



MIDWIVES ASSOCIATION
of BRITISH COLUMBIA

NOMINATED BY THEIR
COLLEAGUES FOR
EXCEPTIONAL WORK AS
A LOCUM MIDWIFE

Midwife of the Month Katie McNiven Gladman

Photo: Katie and Hazel in the garden.

Katie is dually trained as a lactation consultant and midwife. She is deeply intuitive and tremendously compassionate. I have not met a midwife who truly believes and practices the Canadian model of midwifery care as well as Katie.

~Nomination by an anonymous BC RM

MABC: When did you know you wanted to become a midwife?

KMG: Becoming a midwife was something that other people were telling me that I should do before I even realized what it entailed or that it would be my passion. I applied to the [UBC Midwifery program](#) when I was 19, following a stint of volunteer work in Nepal working with Child Haven International. I knew at the time that I wanted to work with mothers and babies, and my passion for midwifery has grown and evolved a lot since that starting point.

MABC: What brought you to become a locum midwife initially?

KMG: I graduated in 2009 and held active privileges at two Lower Mainland hospitals serving Vancouver and Port Moody for my first two years of practice in a two-midwife team model. I really enjoyed practicing midwifery in Vancouver but ultimately chose to move to the island because big city living is not for me!

Moving to Vancouver Island meant giving up my privileges, and I have been working as a locum in two island communities since 2011. Not because I wanted to be a locum, but

because there is a lack of new privileges for midwives in most areas of BC.

MABC: What in your view would be the benefits of locuming?

KMG: Locuming can provide an opportunity to try out a style of practice or try out a new community without an initial long-term commitment.

For example, for the last year I have been working in a solo practice for the first time in my career. And that was something I was keen to try because there are a lot of things about solo midwifery practice and supported solo midwifery practice that really appeal to me. Being able to do that in a locum setting has been a great way to try that out for a year.

Locuming in a solo practice model meant I could do it for a specific amount of time and see how that works within the context of my life and my work and figure out whether that's something I want to do for the long term or not.

Similarly, if someone was wanting to move to another community in BC taking a locum job there would be a way to try it out before committing to a more permanent move.

MABC: Do you think working as a supported solo is something you would like to pursue in the future?

KMG: It will depend on a few factors. There's a lot I like about the supported solo model.

It is challenging from the logistical and childcare perspective as a solo parent. But I like the close relationships that I can form with clients and their families. I like being able to hold a few people's stories in my head at any given time rather than fifteen or more different term clients' stories for a shared caseload of four midwives, for example. That's something that really appeals to me about solo practice.

MABC: Can you describe your experience of having to locum?

KMG: There are benefits just as there are challenges to being a locum midwife. I would say the main challenges are not having long-term job security (and the financial security that goes with that).

As a locum it's difficult not being able to settle into the work of just being a midwife. I have to put ongoing time and energy into figuring out when my next locum job will be,

whether I'll be able to stay in the same town that I'm in and how to make things work with that lack of stability.

For midwives looking to settle somewhere the best kind of locum jobs would be covering a parental leave which is usually a year-long position. There are not usually locum positions that are more than a year in length so that means switching practices or getting established with new practices or potentially not finding a locum position for a period of time while living in a consistent community.

It takes time, energy, and resources to relocate, and to become established in a new community. For example, getting to know hospital systems and policies, which are unique to each community and institution, establishing relationships with hospital staff, consultants, and other midwives in the community, and getting familiar with community standards of practice — all of these vary amongst communities and institutions and my experience has been that it takes about a year to really start feeling familiar and settled in a new setting.

There are lots of projects and lots of research topics I'm interested in putting

energy into. I really look forward to being established long term with the security that comes with full time privileges and being able to expand my focus and energy to those projects.

I am also an IBCLC (lactation consultant) and my ability to do that work and expand on my work with tongue tie and breastfeeding, for example, is something that I haven't had much time to do since returning to work as a locum midwife. I want to join hospital committees relating to infant feeding and can't do so while I hold locum privileges. I enjoy being a preceptor for UBC midwifery students, and can't commit to preceptorships for future terms when I don't yet know where I will be practicing for that term.

I'm enjoying starting to get to know the various organizations and clinicians doing the work I'm passionate about in this community; such as increasing support for new parents struggling with infant feeding, and improving accessibility and diversification of both the midwifery profession and the families that we serve.

Ultimately having long term privileges as a midwife in one community will mean being able to settle into longer term projects and collaborations.

MABC: If privileges weren't an issue is there a community you would like to settle in?

KMG: I lived in Victoria until I started midwifery education. I relocated to the Lower Mainland to attend UBC and then

a solo parent which is my reality right now), I can't imagine doing anything else. I think most if not all midwives do this work because we are really passionate about it.



Katie helping clients with latch.

I took a three year parental leave and by the time my child was one, even though it wasn't time for me to go back to work yet, I was really really missing being a midwife

KMG: I have been in Victoria for a year now and would like to settle here.

There aren't hospital privileges posted very often in Victoria and there are several locums settled in the community already.

