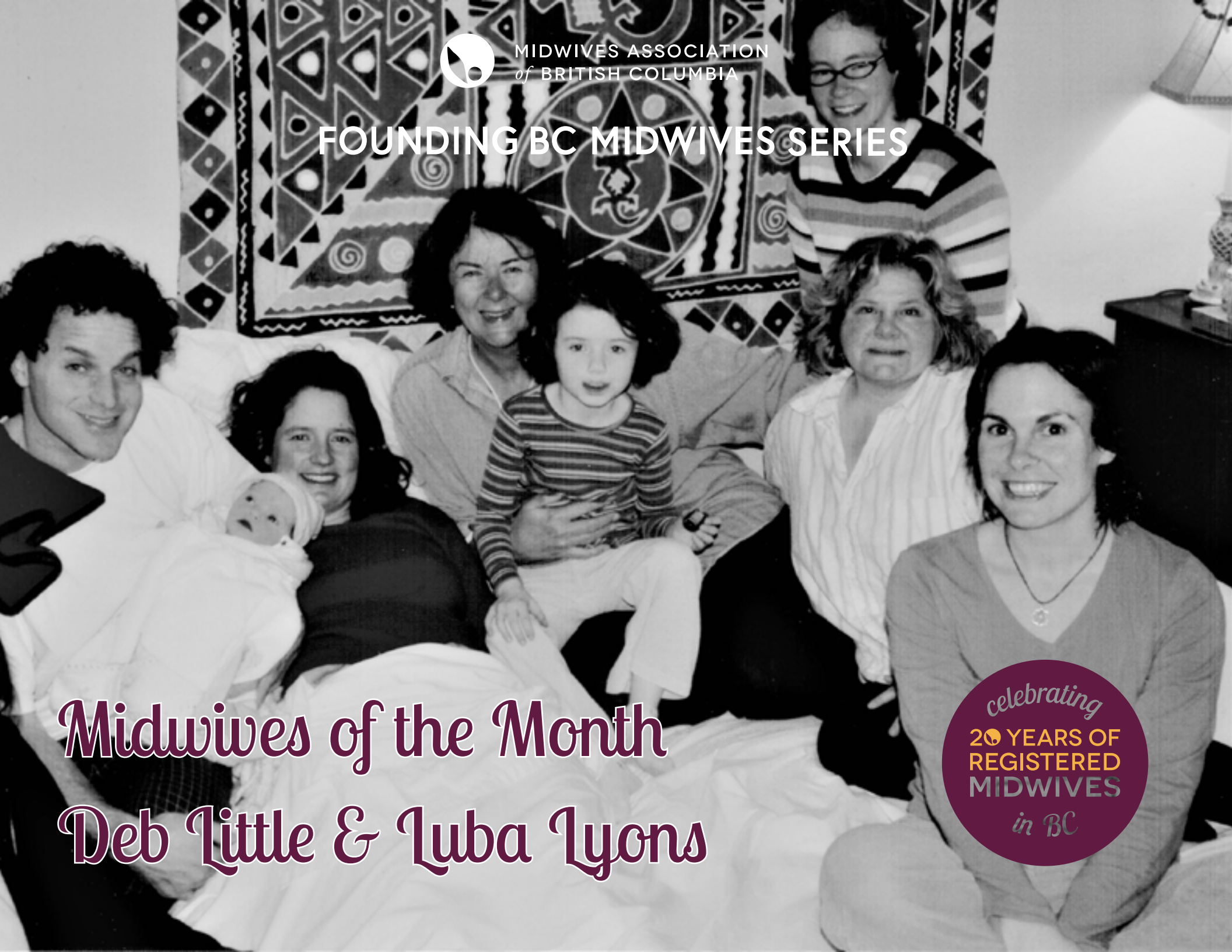
MIDWIVES ASSOCIATION
of BRITISH COLUMBIA
FOUNDING BC MIDWIVES SERIES
Midwives of the Month
Deb Little & Luba Lyons
celebrating
20 YEARS OF
REGISTERED
MIDWIVES
in BC

Luba Lyons and Deb Little worked together for over 20 years — on the first Board of Directors at the College, co-leading various departments and projects as well as practicing together in Victoria — both retired in 2015 after groundbreaking careers. Learn more about the impact these early BC midwives and their colleagues had on the birthing culture and maternity care practices in BC.

