom: IRMP; ESW; Joint Risk Management Liaison; Ontario Midwifery Reference Group; AOM/CMO Liaison

Juana Bernstein: Policy; Negotiations; Workload Analysis; Rural; Remote; Hospital Privileges; AOM/CMO Liaison; Ontario Midwifery Reference Group; AOM/OMA Liaison, Conference Program Planning

Diana MacNab: ESW, Conference Program Planning

Alice Ormiston: Negotiations; Workload Analysis; Rural; Remote; Hospital Privileges

Kimberley Book: Policy; Workload Analysis

Colleen Vandeyck: Negotiations; IRMP

Wendy Allman: ESW

Benefits Program Staff Support to Committees

Rhona Dunwell: Benefits

Strategic Plan: Full-Steam Ahead

In 2007, with input from membership, the Association developed a bold three-year strategic plan. The plan consisted 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 2007. Indeed, it's been a busy year for the Association and it is full steam ahead as we continue to move these strategic directives forward in 2008.

For a full copy of the Strategic Plan 2007-2010, please visit the AOM website.

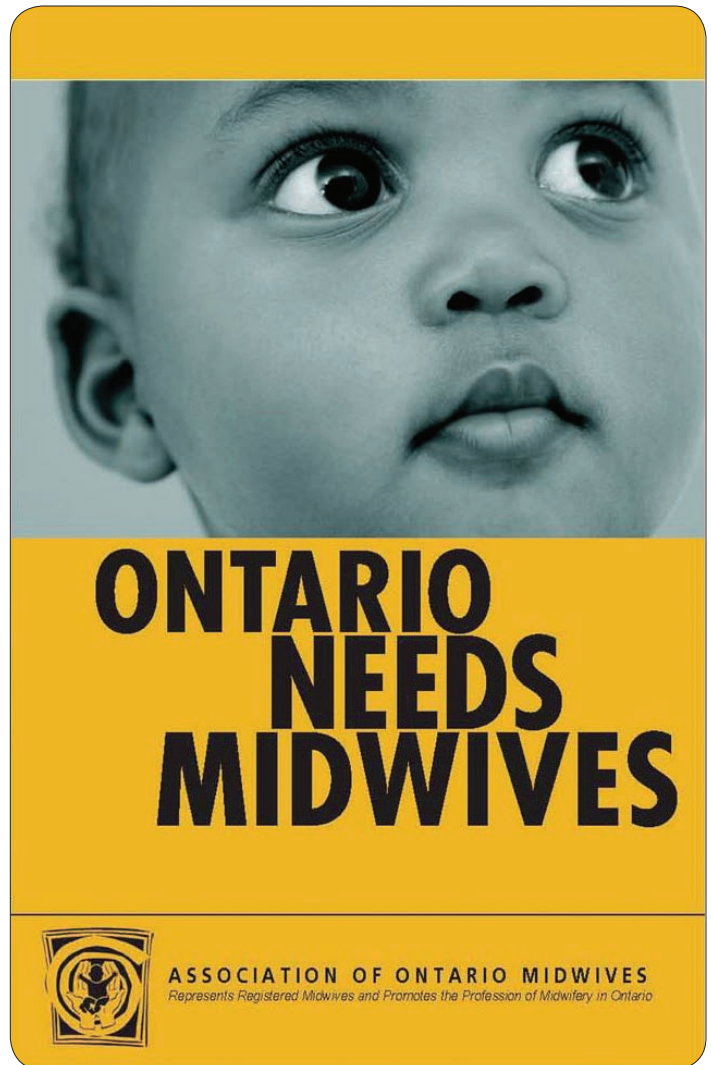
Make Midwifery Central to the Provision of Maternal and Newborn Care in Ontario

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

The AOM established a Negotiations Committee as well as a Rural Work Group and a Remote Work Group which reported directly to the Committee. The Committee met regularly, often on a weekly basis, to develop negotiation proposals and to direct member consultation and research.

Under the guidance and direction of the Workload Analysis Steering Committee, preparations work began early in the year with the development and implementation of a comprehensive, province-wide workload analysis study. During the data collection period, approximately half of members were randomly selected to complete the survey of clinical work and half were selected to complete the survey of non-clinical work associated with providing a course of care. A representative sample of 155 midwives and 51 practices participated in the clinical survey and 108 midwives and 49 practices participated in the non-clinical survey (for a total of 263 midwives participating). The clinical data set collected is impressive, with close to 12,000 entries.

