



Midwives of the Month: Sonje Juul, Kerry Harris & Fallon Cooper

RURAL SUPPORT
PROGRAM RECIPIENTS FOR
DAWSON CREEK MIDWIFERY

*Midwives Sonje and Kerry assist
18-year-old Emily Morgan catch
her baby sister Georgia at
Dawson Creek Hospital.*

Northeastern BC's maternity care gap has been shortended! As of January 1, 2018 [Dawson Creek Midwifery](#) is providing pregnancy, birth and postpartum care to families in the region. Learn more about the rewards and challenges of opening a practice in Dawson Creek and the ground-breaking midwife and her two supervisors, one of which grew up in Fort St. John, who are braving the cold weather to provide care for families in parts of Northeastern BC.

MABC: Where is everyone right now?

FC: I'm in Whistler.

KH: I'm in Fort St. John, which is an hour drive from Dawson Creek.

SJ: I'm in Dawson Creek.

MABC: How did you all start working together and what are each of your roles at Dawson Creek Midwifery?

SJ: I think it started with my need to bridge as an internationally educated midwife. My options were to move out of the community to do a minimum 6-months or to see if I could try to recruit a supervisor here. I wasn't hopeful for that.

I had the request for a supervisor out there on the MABC list serve for quite a number of weeks and the day before I thought, "well, that's it," and then I got Kerry and Fallon.

And I was quite happy about that. To be very honest, I actually went ahead and consulted with the College and MABC about going forward up here without 6-months supervision.

I couldn't believe that midwives would come up here. So I had my backup plan if no one came or if they couldn't come. I'm glad it all worked out and it's kind of weird putting your whole plan into some-



Left: Chvonne from Labours Eve Birth Support Services, Sonje and Kerry.

one else's hands and just hoping that it will come together.

FC: I was having trouble securing hospital privileges in Vancouver and

it was suggested to me (I actually didn't see your email, Sonje) that this opportunity was out there. I grew up in Fort St John and it is about 75 kilometers away from Dawson Creek. I went to school in

Fort St. John, I go there for Christmases. My parents, my sister and a lot of my family is still in Fort St. John.

When this came up, I was thrilled. I think it is a common dream to bring something you're passionate about to share with the community where you're from and give back.

The Northeastern BC community has been calling for midwives for years and years. So it made a lot sense. Having a life and being married in Vancouver wasn't something that made me think I could supervise Sonje solo so I found Kerry and dragged her into it.

KH: I was having a similar issue in Vancouver securing privileges because of the CAP (Caseload Assistance Program) rules that I needed to work outside Vancouver and I was doing locums all over. This fit really well into that plan.

MABC: How have things been going so far at the new practice?

SJ: We opened up on January 1st and had our first baby on January 2nd. And we've had 12-babies so far. Technically 11, one just transferred out of the community to birth and then came back into care.

It's been going quite well; we've had our ups and downs but it has been good.

The women are very appreciative of the care they are receiving; the integration is a slow process but it is getting there. It's a lot of repeating the same kind of thing to prospective clients, clients and medical professionals about what we do and where we fit in. The nursing staff has been really receptive as well.

We've had some interesting surprises. The first home birth we had was at the [Pomeroy Hotel](#) and they have been so welcoming. They offer our clients a better rate and even made them a gift basket at the first birth. They are completely fine with us having births there and we have had three home births in that particular hotel.

FC: We put the word out there that we would be doing this in Dawson Creek last October or September and the community went crazy. Our Facebook was blowing up. I had people calling my personal cell phone number and I don't even know how they found it. When we were first talking we said we would take whoever comes first and I think Sonje is already turning away people for July.

SJ: For July and August we have 10-clients on the waitlist. So if you could incorporate a little ad into this article and recruit another midwife here for us that would be

great, ha.

I'm waiting for that 'Fallon and Kerry' out there who are looking for an adventure while finding ground-breaking meaning in their career. We need someone to nudge the right midwife in our direction

KH: It will be at the eleventh hour, I'm sure. Just keeping you on your toes.

FC: In terms of starting a new service in a new community, 11 doesn't sound like a huge number, but 11 in 7-weeks is pretty amazing. And to be at a point where we are already turning people away. The community has really taken to midwifery.