MABC: When you first began practicing were you both working as midwives in BC or were you working elsewhere?

Deb Little: I worked a bit in Scotland after my education as a midwife in Edinburgh and then in BC. I was a co-founder in the development of the Midwifery Pilot Project at BC Women's, which was Vancouver Grace Hospital at the time back in 1983. This project was in effect until registration in 1998 at which time I was the director of the program.

Luba Lyons: I started my practice in 1975 as a lay midwife and later got my RN and a license to practice midwifery in Washington State, prior to registration in BC.

DL: We both had our own practice prior to registration and after the first year of regulated practice I joined Luba's practice which was called The Victoria Midwifery Group.

LL: We were both appointed to the first CMBC Board in 1995. I was the President for the first 7 years.

MABC: And can you talk a little bit about what it was like being on that first founding Board?

LL: It was very exciting. It was a tremendous amount of work. We spent a lot of hours working on developing the regulations, policies and procedures, and giving input to the government about our funding model and model of practice.

DL: Home birth was still in jeopardy at the time; and it was uncertain whether we would even be able to have home births as part of our model. It took a lot of lobbying with the government and influential medical stakeholders to make home birth a reality.

LL: Initially, the government did not want to fund us. They thought we could just charge clients directly for service. It was an intensive battle to try to get the model that we were all committed to: from funding to home birth to being independent practitioners in the community. There was a big push for us to be hired as staff in the hospitals. We had a lot of work to do.

DL: Yes, we had a lot of hurdles to jump over. In terms of being appointed to the first Board in 1995, that was pretty exciting. There was an application process where the MABC had to vet our application and then the Minister of Health gave the final approval. There were members of the public on the board as well. We had to come together as a group to basically develop the profession in BC. We really got to know each other well.

LL: We were volunteers at that time. It took a long time to get any kind of funding.

DL: Initially we did not pay ourselves anything.

LL: We met in the Ministry of

Victoria midwives including Deb Little (second from the left) and Luba Lyons (fourth) who just finished writing the written exam for registration.

Health offices very often in Victoria, and sometimes in Vancouver. We had lots of politicians to meet with and we met with the College of Physicians and Surgeons whose support we seemed to need at that time and tried to educate them about our model. **Many in the medical profession were uncomfortable with us having an independent model that included home birth.**

Initially we needed the support of the College of Physicians and Surgeons. Eventually we even got their support for home birth (a number of years later). Eventually we came to the understanding that they no longer needed to 'okay' what our profession was doing.

DL: In the beginning it was hard for the medical community to get their heads around the fact that midwives were going to be a self-regulating profession.

MABC: When did you both know that you wanted to become midwives?

LL: I had my own first birth when I was quite young and it was a transformational experience for me in terms of the challenges that labour presented in my life. I was very inspired to make sure that women had the ability to have the support and the kind of birth that they wanted.

I was also in the process, in my own personal life, of becoming a feminist. And those two things really converged for a lot of midwives in those days. The feminist movement was really strengthening. Women that came to birth had so few rights and power. For me, I experienced it and became politicized to go into a profession that strongly supported women.

Luba Lyons attending a birth in 1997 alongside a physician she worked with before and after regulation.

DL: I witnessed it. I was a nurse working in maternity in a hospital in Canada. I did not like what I was seeing and how women were treated in the hospital setting.

As a young nurse in the '70s, the conventional maternity care system just did not seem right in terms of how women were treated throughout the birthing process. Partly coming from, as Luba mentioned, the feminist movement and countercultural environment in the 70s, intuitively I knew there must be a better way.

I went to Europe and spent some time there. I lived in Amsterdam. I met Ina May Gaskin and was encouraged to become a midwife. Scotland seemed to be a magical place to begin my education as Scotland is where my family is from.

I got accepted into the program. Europe was definitely miles ahead of what we were doing in North America. I knew that when I went back to Canada I was going to work towards making midwifery care possible for women in Canada.

LL: Around that time my first teacher was Raven Lang who had written, "The Birth Book" and it was one of the first books written in North America about the possibility of women having choices other than what was being offered to them. I also took a trip to The Farm in Tennessee and had a friend who lived there and met the midwives there.

You have to remember that we literally were around at the time when fathers were not allowed in the labour room.

