



**ASSOCIATION OF ONTARIO MIDWIVES**

*Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario*

## **Annual Report / 2005**



## ABOUT THE ASSOCIATION OF ONTARIO MIDWIVES

The Association of Ontario Midwives (AOM) is the professional body representing registered midwives and the profession of midwifery in the province of Ontario. It is run by a 12-member Board of Directors, which includes four Executive Members, six Regional Coordinators and two Members at Large. In general, the AOM Board meets monthly and regions meet bi-annually. There are on-going work groups made up of midwives that carry out specific work in the following areas: professional liability insurance, clinical practice guidelines and emergency skills workshops. The AOM also supports the establishment of a number of different task forces made up of midwives that work on emerging issues that impact the Association. These task forces are established for a specific time period and undertake specific tasks

### **The AOM:**

- Advocates for the professional interests of midwives with other professional organizations and for the Ontario Model of Midwifery Care.
- Provides public education and promotes midwifery as an integral part of the Ontario health care system.
- Represents midwives to the Ministry of Health and Long-Term Care to maintain appropriate funding for midwifery services.
- Provides ongoing professional support to all members, including educational and professional development opportunities.
- Develops clinical and other practice guidelines and promotes midwifery research.
- Administers a benefits package.
- Negotiates and provides access to professional liability insurance for midwife members.
- Is an active member in the Canadian Association of Midwives and the International Confederation of 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:***

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.

Midwives are experts in the provision of primary care for women anticipating normal, low risk pregnancy and birth.

Valuing and respecting diversity is integral to the provision of midwifery care.

Effective midwifery care is based on the best available evidence combined with knowledge of a woman and her circumstances.

Midwifery care must be accessible and fully funded for women in Ontario.

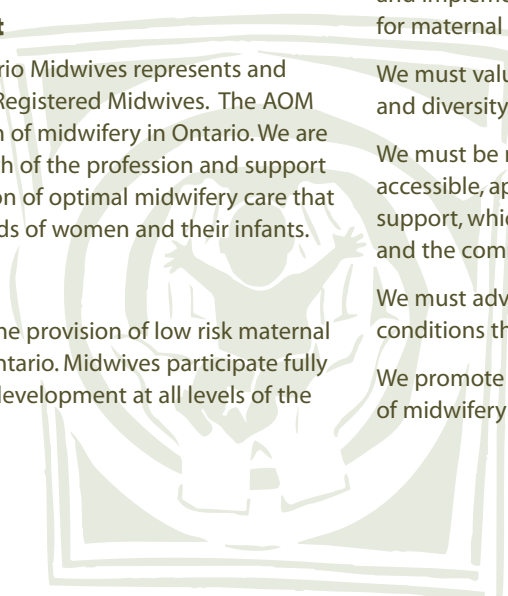
Midwifery should have a central role in the development and implementation of a Health Human Resource Plan for maternal and newborn care in Ontario.

We must value and embrace the principles of dignity and diversity in every facet of the work we undertake.

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.

We must advocate for members' rights to working conditions that promote long-term career satisfaction.

We promote the profession and enhance the potential of midwifery to contribute to the well being of society.



## A MESSAGE FROM THE PRESIDENT



As I reflect back on 2005, I see a year of change and challenge for midwives and the Association. I am reminded that without change there is no advancement, and that challenges invite change. Life, its challenges, and change are intrinsic.

One of the most significant changes for midwives was receiving the long awaited compensation increase. Compensation is a concrete way to value those who provide care. The AOM is committed to ensuring that the value of midwives will not go unattended for an indefinite period of time again. We have a commitment from the Ministry of Health and Long-Term Care to review compensation again in 3 years. Preparation for that review will start in 2006 with a comprehensive workload analysis. Midwives are paid for a bundle of services, and we need to review changes to that bundle since the first analysis in 1993, in order to have a full and fair review in 2008.

This year also saw midwives included at a number of significant "tables"; the Ontario Maternity Care Expert Panel, Babies Can't Wait, and the Family Health Team Action Group. If we are to be successful in truly making midwifery central to the provision of maternal and newborn care in Ontario, we must continue to take strides to ensure that midwives are brought to the table whenever maternity care is considered. This will mean developing and maintaining effective relationships with the Ministry, and deepening our liaison work with the Ontario Medical Association, the Registered Nurses Association of Ontario and the Ontario Hospital Association, to name a few.