The key motivating factor behind the workload study was to be able to compare time spent providing a course of care against the historical benchmark – which was that midwives spend on average 48.25 hours providing a course of care. The results of the workload study clearly



demonstrated that time spent providing a course of care has increased since 1993.

Member consultation and input into the development of the negotiation proposals was highly integrated into the Committee's process and included consultations at Regional Meetings in March and September-October, e-mail and teleconference consultations on specific issues (rural, remote, fee levels, scope incentives and clinical audit), and focus groups (interprofessional care).

The extensive research and consultation phase culminated in the development of a negotiation strategy that reflects the priorities identified by membership as well as informing the theme for this round of negotiations: Creating Equity for Midwives in Ontario's Health Care System.

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

The 2007 results of the OMP Hospital Integration Survey and a supplementary AOM survey clearly reinforced that hospital integration issues are a critical and emergent concern. Alarming, the survey demonstrated that

over one-third of practices are prevented from growing because of privileges being denied or capped.

In 2007, the AOM developed a Hospital Privileges Work Group to inform and drive advocacy efforts. Apart from strategic support and advice to members, the development of resources for practices, and the creation of the Head Midwives E-mail List, the AOM advocated for hospital integration with key organizations such as the Ministry of Health and Long-Term Care, the Ontario Medical Association, the Ontario Hospital Association and the Local Health Integration Networks. We worked collaboratively with HIROC, and provided expertise to CAM on the development of the HIROC/CMPA Joint Statement on Professional Liability.

Strengthen the consumer movement to support the growth of midwifery

The AOM developed and implemented a provincial election advocacy strategy in the fall of 2007. Election tool kits were created to equip midwives and consumers with tools to participate in the provincial election and to advocate for a provincial maternity care strategy as well as to improvements to local maternity care. Over 10,000 “Ontario Needs Midwives” flyers were distributed, including distribution to candidates from all parties and ridings across Ontario. The AOM developed a consumer database which will enable us to directly inform consumers and supporters as well as mobilize to advocate on specific local or provincial issues. In the early stages of this campaign, close to 500 consumers have already signed up.

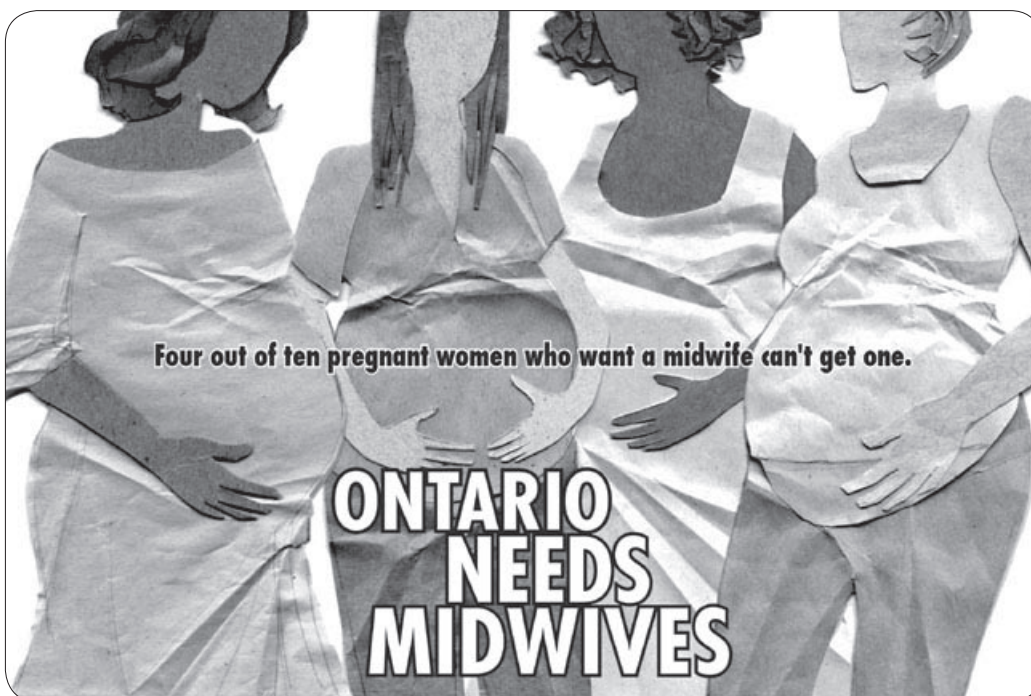
Assist in establishing relationships between practice groups and LHINs