DL: They were 'labour' rooms in Canada at the time; they were not even 'birthing' rooms as was available in the UK.

LL: Women were

shaved. It was a really rough time for women. You can see why the feminist movement and the counter culture would begin to have influence on how women gave birth because it was archaic when in other parts of women's lives they were becoming more aware and more empowered.

DL: **When we started the pilot project at the Grace Hospital the midwives only perofrmed an episiotomy if it was necessary and the physicians were shocked because it was routine that everybody got episiotomies at that time. They were surprised that we delivered most babies without an episiotomy. We helped change that culture.**

Some physicians claimed credit for the change in the use of routine episiotomies, but it was definitely the midwives that worked in the pilot project who had the most effect on the lowered episiotomy rate at BC Women's initially.

LL: Yes, it was completely routine.

DL: Another big influence midwives working in the midwifery pilot project had on the birthing culture at Grace Hospital was that they allowed women to birth in their position of choice.

It was common for women under the care of a physician to birth only in the lithotomy position. It was not until midwives started being active in the hospital and showing the medical staff that in most cases birthing can be done in any position. Midwives have had a huge effect on birthing culture over the years.

MABC: In your opinion what were the most important issues in midwifery for both of you during your careers?

DL: In terms of getting midwives up and running, establishing guidelines for working in the hospital setting was major. The College Board and the Ministry of Health organized an implementation committee to develop guidelines and expectations of medical staff and midwives working together which helped so much in the beginning.

LL: I chaired the committee where we developed a manual for hospital staff that would help integrate midwives into the hospital system. There were a few midwives on the committee and many nurse managers and an obstetrician or two. I am sure it was at least a year, maybe even a year and a half that the committee met to produce the manual.

There was a tour I did with Ministry people and we went to all the initial hospitals that would be privileging midwives.

Victoria midwives heading to Vancouver for the OSCEs (clinical examination) in 1997

DL: The tour was targeted to the communities were midwives around the province would be requesting privileges.

LL: It was like we were foreigners coming into hospitals probably everywhere except BC Women's where the pilot project was and where there was some familiarity with midwives.

The fact that midwives would be bringing women into the hospital was really a hard concept for many

of the medical staff to wrap their heads around.

DL: A huge hurdle to tackle was how nurses and midwives would work together and this is where the guidelines developed by the implementation committee were most helpful.

There was the Home Birth Demonstration Project (HBDP). The Ministry instructed the College that all home births would have to be done under the auspices of a two-year HBDP. The Ministry struck a big provincial committee to oversee the Demonstration Project to ensure issues surrounding home births were ironed out before full implementation. They came up with all kinds of things like the consent form and how to make home birth so-called 'safe' by making sure necessary transfers into the hospital went smoothly.

LL: And calling into the hospital when a woman was in labour to let the staff know. Making sure that all her paperwork was in the hospital which continues and has been great; it really did help with the integration. Even though it was initially challenging.

DL: We came up with the idea of using the same forms at home so we could transfer straight into the hospital and continue with the same paperwork; that was the result of a big discussion.

LL: When we used to call in the very early days to say that we had a client who was in labour and planning to deliver at home and her name is so-and-so and you have her records. We used to say that the nurses couldn't wait to hang up the phone as quickly as they could. It was almost as if they were afraid to talk to us about what was happening outside the hospital.

Deb Little and Luba Lyons.

DL: And how that changed over the years to when we called in and they were busy it was like, "Oh gosh, I am so glad you are at home. Have a good birth. Try not to come in. We are busy here."

LL: Little things like that did help with integration; they helped normalize midwifery. Up until then the nurses only saw the "problem" labours coming into the hospital but now they were hearing about all sorts of completed births at home where everything went well, or people came in to the hospital just because they changed their minds or because they wanted pain relief; it just became more normal for the staff.

The HBDP was basically a compromise we made because the Ministry was going to take home birth away from us; they were not going to regulate us with it and so we developed the project. Many people contributed to it such as Lee Saxell.

We'd complete the Demonstration Project but we knew we didn't need it to demonstrate the safety of home birth because there was literature from all over the world that demonstrated that. Regulated midwifery was new and the Project helped integrate home birth to make the systems work smoothly; so that when midwives called in because someone needed to come to the hospital the necessary staff are rallied as opposed to us coming into the hospital and getting a poor reception and one that might slow the necessary response.