SJ: We have been doing quite a few postpartum visits as well. It's not only to make it financially viable but to provide good care. A postpartum today is a multip birth tomorrow. Women at home are floored by the treatment they get from us.

FC: It's also a Level 1 community with a hospital and the closest Level 3 is Prince George. The closest Level 2 hospital is about 2 hours away and the closest Level 3 is about 3.5 hours away. So any birth that's not low risk, people end up transferring out of the community and we do end up with a lot of postpartums for that reason. This means that the closest place where

there is a pediatrician or obstetrician on-site or a nursery for small or sick babies is hours away.

MABC: What made you decide to bring midwifery to Dawson Creek?

FC: Midwifery is a passion. No one just falls into this as a career. I don't think that any of us just continue to wake up at 4 a.m. in the morning just because it is just kind of okay. It's what I do and what I'm passionate about and I'm thrilled to be able to bring that back to my hometown and the people that I grew up with. One of our clients was someone I had braces with in high school. And one of our clients I went to Girl Guides with.

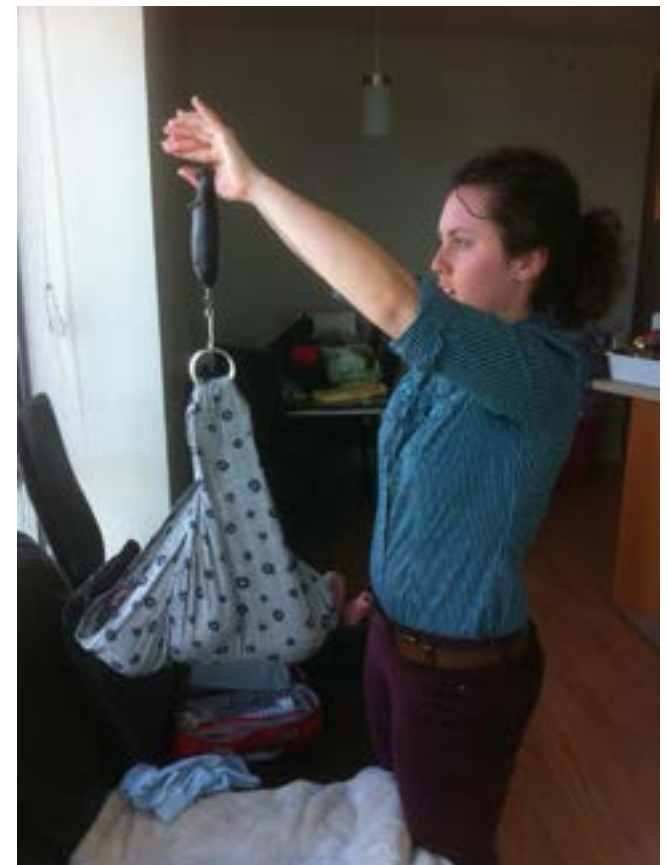
It's really special to be able to leave a community, educate yourself, grow as a person, and come back and give back.

KH: I don't have a pre-existing connection with this community but it has been interesting to see what a demand there is for midwifery services here. It's not uncommon for

clients that we have in care to have had unattended births in the past or to have had to drive hours and hours and hours to get care or to relocate at 36-weeks so they can have midwifery care.

It's so great to bring this service to a community that was obviously wanting it and needing it for a long time.

FC: Something I didn't know about going into this is that there is no



Fallon Cooper weighing a baby as part of a postpartum visit.

reciprocal agreement between BC and Alberta for midwifery. We have clients that could have babies in Alberta for free that are choosing to come to BC because they live close to our border. These people are paying out of pocket. These are Canadians that pay for health-care. It's heartbreaking we cannot offer them our service the same way a GP in the community would.

KH: We have people from Alberta who have Alberta Health Care who elect to pay for our services privately but we also have Albertans who can't afford to pay privately and have been transferred into our care to get more information about midwifery and then have transferred back out. These families will still deliver at the Dawson Creek Hospital because it's the closest hospital to them because of how close to the Alberta border Dawson Creek is. It is an issue that the three of us have discussed and it needs to be spearheaded at the policy level.