The AOM actively worked to inform Local Health Integration Networks (LHINs) about midwives and the critical role that midwives play as primary care providers in maternal and newborn health in communities across the province, including direct correspondence with LHIN CEOs. The AOM facilitated both member and consumer involvement in LHIN consumer and provider consultations. In addition, the AOM worked to inform members of the new role and powers of the LHINs. This work included: all-practice teleconference meetings in April and May to educate midwives about LHINs and their role in the healthcare system as well as to introduce members to others in their LHIN regions; direct contact between LHIN CEOs, senior level LHIN staff and midwives encouraged and supported; establishing 14 LHIN list-serves with one point person per interested practice group; encouraging members to apply for LHIN Health Professional Advisory Committees (22 midwives applied in 11 regions).

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

The Policy Committee sent a representative to the Ontario Health Coalition’s “Revisiting Health Care” conference and action assembly. A member of the Policy Committee also initiated contact with Canadian Physicians for Medicare. Following this work, the Committee drafted and submitted a resolution to the 2008 AGM calling on members to endorse the development of a

position paper in support of the continuation and strengthening of a publicly funded, single tier health care system in Canada as well as calling on members to endorse the AOM’s support of grassroots, provincial and federal initiatives with a similar aim. Michael Rachlis, an outspoken health policy analyst and a valued source of expert opinion on Canada’s health care system was the 2007 Conference keynote speaker. Maude Barlow, the National Chairperson of The Council of Canadians, Canada’s largest public advocacy organization, and best-selling author or co-author of



fifteen books including *Profit Is Not the Cure: A Citizen's Guide to Saving Medicare*, was secured as the keynote speaker for the 2008 Conference.

Promote the Growth of Midwifery

Advocate to government for the Expansion of the Midwifery Education Program (MEP)

The AOM, alongside stakeholders, had been lobbying for expansion since 2004. In 2007, the AOM released a position paper on the maternity care crisis. The AOM met with the Minister of Training, Colleges and Universities; key senior level policy advisors as well as the Assistant Deputy Minister at the Ministry of Health; health critics from the Progressive Conservative and New Democratic parties and presented to a Standing Committee of the Legislature to specifically lobby for expansion. In August 2007, at an event in Toronto attended by midwives and supporters, the Minister of Health announced that funding would be provided to enable the MEP to increase enrolment from sixty to ninety students by 2008-2009.

Support Members in Emerging Clinical and Practice Risk Management

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

Ontario midwives were the first midwifery group in Canada to complete the HIROC Risk Management Self-assessment Modules (RMSAM), making it possible for the AOM to secure grant money to fund new risk management activities for the next year.

Support Members through a strong insurance and risk management program

Since the last annual report the Insurance and Risk Management Program (IRMP) has published insurance Bulletins about the liability risks for graduates prior to being registered, contracting with graduates acting as second attendants, and introducing the Joint Statement on Liability Protection for Midwives and Physicians. One Bulletin featured an article about proactive claims service for midwives and another introducing the new regulations under the Public Hospitals Act about disclosure.

The IRMP provided comprehensive support to members on insurance renewal matters and risk and claims management. The ESW Working Group completed a revision to update the content of the ESW workbook and related teaching materials. A new service was introduced to provide a listing of journal articles of potential interest to members to be posted to the AOM website.

The AOM facilitated HIROC's involvement to produce with the Canadian Medical Protective Association (CMPA)

the Joint Statement on Liability Protection for Midwives and Physicians which has improved the availability of accurate information about insurance and liability when working collaboratively with midwives. Midwives were featured in two articles written by an independent firm in the HIROC Connection and we submitted one article which should be published shortly in the HIROC Connection.

The AOM provided a presentation for senior MEP and IMPP students about risk management, insurance and liability. IRMP members and staff have had on-going liaison with HIROC, OMP, CMO, MEP, CAM and other stakeholders regarding insurance and risk management issues.

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

Specifically, the AOM struck various committees (see pages 5-6); regularly conducted meetings and consultations via teleconference; Board members and staff traveled to numerous cities throughout the province for Regional Meetings; and introduced webinar technology. The AOM published the *Informer*, the *Insurance Bulletin* and also created the *Funding Flash*. The *Informer* was redesigned following a member survey to more closely meet the content needs of members. The Board sent an amendment to the Constitution to the 2008 AGM regarding proxy voting. The Board of Directors approved a revision to the membership fees policy to provide more equity between membership categories and to make the process of renewal less onerous for members; and to provide prorated fees for those taking inactive status.