DL: I think that physicians and some people in government were thinking that because it was only a Demonstration Project, if it failed they could get rid of home birth. Whereas we were so confident that we knew that midwives would do a good job of home births and that home births were safe.

It worked out well and thank goodness we had great practitioners sitting on that committee – people who understood the research.

LL: There was a HBDP committee as well and so when things did go a little bit sideways it usually was because the process was not working well and then the hospital with members of the committee would talk about what could be improved in the system.

Ministry of Health announcement of BC's first midwifery contract at Women's Hospital. Luba Lyons and Minister of Health, Joy MacPhail.

DL: Just about everything we reviewed was a systems problem. It was a quality assurance piece that was set up within the HBDP.

It was midwives and physicians from BC Women's Hospital that would review every single case for the duration of the project.

MABC: You both did so much more than working as midwives. What motivated you to do all of this extra work – as Department Heads, committees and board members?

DL: Improvement for women's health, for me, was a big piece of it. If you look after women during pregnancy and childbirth you are setting the tone for the rest of her life.

LL: We were very dedicated. We had come up prior to regulation and there were very few of us at the beginning. We were not the only ones, a lot of the early midwives took on the responsibility that we were the ambassadors of the profession and that everything we did was going to be under a fine tooth comb. We had a lot invested, personally I think. We had come such a long way, there was no way we could simply start practicing and leave all the politics and ambassadorship aside.

I think it was Holiday Tyson who used to say that by the time you have finished your career as a midwife you will have a degree in diplomacy. I think that was very true for the early midwives and I am sure there are a lot of midwives around now who feel that responsibility, too.

DL: Yes, they carry it forward. You cannot stop being a good ambassador and being a good practitioner of women's health.

MABC: How did the community of midwifery change and evolve with regulation and over time?

LL: You are never going to reproduce the grass roots development of midwifery from a completely unregulated profession to part of the health care system. That was something that we participated in and witnessed. That impacted the women who were midwives in those early days.

It gives us a great deal of joy to know that young women and men (if they want to) can go to university and become a midwife and not have to prove themselves over and over again in the same way we had to. That gives us pleasure but it definitely changes to some degree those people and what kinds of midwives they are and what their priorities are; they did not have

Deb Little, Director of Midwifery at BC Women's Hospital briefing Minister of Health, Paul Ramsey in 1995 prior to the appointment of the College of Midwives.

to fight like we did and that gave us a lot and also took a lot from us and our lives.

I think it is why we also take pleasure in seeing that they do not have that battle. I know they have battles; it is a women's profession, mostly practiced by women.

DL: Another huge milestone for us was working on the establishment of the midwifery education program. I chaired the committee where we did the initial work and tried to figure out where the program was going to be situated and getting the Ministry of Advanced Education interested and willing to fund it. Getting funding was a real challenge.

The Ministry of Advanced Education thought the Ministry of Health should fund it, and the Ministry of Health thought the Ministry of Advanced Education should fund it. The development of the educational competencies for students was a lot of work. It was a huge accomplishment.

MABC: Were either of you working at the UBC Department of Midwifery?

DL: We both did. Because we lived in Victoria it was hard to be permanent over there but we both worked as sessionals at the school from time to time.

LL: We helped with the initial interviews for the first few students. And we were both involved as clinical professors as well.

We were very supportive of the midwifery program on the island. It has been a great addition to the Program.

MABC: Were you working as department co-heads at VIHA initially or could you talk a little bit about the time you spent doing that?

LL: We went back and forth, there was a period of time that I was department head and Deb was the co-head and then vice-versa.

We were pretty well along side each other for the 20-years we were involved. We had a nice sized group of midwives that continued to grow while we were in Victoria. There were a lot of integration issues, teamwork issues and quality assurance to take care of. And, meetings with all the midwives and lots of committees we sat on in the hospital so that the midwifery voice was strong and it was a really strong voice in our hospitals.

DL: We took the example from BC Women's. When I left there, I was the Head of the Department of Midwifery. Luba and I knew we had to set up a department in Victoria; we did not want to be part of another department such as Family Practice.

One of the administrators at Victoria General was very supportive of us and he thought it would be best for integration if we were a part of the Department of Family Practice and we were bummed by that because we thought it would not give us a strong enough voice.