It's pretty typical in Victoria and several other communities in BC for midwives to relocate with their families to a community and then work rotating locum positions (sometimes for a number of years) before they can get privileges there. That's what I am currently doing in Victoria.

MABC: Had you lived in Victoria before this locum?

I moved to Comox and recently Victoria following a three-year parental leave.

MABC: What are other communities that you have practiced in?

Comox, Vancouver and Port Moody.

MABC: What keeps you motivated to be doing this work as a long term locum and in general as a midwife?

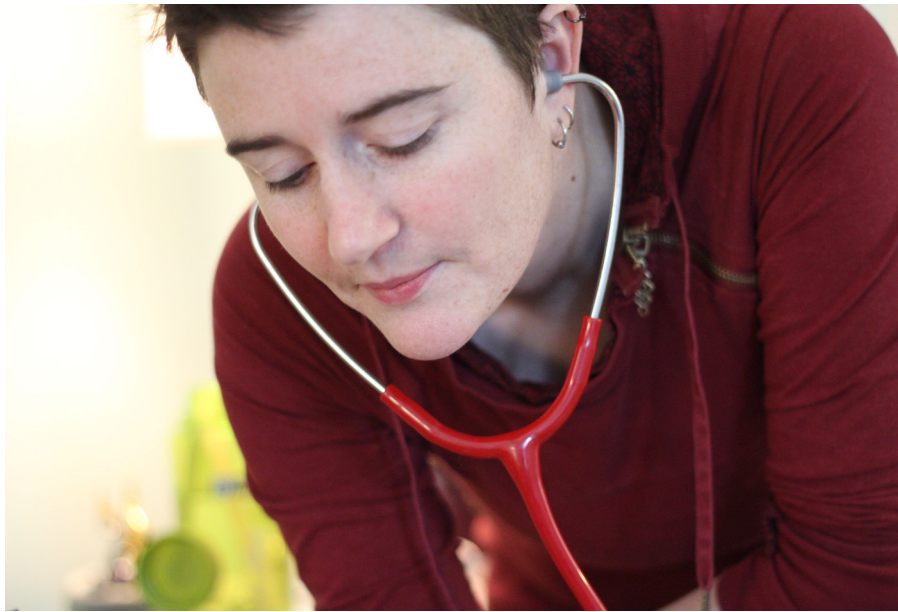
KMG: I'm motivated to continue working as a long-term locum because that is the option I have to practice midwifery right now.

As hard as being a midwife can be (and especially being a midwife combined with being

and being involved in birth. It was important to me to hold off returning to work until my little one and I could make the transition well, so that I could put the right focus and dedication into serving my clients upon my return.

I feel there is a lot of potential for the future and I really enjoy the relationships I'm forming with the midwives and the team at the hospital that I've been getting to know in Victoria. There's a great community and perinatal care team here! There is so much potential for more midwifery projects and research to get involved in.

MABC: Are there ways that you feel locums could be more supported? Aside from opening up



Katie at a birth.

more privileges, are there any other ways you could think of?

KMG: Definitely accessibility of privileges is the big one. I know that when I was working as a locum in Comox there was basically no support available from the MABC for midwives who were having challenges with hospital privileging issues as locums or otherwise.

The fact that there is now a Professional Practice Advisor is a really great step forward. And I would say having ongoing support available for locums is needed.

And I think it really is something that is unique

to our profession among perinatal care providers in BC. Midwives cannot be registered and attend births independently without hospital privileges, and our scope outside of attending births and providing on-call care for clients is very limited.

Being able to structure midwifery care in creative ways to support more diverse forms of practice to meet the needs of the midwives who are practicing in BC would make a big difference, too, and would probably open up space to have more privileging options as well. For example, I know that there have been discussions with midwives who are new parents and midwives who are near retirement who would really

prefer doing community-based practice without being on call or having shorter call shifts.

MABC: How has working as a long term locum impacted your family?

KMG: My four year old child and I moved to Victoria on fairly short notice because a locum position came up with just a couple of months to prepare. I had been planning to return to work as a midwife following my parental leave and this was a good opportunity to do so in a community that I would be happy to settle in.

There were certainly transitional challenges — I tried three different daytime childcare arrangements before settling into one that would work for us. And there has been ongoing juggling of arrangements for on-call overnight and weekend childcare!

Moving to Victoria has been a really good move for us and we're really happy to be here. Up-rooting frequently is not easy on my family and I would love to be able to know that we would definitely be able to stay here for a long time.

MABC: Do you have time for things outside of work, like hobbies?

KMG: Because I was off for three years on parental leave I chose to take a locum position that was a full time practice because it was really important to me to put any extra energy I have beyond parenting into settling into midwifery practice again and getting well established in that.

Now that I've completed my first year I'm looking forward to having more balance, to plan hikes and camping trips and visits to family and friends around the province. When my schedule and the on call babies allow, I enjoy riding my little one to preschool on a bike instead of driving in the warmer months, and right now we're planning our vegetable and flower garden at our new house.

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.