MABC: It must be hard to see those families turned away. Do you know why it took so long to bring midwifery to Dawson Creek?

SJ: Dawson Creek is a small town and it gets very cold here. Fallon and I went out in minus 45 degree weather one morning for a home-birth; who wants to do that?

Bloom where you are planted

Dawson Creek Mirror
JANUARY 24, 2018 07:06 AM



Julie Hutchings and Feddema.

Amazing things happen when the right combination of people get together.

Three ambitious local business women are changing the options available to growing families in Dawson Creek. Bloom Family Wellness Collective was created by Sonje Juul a registered midwife and owner of Dawson Creek Midwifery; Sydney Feddema a postpartum doula; and Chvonne Hutchings a prenatal educator. The collective came from a desire to bring quality care providers together to better serve growing families in the Dawson Creek community.

An article on Bloom Family Wellness Collective in the Dawson Creek Mirror.

And the thing that makes me a little bit sad is that I would do this no matter what but the further physicians get up North the more they get from MSP. Up here in Dawson Creek they get 23.1% extra and in Fort St. John they get 30% extra on whatever they bill to MSP in that period.

Midwives are giving an excellent service that is proven to be cheap-

er for the health care system. I feel like this is a big reason why midwives don't want to be here. For the same money they can be a little warmer down south, they can have better resources and city-like luxuries.

From my experience, especially with the people who have been up here a long time, the idea of midwives is a very foreign concept.

FC: In general we are dealing with a smaller population, too. We only have around 280 practicing midwives in the province and the majority of British Columbians live much further south than this.

Sonje is starting a clinic by herself; it's hard and it takes a specific kind of person to do that. So it's great that she is here and hopefully we can find someone in Fort St. John or Dawson Creek who wants to join her.

Hopefully having a midwifery clinic in Dawson Creek brings to light that it is a financially sustainable place to live and to practice. And that midwifery can expand even further into Northern BC. There are lots of communities that need this support.

MABC: And the region has a very high birth rate, too.

FC: Yes, we have a really high birth rate here and the majority of the people here have more babies per family and have babies a lot younger. The average age in Vancouver is up to 33-years old when a person has their first baby and it's far younger here. Typically we are ending up with less high-risk issues here. So that's a blessing for this low-risk community.

MABC: How

would you describe the population you are serving so far?

FC: Fort St. John is about 75 kms away from Dawson Creek, Chetwynd is about an hour and Tumbler Ridge is also about an hour and a half away. Every person who is having a baby in Chetwynd is referred to the Dawson Creek Hospital. They are taken out of their home community when they have

babies because their hospital does not support birth. Tumbler Ridge is a small community and they only have a Health Centre so that is also another community that we serve that doesn't have the ability to birth where they live.

We are taking care of both Aboriginal and settler families that have to relocate for birth. The population we're serving so far is a third Dawson Creek and a third Fort St. John and a third from elsewhere (Alberta, Chetwynd, Tumbler Ridge, Taylor, Pouce Coupe, Rolla, Fairview, Worsley).

It's a large geographical area that people are willing to travel in to see us. Northern Health has a higher Indigenous population than the rest of BC and we're hoping to be accessed by more Indigenous people as we make connections with the bands with Treaty 8 as well as other Indigenous Nations close to us.



Kerry and Fallon at the airport taking turns providing supervision to Sonje in Dawson Creek.

MABC: Where is the closest midwifery service for people in Alberta?

SJ: In Alberta the closest midwife is in High Level, about a 5-hour drive away who has an alternative practice arrangement with physicians and there are midwives in Edmonton which is about 5-6 hours away. For BC it would be Prince George – a 4-5 hour drive.

FC: Edmonton is about 6 - 7 hours, depending on the weather. We had one person from just outside of Dawson Creek who had her first 2 babies in Edmonton (who travelled in labour, which is mind blowing).

We have people who are seeing the Prince George midwives so that they can be at a higher level of hospital to deliver their babies.

We've had one client who had a previous midwife in Vernon; one who had previous midwives in Burnaby. Our population is motivated to access midwifery care.

SJ: Quite a few have histories of

unattended births. We have one client who is very open that that is what she is planning because she doesn't want to travel over an hour to birth here. It's understandable.