When we went to the first meeting with the family physicians they basically kicked us out and the same administrator said, "Well, I guess you got your wish. You've got your own department."

I still remember your face when we left. When we got kicked out Luba's face was like, "Holy shit, did we just get kicked out?" Remember? Because I grasped your arms and said, "This is good, this could be good."

LL: As a result we got a seat on the Medical Advisory Committee of the whole hospital. We could not have had a better position once that happened. The administrator who was so supportive and wanted us to join the Family Practice de-

The start of the Island Midwifery Program in 2014, Victoria General Hospital.

partment loved the humour of the whole thing just as much as we did.

DL: The obstetricians were professional in our community, the GPs were angry and the nurses could be difficult here, too, for quite a while. Building those relationships was another huge hurdle.

MABC: When did the two of you start working together?

LL: We already knew each other before we were appointed to the first Board of the College in 1995. We got close doing so much work on the Board. And then it was really great when Deb moved to Victoria.

DL: My goal had always been to move to Victoria. I had lived here many years before and I just knew that Victoria was where I wanted to work once midwifery was legalized.

LL: We always had very similar priorities and goals when it came to midwifery. That is why we worked really well together as Department Heads.

MABC: You worked together as practice partners for a long time as well. Did you work with other midwives too?

LL: Mainly it was shared care with just the two of us.

DL: There was a bit of time that we had other midwives involved but mostly it was just ourselves.

MABC: There is a lot of appreciation for your work from clients online. Are you aware of this?

LL: You meet such wonderful clients and wonderful people when you are midwives, that is a nice bonus of the profession.

DL: Yes, that is rewarding.

MABC: Could you identify what you hope the legacy of your careers has been?

LL: **To me this applies to both of us. My dear friend and first teacher Raven wrote me a letter as I retired and she said, "Just think you will never have to wonder whether you have made an important contribution to the world."**

DL: I think that is basically true. I just wanted to make things better for women.

LL: I think we both know that we did that. It is a great feeling. And not just for women which was our main goal but for the profession. Because of this more and more women benefit, not just the women we looked after, but many, many women for years to come.

Even though we come from such different backgrounds our goal was the same — to see the profession come to furition — and that's what brought us together.

DL: To know that it has become a sustainable profession for people to enter as well.

MABC: Do you have advice for retiring midwives?

LL: **That the only identity you have in the world is actually not this one. It is such a huge identity when you are working, within your community you are known as a midwife everywhere. Generally speaking people do admire the work that midwives do and so I think there is some trepidation about who will I be and what will I do and will I matter when I am not a midwife any longer?**

I do not think that in the end that

Early days in Victoria: midwives effective advertising inside and outside of the bus.

has been an issue for either one of us.

One can never minimize the beauty of sleeping through every single night.

DL: And not having a pager go off.

LL: Yes, that is a great thing.

MABC: How is retirement going?

LL: Good for both of us.

DL: I love to travel and do a lot of the things we did not get a chance to do while on call.

LL: And not having to plan things only when you are not on call. My husband says it is so amazing now, "I'll ask Luba if she wants to go somewhere and she says yes!"

DL: I can remember that. Luba's poor husband.

LL: **When I was on call. I once walked out of a movie because I got called. I just loved the movies and I was so devastated to leave that movie. I do not know if I ever went to another movie if I was on call.**

It is not the best advice to give practicing midwives. Some people are smarter than me and they just go on with the rest of their lives.

But, you know, you are not sure if you will be up all night, you just behave somewhat differently when you are on call.

MABC: Are there any stories that stand out for you?

LL: Two things come into my mind. One is that even to this day when we are together we will often remember a client where something crazy happened or something that really challenged us.

We still remind each other of those stories because they are so amazing. We shared so many different experiences.

There was a lot of gratification in bringing our style and model into the hospital setting. I know that in the beginning at the hospital, one nurse said to me, "Whenever I hear a shower running in a room for a long time, I know it is a midwife in the room."

When we first started, nobody even let women go into the showers when they were in labour.

DL: Well, those showers were so small so I think that nurses did not like women to use them, but we midwives would always find a way. Actually they were so small that we would leave the doors open and the water would flow out. Remember? The nurses would walk into the room and we would have piles of sheets and towels on the floor sopping up the water.