The promotion of the growth of midwifery has been a challenge this year. Although we continue to see graduates funded each year, if this is our only approach to growth we will only maintain our numbers over the years. Growth of the profession is dependent on expansion of the Midwifery Education Program (MEP). In 2004, the Ministry of Colleges, Universities and Training approached the MEP to submit a proposal to expand enrollment, which the MEP forwarded in the fall of 2004. It is disappointing that no action has been taken on that proposal, despite a concerted effort by the MEP, AOM and other midwifery stakeholders. This will continue to be a primary issue for the AOM in 2006.

It remains vital to foster a strong Association. There is a continuing need for midwives to work together, find our common ground, and move ahead from a position of strength. Interesting and exciting changes are coming forward in the effort to develop innovative approaches to provide maternity care to women in Ontario. Midwives must now consider what making midwifery central to maternal and newborn care really means to us; including growing our numbers and working collaboratively in new models in communities that are either at risk of losing primary maternity care services, or already have lost them. It means embracing our full scope in a way that ensures a wise use of our expertise, expects reasonable support from other team members, and values our contribution. It means ensuring that midwives can continue to practice in the current model in communities where it is working well. As we begin to set our next three-year strategic plan, considering our quest for a central role and what is needed will be critical for midwives to address.

A very significant change for the Association is the decision Alison Dantas made to move on to new challenges. Alison has made a meaningful contribution to our organization over the past five and a half years in her leadership role as Executive Director. Working together with our Board of Directors over the years, she has stewarded the organization through many challenges and changes. Thank you Alison for all you have given to midwifery. We wish you health, happiness and success in your future.

In the midst of all the changes and challenges that we will continue to meet, my heart longs for midwives to stay strong and well rooted in our role as guardians of normal physiologic birth. We live in a culture that views birth ever increasingly as a frightening and unfamiliar event fraught with potential risks. While all maternity care providers must take leadership to reestablish a culture that sees birth as a normal and healthy life event for most women, to be celebrated and experienced with appropriate care provided to every woman, midwives have a unique contribution to make.

A handwritten signature in cursive script that reads "Elana Johnson".

*Elana Johnson, RM*

## A MESSAGE FROM THE EXECUTIVE DIRECTOR



2005 is noteworthy because of two important accomplishments for making midwifery central to maternal and newborn care in Ontario.

First, we achieved our first compensation increase since midwifery was regulated twelve years ago. Achieving an agreement took determination and effort, but also

reflects the value that the provincial government places on the role of midwives in providing high quality care that women and their families are demanding.

Second, midwives were invited to have a central role in the Ontario Maternity Care Expert Panel (OMCEP), which was formed to provide advice to the Ontario Women's Health Council on the emerging crisis in maternity care in Ontario, including developing a plan for the future of maternity care that is centred on the needs of women and their families.

It is heartening to see two major provincial initiatives that clearly value midwives and the midwifery approach to care. It is also very much deserved, and recognizes the demonstrated value of midwifery care. The AOM has remained focussed on advocating for the actions that are necessary to keep the profession strong and growing, and to promote the culture of normal birth. We are in a very exciting time, with many challenges ahead, but also room for enthusiasm for what lies ahead.

We remain committed to nurturing an effective relationship with the Ontario Midwifery Program (OMP). The OMP is to be commended for their dedication and effort in working with the AOM to negotiate a new funding agreement, and a compensation increase for midwives. We have also continued to develop our relationship with the Ontario Medical Association (OMA) and other stakeholders.

It has been a demanding and successful year. Our key accomplishments are listed on the next page.

There are important accomplishments that we have been able to make in strengthening the AOM as an association. We have continued to develop our capacity

in insurance administration and risk management, reflecting the importance of being strategic in addressing the challenges of insurance for maternity care providers. We have also been able to continue to reduce our membership fees. These accomplishments have been achieved thanks to the vision and effort of our members, including the Board, working groups and task forces, and those who shared their ideas and passion at regional meetings.

I am particularly proud of the accomplishments of the AOM as I complete my time as Executive Director. As I look back over the past five and a half years, I see how far the profession has evolved and how effective the Association has become. It has been a very significant time for me personally and professionally and I see so much potential for midwifery to truly take its place as being central to maternal and newborn care in the Province. I know it will take courage, faith and a lot of innovative action to have midwifery embrace the opportunity to become fully integrated into the health care system and I wish you all the best as you embark on the next phase of evolution for the profession. I encourage you take courage and to move forward with confidence knowing that your contribution to women's journeys through childbirth cannot be ignored. I know this as a consumer of midwifery care and I will never forget the significance of my childbirth experience with the help of talented, confident and highly-skilled clinical practitioners at my side.