Resolution Report Back

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

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 2007, six resolutions were carried by membership. Below, we provide a quick highlight of the work that was accomplished on each of these resolutions in 2007.

Rural Practice Resolution

“Be it Resolved that the AOM strike a committee to look at issues affecting rural practice...in order to make recommendations and provide consultation for the process of negotiating the next Funding Agreement.”

A Rural Work Group and Remote Work Group were struck and worked diligently throughout 2007. The Chairs of each of the Work Groups were also designated a position on the Negotiations Committee.

Hospital Privileges Resolution

“Be it Resolved that the AOM make an action plan that works towards breaking down the barriers that midwives face in obtaining hospital privileges...”

The AOM developed and implemented an action plan including the creation of a Hospital Privileges Work Group which has provided expertise and guidance on action plan activities. These include development of resources for members, review of the Ontario Hospital Association midwifery integration manual, development of the Head Midwives E-mail List, and research into the Public Hospitals Act. As well, the work group proposed needed changes to allow midwives the same rights in the privileging process as guaranteed to physicians as well as midwifery representation on credentialing committees.

Election By-Law Criteria for AOM President

“Be it resolved that the AOM Constitution be amended to no longer require previous board experience as a criteria for electing the AOM President.”

Proposed amendments to the Constitution have been made and presented to members at the 2008 AGM.

Mother-Friendly Hospital Designation

“Be it resolved that the AOM investigate a program of hospital accreditation which designates Ontario hospitals providing maternity care as mother-friendly...”

The AOM staff have compiled a report on accreditation mechanisms, specifically the baby-friendly initiative, to see

what lessons can be learned. This is available to members on the AOM website.

Public Awareness of Midwifery Services

“Be it resolved that the AOM initiate a province-wide campaign to promote public awareness of midwifery services...and advocate for the expansion of midwifery training in Ontario.”

The AOM began building the foundation to launch a province-wide campaign in 2007. Consultations were conducted with members as well as with consumers, including an in-person meeting with Consumers Supporting Midwifery Care in Ottawa. A proposal to resource this campaign was approved by the Board during preparations for the 2008 budget and included the creation of a new Senior Communications Officer position on the AOM staff team. This critical piece of work will continue into 2008 and a launch of the campaign is scheduled for November 2008. In the meantime, the flyers created for the provincial election have been revised to reflect general information about midwifery care in Ontario and are available to practices, in both English and French, for distribution.

AOM Benefits Trust

“Be it resolved that members approve the establishment of a new legal entity to be known as the AOM Benefits Trust and to move the oversight, management and administration of the AOM Benefits Program from the AOM Benefits Committee to the AOM Benefits Trust. And be it resolved that the members further direct that the Board enter into the AOM Benefits Trust Agreement and the AOM Benefits Dispute Resolution Agreement with the Trustees.”

The AOM has provided ongoing support for the move of the Benefits Program to a Trust structure, and provided logistical support to the Benefits Committee for the Program's move to Ontario from BC. Following the completion of the annual financial audit and the securing of the appropriate insurance for the Trust, the Benefits Trust was established on April 1, 2008.

AOM Staff

Kelly Stadelbauer

Executive Director
executivedirector@aom.on.ca

Bobbi Soderstrom

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

Juana Berinstein

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

Diana MacNab

Manager, Education and Database
programs@aom.on.ca

Alice Ormiston

Research & Policy Analyst
policyanalyst@aom.on.ca

Kimberley Book

Policy Advisor
policy@aom.on.ca

Joanna Zuk

Senior Communications Officer
comms@aom.on.ca

Colleen Vandeyck

Office Manager
officemanager@aom.on.ca

Zahara Hajiani

Program Administrator
(on maternity leave)

Wendy Allman

Administrative Assistant
events@aom.on.ca

Benefits Program Staff

Rhona Dunwell

Benefits Manager
aombenefitsprogram@aom.on.ca

Association of Ontario Midwives

**789 Don Mills Road, Suite 608
Toronto ON M3C 1T5**

Tel: 416-425-9974

Toll Free: 1-866-418-3773

Fax: 416-425-6905

Visit our website: www.aom.on.ca