MABC: Is it true that Fort St. John changed their maternity model a few years ago?

SJ: Yes, it is quite a large rotating model that they have there.

FC: In Dawson Creek the physicians do solo care, obviously they get call coverage when they need it, which means they do all their prenatal, birth and postpartum care. And Fort St. John used to be that way however

the birth rate went crazy and there are no family doctors here. There is simply not the physical staff to orchestrate solo care anymore.

The physicians there do a rotating birth clinic. They book clinic days with whoever is on call that day so clients may wait for hours to see a doctor on the day they have an

We have clients that could have babies in Alberta for free that are choosing to come to BC because they live close to our border. These people are paying out of pocket. These are Canadians that pay for health-care. It's heartbreaking we cannot offer them our service the same way a GP in the community would. The demand for midwifery is very much here.

appointment because someone is having a C-section or having back-to-back deliveries, and then whoever you meet is hopefully one of the people that's doing deliveries on the day when you have your baby.

Fort St. John used to be a solo care model so for a person to have their family doctor take care of them for their prenatal care, delivery and through the postpartum period and continue to take care of them and their child and then be pregnant again and be told that's not how it works here anymore. I think a lot of Fort St. John people have a hard time with that.

I think it's been this way for about 3 or 4-years now. A lot of the people that we serve who have travelled for midwifery care have been from Fort St. John.

MABC: What are your goals for Dawson Creek Midwifery or in general for midwifery in the region?

SJ: For me it would be to see that it become sustainable. Sustainability, in my opinion, would depend on the number of midwives here and also probably on some sort of rural grant to promote midwives to come up here. The Rural Startup Program from the MABC has been very helpful just in terms of the initial startup.

I do not see myself retiring here.

The last thing I want to happen would be to see midwifery fall apart after having put so much time and love into it. My goal is just sustainability, to have another midwife come up and ultimately have a midwifery clinic running in Fort St. John because I think that would be very appropriate considering they have a 600 plus birth rate per year.

FC: My big motivation for doing this is to provide the women of the North with the option of where and how and with whom to have their babies.

It's going to be great once Sonje feels like she can have some more support but at this point I think all of us are really happy and proud that we are able to offer this choice to women.

SJ: We've blown some minds with just the basic things, like you have a choice between active and physiological management. Women who have had many babies tell us, "We never knew that we could choose." For example: we've told women that it's an option for their partner or daughter to deliver their baby with us and some of them have. (See cover photo).

FC: I don't think it is just the clients. I think it's the whole community. It's the lab techs, it's the delivery nurses, it's everyone. It's really exciting to be able to show

the community what choice looks like.

We already have a wait list and we need to file this wait list information and capture the people who want midwifery services and that we can't support for whatever reason. We need a paper trail to share with the government that highlights the demand for midwifery up here if we're going to do this.

We want to collect this data so we will be prepared when we're asked the questions – how popular is midwifery or why do you need two midwives?

MABC: In what way could the profession improve or change to support midwives working up North?

FC: We have a family doctor that is interested in helping and supporting Sonje and she is not able to because of the way our policies work for back up.

SJ: She can't be a backup because the College of Midwives of BC says you have to be a midwife, a nurse or a paramedic and doctors are only for alternative models of care.

FC: It is really unfortunate. We have this relationship in our community that Sonje has built that we can't continue to foster because the regulations don't support it.

KH: I think there are a lot of other professions that get incentives to work in rural BC communities. We've heard a lot of news coverage on that recently. For example, in Kitimat housing costs are subsidized for health care professionals and other professionals that come to help: these incentives help them to come to the community and also to stay there. Without having something like that it is hard to recruit midwives for rural and remote communities.

FC: The Rural Midwifery Locum Pro-



gram is fabulous in terms of getting Sonje some vacation time, but 15-days of coverage for someone who is solo in the North is not enough.

Something we could address is the travel that could be done between these communities so that we could reach out to places like Tumbler Ridge. Currently it is not financially sustainable for any of us to be travelling between all of the communities we're serving here. It is something we could look at: doing more care 'in-house' or 'in-community' but without some way to make it financially viable it is just not something that one person can support.