I would like to take this opportunity to thank the many midwives I have worked with over the years who have inspired and supported me through my tenure at the Association. And I want to extend my deepest appreciation to the staff of the AOM, who are one of the most competent and dedicated group of people that I have had the pleasure to work with.

I wish all of you well on the road ahead.

A handwritten signature in cursive script that reads "Alison Dantas". The signature is written in dark ink and is positioned above a thin horizontal line.

*Alison Dantas, MA*

# KEY ACCOMPLISHMENTS IN 2005

## STRATEGIC PLAN GOAL 1

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

- Completed negotiations on revisions to the funding agreement
- Completed negotiations that resulted in an increase in compensation for midwives
- Initiated a strategy for next funding agreement negotiations in 2007
- Participated in the review and approval of pilot projects that explore alternative ways of working
- Participated in the College of Midwives of Ontario (CMO) policy review consultation
- Advocated to the OMP for changes to the funding agreement that will help support the needs of rural and remote practices
- Raised the profile of midwifery with key government officials and successfully advocated for a funding commitment from the Minister of Health and Long-Term Care

## STRATEGIC PLAN GOAL 2

### Advocate Member Interests to Other Stakeholders

- Obtained a commitment from the OHA to update the document on integrating midwifery
- Met with OHA to determine opportunities for collaboration including joint education initiatives to raise the profile of midwifery in hospitals
- Meetings held with Ontario Medical Association (OMA), Ontario Hospital Association (OHA), Registered Nurses Association of Ontario (RNAO) to strengthen relationships
- Continued to participate in the multi-disciplinary research project called "Babies Can't Wait"
- Successfully nominated a midwife to sit on the Ontario Maternity Care Expert Panel (OMCEP)
- Participated on the Joint Risk Management Work Group
- Met with stakeholders on issues affecting the profession regularly
- Participated on the board of CAM
- Participated in the national ESW meetings
- Participated in an initiative to establish a joint statement on liability issues between physicians and midwives

## STRATEGIC PLAN GOAL 3

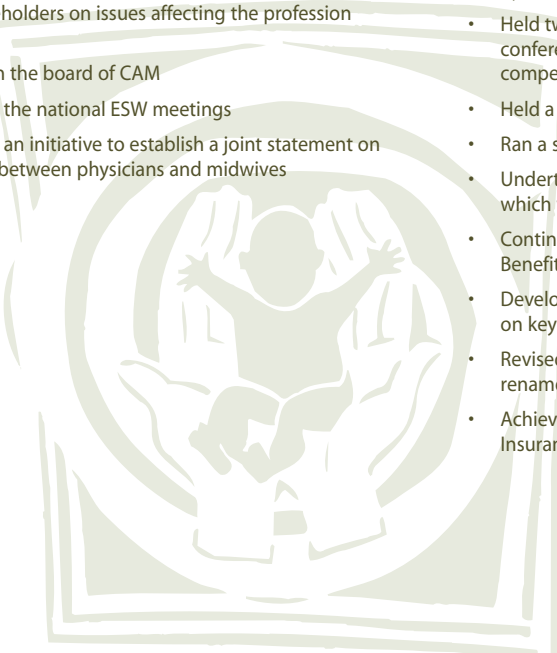
### Promote the Growth of Midwifery

- Assisted members to problem-solve hospital relations/privileges issues
- Successfully worked at the Ministry level to raise awareness of the privileges issue and achieved wording in the new hospital accountability documents about the need for hospitals to assist in the growth of midwifery
- Participated on the multi-stakeholder committee
- Implemented a strategy to get MOHLTC approval for the ongoing growth and sustainability of the profession
- Undertook research and developed a strategy to address attrition and retention
- Drafted 4 new clinical guidelines for midwives
- Held a sold out clinical conference in May 2005 with a high level of satisfaction from members
- Offered a continuing education module on developing practice protocols
- Held Emergency Skills Workshops
- Implemented a business management strategy including an advanced business management workshop in May 2005
- Identified and provided two risk management education workshops at the May conference