LL: And then eventually, as the years went on and you would hear the showers going on in all the rooms.

DL: **Nurses did not like to hear our women scream without an epidural. You would walk out and if you would have a very vocal woman (making just the normal labour sounds in our opinion) and the nurses would tell us, "Get her an epidural, that sounds terrible.**

You are torturing her in there."

And I would think no I am not.

LL: Remember how we were the only people at the beginning who used to close the door? So you would not hear all those sounds down the hallway.

The nurses are so connected to their desks where they sit and do their work so they seem to like to leave the doors to their rooms open and we were the opposite. We always liked to have privacy for the moms. It always felt better not to hear the activity of the hallway.

And then home births were always so fun and amazing. Being in people's homes and sitting around their tables and sleeping on their couches was a whole other reality of helping women. It was very different from hospitals.

MABC: Can you share any other big challenges that stand out from the early years of regulation?

DL: A couple of the challenges that we had setting up the criteria for parts of the model that stand out were: 1. Involving newborn intubation, and this was amongst ourselves on the College; 2. And having two people attend a home birth.

They were big issues. Were there any others?

LL: The College documents on consulting and referring. A cornerstone of our model was when we should consult or discuss or transfer care. We used the Dutch model as our template and then developed our own from that for BC. I think Ontario was just a little bit ahead of us, so we used that as well.

Retired Victoria midwives.

Trying to balance what we want to have as professionals and what do we make a standard for the profession based on evidence in terms of when a midwife should refer or transfer care. That has changed over the years as well, which is necessary.

It was a lot of work to put together those documents but it really was a cornerstone to the development of the model of midwifery in BC.

DL: Remember the story that broke at the eleventh hour?

LL: Our regulation was about to go forward and be approved. We had become quite close as a Board to the Minister of Health and her assistant. We heard that homebirth wasn't going to go through. Luckily since we had great relationships we were able to have the assistant of the Minister literally come to our meeting the next day. She left that meeting saying, "the Minister is not going to like this, and heads are going to roll."

And they really went to bat for us.

DL: We forged some great relationships with government and had good people on our side within the medical community.

LL: That's how the whole Home Birth Demonstration Project got it's start. That it could not be in question that home birth can not be part of our model. The regulation literally had to be changed to 'maybe after the Demonstration Project in two years' we could try to set up another committee and then try to get the Regulation passed, which we already knew, took years to begin with.

We were able to have them understand that no, we were not moving forward if that was the way it was going to be. It had to be in the Regulation and the Demonstration Project would be as we said and not whether or not home birth was safe.

So that was a very dramatic few days at the College.

Or the time that we had a meeting and they sent someone to our meeting to tell us, "the Ministry would like to ask you as a Board to come up with some ideas of how you could

get your clients to pay you directly because the Ministry is not going to fund you."

The whole Board went crazy. They left and our whole day was devoted to this. A couple of days later, we brought them a letter stating no thank you, that we don't see it as our job to come up with alternative ways for clients to pay midwives. This is a core service. Maternity care is not a privately funded service in the province and we will not accept anything less than being paid any differently from any other practitioner who delivers a baby.

That did not mean it was over, just because we wrote that letter, but eventually they did fund us.

DL: **We went to Penny Ballem who at the time was one of the VP's at Women's Hospital, and we asked if they would administer our pay and Penny said, "Yes." That was one of their issues, how the administration of how midwives would be paid is something the Ministry wanted nothing to do with. So then BC Women's said to the government, "You pay us and we will pay the midwives." And that was how it worked.**

LL: Yes, and for quite a number of years.

DL: Yes, for about seven years. It was a lot of administration to take on. And BC Women's was only paid about $30,000 to do the administration piece.

We had a lot of friends at that time.

LL: People who knew what we wanted and who were willing to go to bat when it was important.

Penny gave us a lot of her time to help us through a number of stumbling blocks.

MABC: It is nice to recognize those non-midwife allies and advocates involved.

LL: Yes. It was very important and very key in those days.

MABC: But it sounds like you were still trying to justify why you exist. Things have come so far.

LL: On the Board the midwives used to say, "Well, it is going to take about 10-years for us to be totally absorbed and fully integrated."

DL: It was true for some communities.

LL: And we did come a very long way in those years. That is for sure. But the work carries on. We have passed on the baton.

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.