There are lots of ways the profession could change to make it better.

SJ: You need your pioneer to say, "We found gold!" and then everyone rushes up here. It's not a bad little town to be in. There are pros and cons and I think more pros than cons. But it is just like being a pioneer, you have to start somewhere. Everything will fall into place over time but it is going to take a couple of years before it is where I envision it to be.

MABC: How long have you been in Dawson Creek?

SJ: At the end of May it will be 2-years. And from my side it has

been a big journey. Just to go through the whole bridging program; to be away from my own community for six straight months with child in tow and all the financing of things that went along with that; I'm sure the other bridging students had very similar challenges.

Coming from the Western Cape in South Africa, a third

world country, where nursing / midwifery students are 100% financially supported by the government, this was like, "What? There's no grants? I need to pay for this out of my pocket? There is a huge need for a midwife up here and I have to drain all our savings to do this?" That experience was a little bit strange. I was happy to hear about the MABC Rural Support Program Grant, but it was a whole year and thousands of dollars that lay between me getting to the point of setting up a practice, all while not being 100% sure if I would actually get the grant.

ment provides you the funds for everything you might need for that 4 years of study. In return you will sign a contract to work for them for the equivalent amount of time. We were still paid regular salaries, and actually it meant a guaranteed job after you finish! We were just dedicated to that specific province for that amount of time. If we wanted to move sooner, then you could

I think it would be reasonable to have more funding options in place, maybe even specifically aimed at rural locations. There's a couple of women up here that want to go to midwifery school that are really driven and it is really, really hard to do that. Up here there just aren't many options for tertiary studies. You have to be displaced to do that.

I think there are a lot of other professions that get incentives to work in rural BC communities. We've heard a lot of news coverage on that recently. For example, in Kitimat housing costs are subsidized for health care professionals and other professionals that come to help: these incentives help them to come to the community and also to stay there. Without having something like that it is hard to recruit midwives for rural and remote communities.

Nursing/midwifery student funding in South Africa came with a little clause which basically said; the Western Cape govern-

buy yourself out of that contract, and reimburse the government the amount you owed them in service/time.

FC: I think it's tough. We've all heard the words, "Dawson Creek," but I don't think people actually know how far it is. Kerry and I don't drive here, we fly here. (It's a 14 hour drive from Vancouver and that is weather permitting).

KH: And it's very cold.

SJ: When you search Dawson Creek on Google Maps by just leisurely browsing, it doesn't come up. You really have to zoom in. And that just speaks volumes.

FC: So the policies that are made for Vancouver midwives or Island midwives just don't apply to us here. It really is a different skill working up here.

MABC: What are you finding most challenging working as a midwife in this community?

SJ: There are a lot of family physicians up here, but we need some specialists too. There's no paediatrician and there's only one obstetrician in Dawson and one in Fort St. John.

Everything else is manned by family physicians. I think everyone feels that burden when



things go sideways; things get stretched really, really thin.

And we are far and far means that transfers out are a challenge; we had a transfer to Vancouver and it took 24-hours because there was ice rain and snow storms and the plane couldn't land. There's no NICU here, nor in Fort St. John. There are only maternity nursing staff here that have to stretch even further when they have to provide care to an infant that requires extra support. They have to be NICU nurses in a non-existent NICU.

It's the logistical challenges of being up here.

FC: All small community hospitals have their own challenges with resources. Our first home birth that Sonje and I ever did her car wouldn't start and we had two midwives driving to the hotel in one car.

SJ: You have to have winter tires, preferably an SUV/truck, a remote starter, a block heater, an emergency battery pack in the event that the battery freezes; just logistical things to get you into your car. You need all these things and they come with quite the price tag.

KH: You need a BCCA membership for when you hit the snow and drive off the highway.

SJ: We had our first elective c-section on Friday morning and Kerry found herself in a ditch stuck in a snow pile on the way to the hospital.

FC: I think some of the other big challenges that we face are primary integration: introducing midwifery to nurses and to family physicians. Explaining to family doctors that even though the client is coming to us for pregnancy they will be back for well woman and newborn care after 6 weeks. Or nurses saying, "So you do this or I do this?"