## STRATEGIC PLAN GOAL 4

### Foster a Strong Association

- Further developed the AOM website and members only section
- Updated and revised the website to make it more user friendly
- Secured a lease for new office space and moved the AOM office
- Sent out regular issues of the Informer
- Sent out Member Updates on key projects undertaken by the AOM
- Held two sets of regional meetings and a series of tele-conferences with members on the funding agreement and compensation
- Held a new practice orientation workshop
- Ran a small business workshop at the conference
- Undertook an in-depth review of the Constitution, which will be sent out to the members in 2006
- Continued to review the governance relationship of the Benefits Committee to the Board
- Developed an insurance-related bulletin to inform members on key issues
- Revised the structure of the AOM Insurance Program and renamed it the AOM Risk Management Program
- Achieved MOHLTC funding for the administration of the Insurance Program and risk management activities



## A MESSAGE FROM THE TREASURER

We began the year 2005 with a surplus of \$128,480 as reported to our members at last year's annual general meeting.

The AOM Board continued to take a conservative approach to approving a budget, including a conservative projection of revenue and the establishment of an emergency fund within recent budgets to address unanticipated issues that may arise through the year. This has put the AOM in a much stronger fiscal position to address an unexpected revenue shortfall.

The Board provided the Executive Director with direction to avoid a deficit and to manage a break-even budget in 2005. The Board part way through the year provided the Executive Director with additional funds from the reserve to offset the costs associated with negotiating a new compensation package and funding agreement for the profession. The Executive Director took this direction and employed a series of fiscal strategies with the goal of achieving the highest priority for our members – better compensation.

Overall in 2005, the AOM had projected revenues or income that was realized in terms of membership fees. In addition, the AOM had received a grant from the Ontario Midwifery Program to cover expenses associated with the administration of the Professional Liability Insurance Program and specific risk management initiatives for our members in previous years and we projected a similar amount to be received for 2005. However, due to a number of factors, when the grant was finalized in January 2006 it was approximately half the amount that had been expected.

The additional costs associated with the negotiations around the funding agreement and the late date of grant approval for 2005, which limited opportunities to reduce expenditures, resulted in a deficit of \$111,411 for the 2005 fiscal year. This is less than the amount of the surplus for the previous year, and the AOM continues to have a reserve available.


Having the AOM build a reserve is important because, as we have learned from the past few years, the accurate projection of income and expenses is difficult due to the unpredictable nature of our profession.

On the revenue projection side, the number of active midwives changes significantly from one year to the next due to the demographics of our midwife population and because the number of graduating midwives is not always predictable.

On the expense projection side, due to the evolution of the midwifery profession and the external circumstances that continue to affect and impact our profession, it is extremely difficult to allocate resources to the strategic priorities of the membership while still remaining flexible and responsive to the unanticipated, but critical, issues that present themselves during any given year.

The AOM is committed to fully rebuilding the reserve while at the same time holding membership revenues steady to the 2004 level in order to reduce membership dues.

As Treasurer of the AOM I am satisfied that the Board and Acting Executive Director are making every effort to maintain a sound financial position for the Association. Over the next year the Board will continue to budget and plan conservatively so that the AOM can continue to grow and provide quality services while reducing membership fees significantly by the end of 2007.

A handwritten signature in black ink, appearing to read 'Jane Erdman', with a long, sweeping underline.

*Jane Erdman, RM*

# AUDITOR'S REPORT ON FINANCIAL STATEMENTS

We have audited the statement of financial position of the Association of Ontario Midwives (Note 3) as at December 31, 2005 and the statements of changes in net assets and operations for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the association as at December 31, 2005 and the results of its operations for year then ended in accordance with Canadian generally accepted accounting principles.

Respectfully submitted,  
**Berman & Lofchick, LLP** *March 17, 2006*  
*Chartered Accountants Toronto, Ontario*

## NOTES TO FINANCIAL STATEMENTS – DECEMBER 31, 2005

### 1. PURPOSE OF THE ORGANIZATION

The Association of Ontario Midwives is the professional body representing midwives and the practice of midwifery in the Province of Ontario.

### 2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. Outlined below are those policies considered particularly significant by the organization:

- (a) Temporary investments represent investments in fixed income instruments and equities and are stated at cost. The market value at year end was \$1,044,093; 2004 – \$514,028.
- (b) Amortization of capital assets and capital leases have been provided at the following annual rates:  
 Office equipment – 5 years straight line  
 Computers – 5 years straight line  
 Photocopier – 20% of unamortized cost  
 Server – 30% of unamortized cost
- (c) Receipts for all membership fees are recorded in these financial statements on the accrual basis. Therefore, the amounts recorded in these financial statements may or may not correspond to the actual amounts received during the fiscal year.
- (d) The organization uses the deferral method of accounting with respect to contributions.
- (e) The organization does not account for contributed materials and services.

### 3. AOM BENEFITS PROGRAM

The AOM Benefits Program operates as a separate fund of the Association of Ontario Midwives, with a December 31 year end and is audited separately. Audited financial statements for the AOM Benefits Program for the year ended December 31, 2005 have been prepared and are available upon request to Association of Ontario Midwives members.

### 4. CAPITAL ASSETS

	Cost	Accumulated Amortization	2005 Net	2004 Net
Office equipment	\$ 39,512	\$ 9,919	\$ 29,593	\$ 8,070
Computer	<u>3,394</u>	<u>1,358</u>	<u>2,036</u>	<u>2,715</u>
	<u>\$ 42,906</u>	<u>\$ 11,277</u>	<u>\$ 31,629</u>	<u>\$ 10,785</u>

### 5. CAPITAL LEASES

Leases that transfer substantially all of the benefits and risks incidental to the ownership of property are classified as a capital leases. At the inception of a capital lease, an asset and a obligation are recorded at an amount equal to the lessor of the present value of the minimum lease payments and the property's fair value at the beginning of such lease. Assets recorded under capital leases are amortized on commencement of use of the related assets.

	Cost	Accumulated Amortization	2005 Net	2004 Net
Server	\$ 41,946	\$ 21,907	\$ 20,039	\$ 28,628
Photocopier	<u>—</u>	<u>—</u>	<u>—</u>	<u>35,641</u>
	<u>\$ 41,946</u>	<u>\$ 21,907</u>	<u>\$ 20,039</u>	<u>\$ 64,269</u>

### 6. LEASE COMMITMENT

As of December 31, 2005 the Organization is obligated under the terms of its lease on its premises to make annual aggregate payments, exclusive of GST and additional rent, as follows:

2006 – 35,017	2009 – 42,389
2007 – 38,703	2010 – 42,389
2008 – 42,389	2011 – 21,195

### 7. STATEMENT OF CASH FLOW

A statement of cash flow has not been provided as it would not provide any additional meaningful information.

### 8. RECLASSIFICATION OF ACCOUNTS

Certain of the 2005 accounts have been reclassified and the 2004 comparative figures have been adjusted to conform with the reclassification. There is no effect on the excess (deficiency) of revenues over expenses of the organization.

# STATEMENT OF FINANCIAL POSITION

Year ended December 31, 2005

	2005	2004
<b>Assets</b>		
CURRENT		
Cash	\$ 522,903	\$ 748,221
Temporary investments	1,069,404	514,028
Accounts receivable	356,006	82,207
Grants receivable	192,755	-
Prepaid expenses and sundry assets	<u>31,650</u>	<u>35,220</u>
	2,172,718	1,379,676
Capital assets – at cost less accumulated amortization (note 4)	31,629	10,785
Capital leases – at cost less accumulated amortization (note 5)	<u>20,039</u>	<u>64,268</u>
Total Assets	<u>\$ 2,224,386</u>	<u>\$ 1,454,729</u>
<b>Liabilities</b>		
CURRENT		
Accounts payable and accrued liabilities	\$ 294,083	\$ 104,977
Deferred revenue	105,871	-
Current portion of lease	<u>13,556</u>	<u>23,686</u>
	413,510	128,663
Obligations under capital leases	<u>-</u>	<u>39,841</u>
Total Liabilities	<u>413,510</u>	<u>168,504</u>
<b>Net Assets</b>		
Net asset invested in capital assets	31,629	10,785
Net assets invested in capital leases	6,482	741
Restricted for future insurance program	1,721,486	1,085,424
Unrestricted net assets	<u>51,279</u>	<u>189,275</u>
	<u>1,810,876</u>	<u>1,286,225</u>
	<u>\$ 2,224,386</u>	<u>\$ 1,454,729</u>
Lease Commitment (note 6)		