KH: Those integration challenges won't be there when someone else forms a clinic in Fort St. John or joins Sonje.

Segue to ad: If you like snow, nice blue skies, not much rain up here and lots of out of hospital births and lots of multiples, send us an [email!](#)



The list of new babies born each month with the assistance of Dawson Creek midwives.

FC: Everyone is Level 1 who delivers here because that is how it works. You can't have Level 2, there is no high-risk. Anyone who thinks they are high-risk and having a baby in Fort St. John is wrong.

It's kind of nice to know that anyone potentially having a

baby in Dawson Creek is our client because if you can have a baby in a Level 1 hospital with a family doctor you can have a baby with a midwife.

SJ: It's a challenge getting the message out there that we are primary care providers, that you can access us from the time you know you're

pregnant.

FC: There's a lot of education to be done on midwifery; I think that's the biggest issue. Sonje and I had a home birth and went to the hospital to fill in the paperwork. The healthcare staff at the hospital really wanted to hear about the home birth and it became like a little team meeting of questions and answers about home birth.

Sonje, remember the paperwork at 4 a.m.? It was like, "So you did a VBAC in a hotel?" This was not the time I wanted to have this conversation, ha.

MABC: How long will Fallon and Kerry be up there?

KH: We'll be here helping Sonje out for her first six months of registration and working to the end of June. Basically we'll be splitting it 50/50. I've been here since the middle of January and I'll be here for another two weeks then Fallon will be here for a bit.

We're just alternating. Travel gets expensive to get back and forth when you are flying. We originally thought we would switch more frequently but it has come down to switching much less frequently than we had originally planned.

We've committed to help Sonje for the first 6-months





Midwife Sonje's birthday buddy! Sage Stanek born March 5th! Baby #11 for Dawson Creek Midwifery.

SJ: The alternative is staying home and folding laundry — for which I have no formal training! No, I'm kidding!

It's a passion and for me and it has a lot to do with rights. Why can't we have the things up here that women have down there? From midwives to an indoor play centre. I would love to have a decent cup of coffee at an indoor play centre right now while watching my child play and maybe even catching up with a friend. We don't have a play centre up here and why don't we? It's not fair.

or 20-births. As you can see after having 10-births in the first 7-weeks it's going to be easy for Sonje to get her other 10-births within the time that's dedicated.

MABC: What keeps you committed to your work?

It's my work. It's what I've done since 2009 with a little break last year. Why not be a foreigner pioneering midwifery in the Northeast?

KH: These are British Columbians that we are taking care of. These are people that should have the

same access to care no matter where they live.

Midwifery care has been legislated in BC for the past 20 years and hasn't existed here until now. That's really unfortunate. So many people have felt like they have to leave their communities to have babies the way they want to have babies.

I think we all strongly believe in choice and the importance of choice. Seeing someone's eyes light up when we say, "Let's talk about active management; let's talk about gestational diabetes. Let's talk about these things so you can decide what works best for you and what works for your family."

And then they say, "I didn't know we got to pick that. I didn't know that I could decide that." You watch people light up and make decisions for themselves and become their own autonomous decision makers; that's magic.

SJ: We had a planned birth where an 18-year old daughter would deliver her sister. One of the doctors peaked her head into the room and saw this older daughter with ys (she was tucked in on the lazy

boy with a blanket) and assumed it was our client and shared some brief words of encouragement for her labour. I responded, "That's not the client, she's here to deliver her sister." And her eyes opened up so wide. It motivates the staff around us to explore safe options outside the typical boxes.

FC: One of the other things that was a motivation for me is that in the Northeast we don't have family doctors like there down South. To get an appointment with your doctor for anything up here is a huge wait.

It's great to be able to support the medical system by providing midwifery care and taking some of these easy low risk women so that some people who need to go to their family doctor can get quicker care.

Having midwifery here is a huge win for the community, the medical system, the women and families, the hospital, Sonje, and all of us.

SJ: There is possibility up here and it's fantastic!

BC Midwife of the Month is a monthly profile series presented by the Midwives Association of BC. This series honours practicing midwives for their extraordinary contributions to current issues facing the profession and serves to introduce the public to a broad spectrum of midwives working in BC.