## STATEMENT OF CHANGES IN NET ASSETS

Year ended December 31, 2005

		Net Assets invested in capital assets	Net Assets invested in capital leases	Restricted for future insurance program	Unrestricted	2005 Total	2004 Total
Balance	– Beginning of year	\$ 10,785	\$ 741	\$ 1,085,424	\$ 189,275	\$ 1,286,225	\$ 618,393
	– Excess (deficiency) of revenues over expenses	(8,581)	(15,716)		(87,114)	(111,411)	128,480
	– Purchase of capital assets	29,425			(29,425)		
	– Repayment of obligations under capital leases		49,970		(49,970)		
	– Disposal of capital lease		(28,513)		28,513		
	– Insurance Program Investment			<u>636,062</u>		<u>636,062</u>	<u>539,352</u>
Balance	– End of year	<u>\$ 31,629</u>	<u>\$ 6,482</u>	<u>\$ 1,721,486</u>	<u>\$ 51,279</u>	<u>\$ 1,810,876</u>	<u>\$ 1,286,225</u>

## STATEMENT OF OPERATIONS

Year ended December 31, 2005

	<b>2005</b>	<b>2004</b>
<b>Revenues</b>		
Membership fees	\$ 691,791	\$ 679,410
Risk management	267,936	229,471
Insurance program grant fund	138,479	325,277
AOM – Benefits Policy Development	134,807	58,190
Other fund income	7,873	7,951
Insurance Administration Income	-	73,452
Ministry of Health	<u>-</u>	<u>(8,100)</u>
	<u>1,240,886</u>	<u>1,365,651</u>
<b>Expenses</b>		
Wages and wage costs	492,997	358,472
Operations	241,086	173,520
Insurance program grant fund expenses	186,360	287,339
AOM – Benefits Policy Development	134,807	57,940
Stipends	111,305	57,228
Facilities and travel	91,989	99,311
Legal fees	47,806	14,577
Printing and production	22,579	31,855
Moving costs	14,539	-
Regional meetings	4,262	5,766
Consulting fees	3,210	116,782
Emergency Skills Workshop	1,357	8,877
Memberships	-	28,150
AOM Database	<u>-</u>	<u>(2,646)</u>
	<u>1,352,297</u>	<u>1,237,171</u>
<b>Excess (Deficiency) of Revenues Over Expenses</b>	<u>\$ (111,411)</u>	<u>\$ 128,480</u>

# THANK YOU

*A great deal of gratitude goes out to all the staff, Board and midwife volunteers.  
This year's successes are due to your contributions. Thank you!*

## STAFF TEAM

Alison Dantas .....Executive Director  
Michael Heitshu .....Senior Manager, Policy & Program  
Heather Rall .....Manager, Corporate Affairs  
*(on maternity leave as of June 2005)*  
Diana MacNab .....Program Manager,  
Education & AOM Database  
Laurie Bowman .....Program Manager,  
Membership & Communications  
Zahara Hajjani .....Program Administrator  
Barb Edwards .....Office Coordinator

## BOARD OF DIRECTORS

### Executive Members

Elana Johnson, RM .....President  
Kristy Hook, RM *(Resigned October 2005)* .....Vice-President  
Katrina Kilroy, RM *(Term began October 2005)* ....Vice-President  
Maureen Silverman, RM *(Term ended May 2005)* .....Secretary  
Mary Ann Leslie, RM *(Term began May 2005)* .....Secretary  
Jennifer Wright, RM *(Resigned October 2005)* .....Treasurer  
Jane Erdman, RM *(Term began October 2005)* .....Treasurer

### Members at Large

Debbie Smith, RM *(Term ended May 2005)*  
Katrina Kilroy, RM *(Term began June 2005 – October 2005)*  
Sara Wolfe, RM *(Term began May 2005)*

### Regional Coordinators

Eileen Abbey, RM .....North  
Anne Wilson, RM .....South West  
Edan Thomas, RM .....South Central  
Céline Goodrich, RM *(Term ended May 2005)* .....East  
Lilly Bianchi, RM *(Term began May 2005)* .....East  
Lisa Weston, RM .....South East  
Ann Crabbe, RM *(Term ended May 2005)* .....West  
Lisa Morgan, RM *(Term began May 2005)* .....West

## WORK GROUPS

### ESW Work Group

Leslie Viets, Chair  
Royce Entwistle  
Mary Ann Leslie  
Mary Sharpe  
Vicki Van Wagner  
Sarilyn Zimmerman

### Clinical Practice Guideline Work Group

Kathi Wilson, Chair  
Lynne-Marie Culliton  
Kathelijne Keeren  
Tasha MacDonald  
Andrea Robertson  
Jan Teevan  
Lisa Wishnefsky

## CONSULTATION GROUPS

### Funding Reference Group

Elana Johnson  
'Remi Ejiwunmi  
Bobbi Soderstrom  
Jennifer Wright  
Kristy Hook  
Maureen Silverman  
Anne Wilson

## AOM-APPOINTED REPRESENTATIVES TO OTHER STAKEHOLDER GROUPS

Katrina Kilroy – *Babies Can't Wait*  
Elana Johnson – *Canadian Association of Midwives; Ontario  
Maternity-Care Expert Panel (OMCEP)*

## AOM BENEFITS COMMITTEE

Heather Keffer, Chair *(Until November 2005)*  
Tracy Pearce-Kelly, Chair *(Started November 2005)*  
Cathie Bulstrode  
Kim Fera  
Jan Teevan *(Resigned September 2005)*  
Karen Terpstra

*The AOM Benefits Committee produced a separate  
2005 Annual Report, which was distributed to members  
of the AOM Benefits Program in April 2006.*

## AOM RISK MANAGEMENT PROGRAM STEERING COMMITTEE

Bobbi Soderstrom, Chair  
Elana Johnson  
'Remi Ejiwunmi

## What is a Midwife?

In Ontario, a midwife is a registered health care professional who provides complete care to women having normal pregnancies throughout their pregnancy, labour and birth. Midwives also provide care to both mother and baby during the first six weeks following the birth.

Most midwives work together in group practices. A woman is seen by a small number of midwives. During regularly scheduled visits to the midwifery practice, midwives provide clinical examinations, counselling and education.

Women in midwifery care normally do not see a physician during their pregnancy, labour, birth or the first six weeks after the baby is born. In the event that medical problems arise, midwives consult with the woman's family physician, nurse practitioner, or the appropriate specialist to determine a plan of care.

## Midwives in Ontario

Ontario regulated and funded midwifery in 1994, becoming the first Canadian province to do so. Midwifery services are fully funded by the Ontario Ministry of Health and Long-Term Care. This means that clients are assured of a midwife's training and competency, and that they can access a midwife at no cost to themselves.

The Ontario Model of Midwifery Care is based on the principles of Continuity of Care, Informed Choice and Choice of Birthplace. Midwives spend time developing relationships with pregnant women and are available 24 hours a day, seven days a week. Women are active decision-makers in the care they receive. Midwifery clients may choose to give birth at home or in hospital. Midwives maintain privileges at many Ontario hospitals and work collaboratively with other health care practitioners.

Currently, midwives qualify for registration either by graduating from the Ontario Midwifery Education Programme (a four-year baccalaureate degree program offered at McMaster, Ryerson and Laurentian universities) or Ryerson University's International Midwifery Pre-registration Programme (IMPP). Each year approximately 35 new midwives are registered, making midwifery care available to more women throughout Ontario.

The Association of Ontario Midwives collaborates with the College of Midwives of Ontario, the Ontario Midwifery Education Programme and other stakeholder groups to continue the development of the profession in a manner that ensures the provision of optimal midwifery care that is responsive to the needs of women and their families in Ontario.

## Midwifery Scope of Practice

The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries.

*[Ontario] Midwifery Act, 1991*

### ONTARIO MIDWIFERY ORGANIZATIONS

#### College of Midwives of Ontario

The regulating and governing body for midwives: ..... 416-327-0874

#### Midwifery Education Programme

Laurentian University: ..... 705-675-4822

McMaster University: .... 905-525-9140, Ext.26652

Ryerson University: ..... 416-979-5104

#### International Midwifery Pre-registration Programme

Ryerson University: ..... 416-979-5000, Ext. 7681

#### Ministry of Health and Long-Term Care

The Ontario Midwifery Program: .... 416-327-7061

*For more information about midwifery or to contact a midwifery practice in your area, please call the AOM office at 416-425-9974 or toll free in Ontario at 1-866-418-3773, or visit our website at [www.aom.on.ca](http://www.aom.on.ca)*



## **ASSOCIATION OF ONTARIO MIDWIVES**

*Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario*

789 Don Mills Road, Suite 608, Toronto, Ontario M3C 1T5

**t:** 416-425-9974 / **f:** 416-425-6905 / **e:** [admin@aom.on.ca](mailto:admin@aom.on.ca) / [www.aom.on.ca](http://www.aom.on.ca)